Vaccine Order Form

Northeastern PUBLIC HEALTH SANTÉ PUBLIQUE du Nord-Est

HCP Office name:_____ **Contact Person:** _____ **Request Date:** _____

Email Address: _____ **Telephone No:** _____ **Fax No:**_____

1. Fax completed order form including your Temperature Log for the last 2-4 weeks to your local NEPH Office by noon on your order date.
2. Complete ALL fields to avoid a delay in processing your order
3. Maintain no more than a one-month supply in your vaccine fridge at any time.
4. Call NEPH at 1-877-442-1212 for questions on recommended immunizations.
5. NEPH has the authority to review all vaccine orders and adjust accordingly if requested amounts appear to exceed a one-month supply.
6. Vaccines can be ordered and picked up as per the vaccine delivery schedule **https://www.neph.ca/en/for-professionals/health-professionals**.

By submitting this order and min/max temperature log, I verify on behalf of the practice the following:

7. Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily.
8. Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection.
9. All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to and recommendations regarding usage of the effected vaccines have been implemented by the practice.
10. A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.

Cochrane - 705-272-4996 **Englehart, Kirkland Lake & New Liskeard – 705-647-5779** **Hearst - 705-362-7462**
Hornepayne - 807-868-2225 **Iroquois Falls - 705-258-2249** **Kapuskasing - 705-337-1895**
Matheson - 705-273-2522 **Smooth Rock Falls - 705-338-2250** **Timmins – 705-360-7308**

ROUTINE VACCINES

Refer to the Publicly Funded Immunization Schedules

Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Haemophilus influenzae type b(Act-Hib, Hiberix)		1		657132550	
Herpes Zoster(Shingrix)(for 65-70 years of age)		1		657120200	
Measles, Mumps and Rubella(MMRII/Priorix)		10	1	657132300	
Measles, Mumps, Rubella, and Varicella(ProQuad/Priorix Tetra)		10	1	657136040	
Meningococcal C Conjugate(Menjugate/NeisVac-C)		10	1	657133443	
Pneumococcal 15-valent Conjugate(Vaxneuvance)(6 weeks-4 years of age)		10	1	657122201	
Pneumococcal 20-valent Conjugate(Prevnar 20)(65 or older + high risk)		10	1	657140201	
Polio(Imovax Polio)		1		657132202	
Rotavirus(Rotarix)		10	1	657142330	
Tetanus and Diphtheria(Td)		10	1	657132401	
Tetanus, Diphtheria and Pertussis(Adacel or Boostrix)		10		657122070	
Tetanus, Diphtheria, Pertussis and Polio(Adacel-Polio or Boostrix-Polio)		10	1	657120131	
Tetanus, Diphtheria, Pertussis, Polio and Haemophilus influenzae type B(Pentacel)		5		657133460	
Tuberculin Purified Protein Derivative (5 TU) – TB testing solution(TB Case & Contact)		10		650633110	
Rabies Immune Globulin (Human), 99 ml/kg Vial 1 / Box(Hospital Use Only)		1		657132260	
Rabies 1 ml Vial 1 / Box(Hospital Use Only)		1		657132310	
Respiratory Syncytial Virus(Abrysvo, Arexvy)(>75 years of age)		1		657123000	
Varicella(Varivax/Varilrix)		10	1	657133050	

Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to Northeastern Public Health

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SEASONAL IMMUNIZING AGENTS ONLY AVAILABLE DURING RESPIRATORY SEASON				
Refer to the Canadian Immunization Guide				
Description	**Doses on Hand**	**Doses per package**	**Catalogue no.**	**Doses Required**
COVID-19(Moderna Spikevax)(≥ *6 months of age)*		5	657167000	
COVID-19(Pfizer Cominarty)(Adult ≥ *12 years of age)*		6	657166400	
COVID-19(Pfizer Cominarty)(Pediatric *5 - 11 years of age)*		1	657166600	
Influenza Trivalent(Fluzone®/Flucelvax®/Fluviral®)(≥ *6 months of age)*		10	657144000	
Influenza Trivalent HD(Fluzone®) (≥ *65 years of age)*		5	657155100	
Influenza Trivalent Adjuvanted(Fluad®)(≥ *65 years of age)*		10	657133520	
Respiratory Syncytial Virus(Abrysvo)(pregnant individuals)		1	657123240	
Respiratory Syncytial Virus Antibody 50mg(Beyfortus)(Newborns-under 5kg)		1	657122000	
Respiratory Syncytial Virus Antibody 100mg(Beyfortus)(For infants 5kg or greater)		5 | 1	657124000	

OTHER VACCINES
For High Risk & School Program Vaccines, use the "High Risk & School Vaccine Order Form" on the NEPH website at https://www.neph.ca/en/for-professionals/health-professionals

STI MEDICATION				
Description	**Doses on Hand**	**Doses per package**	**Catalogue no.**	**Doses Required**
Benzathine Penicillin G 1.2 mu per 2ml(Corectional and Coastal Use Only)		1	650532031	
Amoxicillin 500 mg(Coastal Use Only)		100 caps/bottle		
Azithromycin 250 mg(Coastal Use Only)		100 caps/bottle		
Ceftriaxone 250 mg/vial(Coastal Use Only)		10 vials/pkg		
Doxycycline 100 mg(Coastal Use Only)		100 caps/bottle		
Lidocaine 1% solution for injection 5ml Lidocaine 1% solution for injection 5ml (Coastal Use Only)		20 polyampoules/pkg		
Sterile water for injection 10ml(Coastal Use Only)		20 polyampoules/pkg		
** Gentamicin Injection 40mg/ml is ordered under the Special Access Program of Health Canada and is available from MOHLTC on a case-by-case basis.(Coastal Use Only)				

SUPPLIES			**Amount Required**
Vaccine Temperature Log Book	□ English	□ French	
Immunization Cards	□ English	□ French	
Immunization Card Plastic Sleeves			
ICON Resource Tearoff Pad (Bilingual)			

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