

Vaccine Order Form



Orders placed Monday to Friday by noon will be available for pick up the following Monday between 8:30 a.m. and noon or 1 and 4:30 p.m. For all partners outside of Greater Sudbury, your local Public Health office will contact you when your order is available for pick up.

Office information	Email orders
Date _____ # of HCPs _____	vaccineorder@phsd.ca
Office name and phone # _____	Fax orders
Office contact and email _____	1.705.677.9616

A hard-sided, pre-conditioned cooler, two cool blankets, three ice packs and one temperature monitoring device are required to receive and transport vaccines. Always maintain vaccine temperatures between 2°C and 8°C.

ROUTINE vaccine	Description	Packaging	Doses on hand	Doses required
Adacel®/Boostrix®	Tetanus, Diphtheria and Pertussis vaccine	5 doses/box		
Adacel-Polio®/Boostrix-Polio®	Tetanus, Diphtheria, Pertussis and Polio vaccine	10 doses/box		
Menjugate®/NeisVac-C®	Meningococcal Conjugate C liquid vaccine	10 doses/box		
MMRII®/Priorix®	Measles, Mumps and Rubella vaccine	10 doses/box		
Proquad®/Priorix-Tetra®	Measles, Mumps, Rubella and Varicella vaccine	10 doses/box		
Pediacel®/Pentacel®	Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type B vaccine	5 doses/box		
Pneumovax 23®	Pneumococcal Polysaccharide vaccine	10 doses/box		
Polio®	Polio vaccine	1 dose/box		
Prevnar 13®	Pneumococcal Conjugate vaccine - 13 valent	10 doses/box		
Rotarix®	Rotavirus vaccine (Rot-1)	10 doses/box		
Td Adsorbed®	Tetanus and Diphtheria vaccine	5 doses/box		
Tubersol®	Tuberculin Skin testing solution	10 doses/vial		
Varilrix®/Varivax III®	Varicella vaccine	10 doses per box		
Shingrix®	Varicella-Zoster shingles vaccine (aged 65-70 years)	1 /box or 10 /box		
RESPIRATORY Vaccines	Description	Packaging	Doses on hand	Doses required
Fluzone® or Flulaval®	Quadrivalent Influenza; multi-dose vial or prefilled syringe. Age 6 months and older.	10 doses/box		
High-Dose Fluzone®	High-Dose Quadrivalent Influenza; prefilled syringe. Age 65 years and older	5 doses/box		
Fluad®	Adjuvanted Trivalent Influenza; prefilled syringe. Age 65 years and older	10 doses/box		
Pfizer-BioNTech Comirnaty®	Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 12 years and older	6 doses/vial		
	Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 5 to 12 years of age	10 doses/vial		
	Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 6 months to 5 years of age	10 doses/vial		
Moderna Spikevax® *If available	Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 6 months and older	5 doses/vial		
Novavax® or ancestral Bivalent COVID	*Upon request, if available			
Arexvy®	Respiratory syncytial virus vaccine; LTCH/Elder Care Lodge resident AND age 60 years and older	1/box or 10/box		

HIGH-RISK and SCHOOL vaccines

Vaccine name	DOB (YYYY/M/D)	Doses required	Eligibility Criteria
Human Papillomavirus (Gardasil-9 [®])			<input type="checkbox"/> Grade 7-12 students <input type="checkbox"/> Men who have sex men \geq 9 years to $<$ 27 years
Hepatitis A (Avaxim [®] /Havrix [®] /Vaqta [®])			\geq 1 year with: (please check all that apply) <input type="checkbox"/> Chronic liver disease (including Hepatitis B and C) <input type="checkbox"/> Persons engaging in intravenous drug use <input type="checkbox"/> Men who have sex with men
Hepatitis B (Recombivax HB [®] /Engerix-B [®])			<input type="checkbox"/> Grade 7-12 students \geq 0 years with: (please check all that apply) <input type="checkbox"/> Children $<$ 7 years old whose families have immigrated from countries of high prevalence for HBV, and who may be exposed to HBV carriers through their extended families (3 doses) <input type="checkbox"/> Household and sexual contacts of chronic carriers and acute cases <input type="checkbox"/> History of a sexually transmitted disease (3 doses) <input type="checkbox"/> Infants born to HBV-positive carrier mothers: <ul style="list-style-type: none"> - premature infants weighing $<$2,000 grams at birth (4 doses) - premature infants weighing \geq2,000 grams at birth and full/post term infants (3 doses) <input type="checkbox"/> Intravenous drug use (3 doses) <input type="checkbox"/> Liver disease (chronic), including hepatitis C (3 doses) <input type="checkbox"/> Men who have sex with men (3 doses) <input type="checkbox"/> Multiple sex partners (3 doses) <input type="checkbox"/> Needle stick injuries in a non-health care setting (3 doses) <input type="checkbox"/> On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only) <input type="checkbox"/> Awaiting liver transplants (2nd and 3rd doses only)
Haemophilus influenzae type b (Act-HIB [®] /Hiberix [®])			\geq 5 years with: (please check all that apply) <input type="checkbox"/> Asplenia (functional or anatomic) (1 dose) <input type="checkbox"/> Bone marrow or solid organ transplant recipients (1 dose) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) (1 dose) <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipients (3 doses) <input type="checkbox"/> Immunocompromised individuals related to disease/therapy (1 dose) <input type="checkbox"/> Lung transplant recipients (1 dose) <input type="checkbox"/> Primary antibody deficiencies (1 dose)
Meningococcal B (Bexsero [®])			Age 2 months to 17 years with: (please check all that apply) <input type="checkbox"/> Acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> HIV
Meningococcal C-ACYW135 (Menactra [®] /Nimenrix [®])			<input type="checkbox"/> Grade 7-12 students <input type="checkbox"/> Born in or after 1997 Age 9 months to 55 years with: (please check all that apply) <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV

FOR OFFICE USE ONLY:

- Are completed, cold chain compliant vaccine fridge logs of the past two weeks included with the order?
- Confirmed agreement in place for COVID-19?
- Transferred to partner storage in COVax?
- Attached/activated/transferred and accepted in partners vaccination event?