Vaccine Order Form

Public Health
Santé publique
SUDBURY & DISTRICTS

phsd.ca tel: 705.522.9200, ext. 490 toll-free: 1.866.522.9200

Date: _____	# of HCPs: _____	**Email orders:** vaccineorder@phsd.ca
Contact and office name: _____		**Fax Orders:**
Office address: _____		705.677.9616 (Sudbury)
Telephone: _____ Email: _____		705.377.5580 **(**Mindemoya)
		705.864.0820 (Chapleau)
		705.869.5583 (Espanola)

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.**

Routine Vaccine Orders

- Orders are **packed on Fridays** and **ready for pick-up the following week starting on the first business day** between **9:30 a.m. and 4:30 p.m. (closed between 12:00 p.m.-1:00 p.m.)**
- **No vaccine pick-ups on Fridays.**
- **Routine orders do not receive email notifications.**

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.*

ROUTINE vaccines	Description	Packaging	Doses on hand	Doses required
Adacel®/Boostrix®	Tetanus, Diphtheria and Pertussis vaccine	5 or 10 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		
Pentacel®	Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type B vaccine	5 doses/box		
Polio®	Polio vaccine	1 dose/box		
Vaxneuvance®	Pneumococcal 15-valent Conjugate Vaccine	1 or 10 doses/box		
Prevnar 20®	Pneumococcal 20-valent Conjugate Vaccine	10 doses/box		
Rotarix®	Rotavirus vaccine (Rot-1)	10 doses/box		
Td Adsorbed®	Tetanus and Diphtheria vaccine	10 doses/box		
Tubersol®	Tuberculin Skin testing solution	10 doses/vial		
Varilrix®/Varivax III®	Varicella vaccine	10 doses/box		
Shingrix®	Varicella-Zoster shingles vaccine	1 or 10 doses/box		

SCHOOL vaccines	Description and eligibility	Name & DOB (YYYY/M/D)	Doses on hand	Doses required
Gardasil-9®	Human Papillomavirus. Grade 7-12 students			
Menactra®/Nimenrix®	Meningococcal C-ACYW-135. Grade 7-12 students			

Recombivax HB®/Engerix-B®	Hepatitis B Adult. Students between 11 and 15 years of age			
Recombivax HB®/Engerix-B®	Hepatitis B Pediatric. Grade 10-12 students >16 years of age and have not received 2nd dose prior to 16th birthday			

Respiratory/Seasonal Vaccines are to be ordered on a separate form

HIGH-RISK Vaccines	**Name & DOB** (YYYY/M/D)	**Doses required**	**Eligibility criteria**
Human Papillomavirus Gardasil-9®			Age 9 years to 26 years: ☐ Men who have sex with men.
Hepatitis A Pediatric or Adult Avaxim®/Havrix®/Vaqta®			Age ≥ 1 year: (please check all that apply) ☐ Chronic liver disease, including Hepatitis B and C ☐ Persons engaging in intravenous drug use. ☐ Men who have sex with men.
Hepatitis B Pediatric or Adult Recombivax HB®/Engerix-B®			Age ≥ 0 years: (please check all that apply) ☐ 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 ☐ Household and sexual contacts of chronic carriers and acute cases. ☐ History of a sexually transmitted disease ☐ Infants born to HBV-positive carrier mothers: - premature infants weighing <2,000 grams at birth - premature infants weighing ≥2,000 grams at birth and full/post term infants ☐ Intravenous drug use. ☐ Liver disease (chronic), including Hepatitis C ☐ Men who have sex with men ☐ Multiple sex partners ☐ Needle stick injuries in a non-health care setting ☐ Awaiting liver transplants (2nd and 3rd doses only)
Hepatitis B Recombivax Renal Dialysis®			☐ On renal dialysis or those with diseases requiring frequent receipt of blood products (for example, haemophilia) (2nd & 3rd doses only)
Haemophilus influenzae type b Act-HIB®/Hiberix®			Age ≥ 5 years: (please check all that apply) ☐ Asplenia (functional or anatomic) ☐ Bone marrow or solid organ transplant recipients ☐ Cochlear implant recipients (pre or post implant) ☐ Hematopoietic stem cell transplant (HSCT) recipients ☐ Immunocompromised individuals related to disease or therapy ☐ Lung transplant recipients ☐ Primary antibody deficiencies
Meningococcal-B Bexsero®			Age 2 months to 17 years: (please check all that apply) ☐ Acquired complement deficiencies (for example, receiving eculizumab) ☐ Asplenia (functional or anatomic) ☐ Cochlear implant recipients (pre or post implant) ☐ Complement, properdin, factor D or primary antibody deficiencies ☐ HIV
Meningococcal C-ACYW-135 Menactra®/Nimenrix®			☐ Individuals born in or after 1997 if they have never received a dose). Age 9 months to 55 years: (please check all that apply) ☐ Functional or anatomic asplenia ☐ Complement, properdin, factor D or primary antibody deficiency ☐ Cochlear implant recipient (pre/post implant) ☐ Acquired complement deficiency ☐ HIV

Pneumococcal 20-Valent Conjugate Prevnar-20®			Refer to PHSD advisory alert for dosage schedule for high-risk eligibly: ☐ Age 6 weeks to 4 years ☐ Age 5 to 64 years ☐ Age >65 years

! **An insulated, pre-conditioned cooler with cooler blankets, ice packs, and a temperature monitoring device are required to transport vaccines. Always maintain vaccines in temperatures between 2-8°C.**