Respiratory Vaccine Order Form 2025-2026

Public Health
Santé publique
SUDBURY & DISTRICTS

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

Submitting Orders

- Submit temperature logs using the Vaccine Fridge Temperature Log Report Form: **Vaccine Fridge Temperature Log Report Form**
- Logs must show **minimum, maximum, and current temperatures** recorded **twice daily** for the **previous two weeks.**

Seasonal (Respiratory) Vaccine Orders

- Includes **Influenza, COVID-19, and RSV** vaccines.
- You will **receive an email notification** once your order is ready for pick-up. **Orders can be picked up between 9:30 a.m. and 4:30 p.m. (closed between 12:00 p.m.-1:00 p.m.)**
- **No seasonal vaccine pick-ups on Fridays.**
- Orders must be **picked up within 48 hours** of receiving the confirmation email.
- If unable to pick up within this timeframe, contact **Katelyn Cooper** at cooperk@phsd.ca to make alternate arrangements.
- **Orders not picked up within 48 hours**, and without prior notification, are **subject to return to inventory.**

Transport Requirements

Bring an appropriate number of **insulated, pre-conditioned coolers**, **ice packs**, **cooler blankets**, and **temperature monitoring devices** when picking up vaccines.
Ice packs will not be supplied by PHSD.

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

Respiratory Vaccine Order Form 2025-2026

Public Health
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SUDBURY & DISTRICTS

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.		☐

Respiratory Vaccine Order Form 2025-2026

Public Health
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SUDBURY & DISTRICTS

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	☐ Individuals aged 75 and older. Aged 60 to 74 years of age **AND** meets one of the following descriptors (please check): ☐ Resident in long-term care homes (LTCH), Elder Care Lodge, or retirement home including similar settings (for example, co-located facilities). ☐ patients in hospital receiving alternate level of care (ALC) including similar settings (for example, complex continuing care, hospital transitional programs). ☐ Patients with glomerulonephritis (GN) who are moderately to severely immunocompromised. ☐ patients receiving hemodialysis or peritoneal dialysis. ☐ recipients of solid organ or hematopoietic stem cell transplants. ☐ individuals experiencing homelessness. ☐ individuals who identify as First Nations, Inuit, or Métis.		
Abrysvo® 1 dose per box	☐ 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.

Respiratory Vaccine Order Form 2025-2026

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	☐ Infants born during the RSV season with weight of 5 kg. ☐ 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	☐ Infants born during the RSV season with weight of ≥ 5kg. ☐ 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) ***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.****	**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:** ☐ 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. ☐ 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. ☐ 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. ☐ Severe immunodeficiency. ☐ Down syndrome or Trisomy 21. ☐ Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay. ☐ Neuromuscular disease impairing clearing of respiratory secretions. ☐ Severe congenital airway anomalies impairing the clearing of respiratory secretions.		