

Respiratory Vaccine Order Form 2025-2026

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|----------------------------------|
| Date: |
| Number of health care providers: |
| Office name: |
| Phone number: |
| Contact name and email: |

Submit completed form and temperature logs to Public Health Sudbury & Districts:

Confidential fax: 705.677.9616 OR Email: vaccineorder@phsd.ca

- Include cold chain compliant vaccine fridge temperature logs from the previous two weeks indicating that the maximum, minimum, and current temperatures have been taken twice daily at the beginning and the end of each day with each vaccine order submission.
- Orders submitted Monday through Friday are packed on the Friday of the same week.
- All orders are ready for pick up the first business day of the following week from 8:30 a.m. to 4:30 p.m.
- An insulated, pre-conditioned cooler with cooler blankets, ice packs, and a temperature monitoring device are required to transport vaccines.

Influenza

| Vaccine brand name and composition | Eligibility criteria | Doses on Hand | Doses to Order |
|---|---|---------------|----------------|
| Fluzone® or Fluviral® Trivalent, 10 doses per vial or box Multidose vial | Age 6 months and older and live, work, or attend school in Ontario. | | |
| Fluzone® or Flucelvax® Trivalent, 10 doses per box Single dose, pre-filled syringe | Age 6 months and older who live, work, or attend school in Ontario. | | |
| Fluzone High-Dose® Trivalent, 5 doses per box Single dose, pre-filled syringe | Age 65 years and older and live, work, or attend school in Ontario. | | |
| Fluad® Adjuvanted-Trivalent, 10 doses per box Single dose, pre-filled syringe | Age 65 years and older and live, work, or attend school in Ontario. | | |

COVID-19 Pediatric Formula

| Vaccine brand name and composition | Eligibility criteria | Doses on Hand | Doses to Order |
|---|--|---------------|----------------|
| Spikevax® Moderna LP.8.1 Paediatric formula, 10 doses per vial Multidose Vial | Individuals 6 months to 11 years of age who live, work, or attend school in Ontario. | | |
| Comirnaty® Pfizer-BioNTech LP.8.1 Paediatric formula, 10 doses per box Single dose, vial | Individuals 5 to 11 years of age who live, work, or attend school in Ontario. | | |

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COVID-19 Adult Formula

| Vaccine brand name and composition | Eligibility criteria | Doses on hand | Doses to order |
|--|--|---------------|----------------|
| Comirnaty® Pfizer-BioNTech LP.8.1 Adult formula, 6 doses per vial Multidose vial | Individuals 12 years of age and older who live, work, or attend school in Ontario. | | |
| Comirnaty® Pfizer-BioNTech LP.8.1 Adult formula, 10 doses per box Single dose, pre-filled syringe | Individuals 12 years of age and older who live, work, or attend school in Ontario. | | |
| Spikevax® Moderna LP.8.1 Adult Formula, 5 doses per vial Multidose vial | Individuals 12 years of age and older who live, work, or attend school in Ontario. | | |
| Spikevax® Moderna LP.8.1 Adult Formula, 10 doses per box Single dose pre-filled syringes | Individuals 12 years of age and older who live, work, or attend school in Ontario. | | |

Respiratory Syncytial Virus (RSV) vaccine

| Vaccine brand name and composition | Eligibility criteria | Doses on Hand | Doses to Order |
|---|--|---------------|----------------|
| Abrysvo® or Arexvy® 1 dose or 10 dose box | <input type="checkbox"/> Individuals aged 75 and older. Aged 60 to 74 years of age AND meets one of the following descriptors (please check): <input type="checkbox"/> Resident in long-term care homes (LTCH), Elder Care Lodge, or retirement home including similar settings (for example, co-located facilities). <input type="checkbox"/> patients in hospital receiving alternate level of care (ALC) including similar settings (for example, complex continuing care, hospital transitional programs). <input type="checkbox"/> Patients with glomerulonephritis (GN) who are moderately to severely immunocompromised. <input type="checkbox"/> patients receiving hemodialysis or peritoneal dialysis. <input type="checkbox"/> recipients of solid organ or hematopoietic stem cell transplants. <input type="checkbox"/> individuals experiencing homelessness. <input type="checkbox"/> individuals who identify as First Nations, Inuit, or Métis. | | |
| Abrysvo® 1 dose per box | <input type="checkbox"/> Pregnant individuals between 32-36 weeks' gestation who will deliver during the RSV season, following a discussion with a health care provider. | | |

NOTE: Administration of both the RSV vaccine to the pregnant individual and a monoclonal antibody to the infant is NOT recommended except under specific circumstances:

- Infants born less than 14 days after administration of Abrysvo® **OR**
- Infants who meet the medical criteria for increased risk of severe RSV disease:
 - All premature infants (i.e. <37 weeks gestation).
 - All infants who meet high-risk criteria.

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Public Health
Santé publique
SUDBURY & DISTRICTS

Respiratory Syncytial Virus (RSV) monoclonal antibody immunizing agent

| Vaccine brand name and composition | Routine Eligibility criteria | Doses on hand | Doses to order |
|--|---|---------------|----------------|
| Beyfortus® 50 mg 1 dose per box | <input type="checkbox"/> Infants born during the RSV season with weight of < 5 kg. <input type="checkbox"/> Infants born from April 1, 2025, up to the start of their first RSV season (less than 8 months), with weight < 5 kg. | | |
| Beyfortus® 100 mg 1 dose per box | <input type="checkbox"/> Infants born during the RSV season with weight of ≥ 5kg. <input type="checkbox"/> Infants born from April 1, 2025, up to the start of their first RSV season (i.e., less than 8 months), with weight ≥ 5kg. | | |

| Vaccine brand name and composition | High-Risk Eligibility criteria | Doses on hand | Doses to order |
|---|--|---------------|----------------|
| Beyfortus® 200 mg 1 dose per box (2 boxes required) <i>*If a child weighs under 10 kg entering their second RSV season, a single 100 mg dose may be considered at the provider's discretion.*</i> | Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season, following a discussion with a health care provider, including children with: <ul style="list-style-type: none"> <input type="checkbox"/> Chronic lung disease (CLD), including bronchopulmonary dysplasia (BPD), defined by need for ongoing respiratory support and supplemental oxygen therapy at 36 weeks postmenstrual age (gestational age at birth plus chronological age) or discharged home, if earlier. <ul style="list-style-type: none"> ○ Note: Children who were < 12 months of age and approved for coverage in the previous RSV season for chronic lung disease and bronchopulmonary dysplasia remain eligible, irrespective of their clinical status in the second RSV season. <input type="checkbox"/> Hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) defined as infants requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension. <input type="checkbox"/> Severe immunodeficiency. <input type="checkbox"/> Down syndrome or Trisomy 21. <input type="checkbox"/> Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay. <input type="checkbox"/> Neuromuscular disease impairing clearing of respiratory secretions. <input type="checkbox"/> Severe congenital airway anomalies impairing the clearing of respiratory secretions. | | |