

High Risk Vaccine Order Form



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Name of Client:		Date of Birth: YYYY/MM/DD	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Ontario Health Card Number:	HCP Phone Number:	
Health Care Practitioner Name (HCP):		HCP Fax Number:	
Facility Name:	HCP and/or Designate Signature:		
Date of Request: YYYY/MM/DD			
Date of scheduled appointment: YYYY/MM/DD			

Once the vaccine is administered complete and fax this form immediately to Northeastern Public Health in Timmins at:
705-360-7308

Vaccine Administration			
Date Administered: YYYY / MM / DD	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:
Date Administered: YYYY / MM / DD	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:

*For each vaccine being requested, check all criteria(s) that apply for this client:

Haemophilus influenzae type b - Act-Hib® (6571-3255-0)	Dose being requested: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
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Eligibility - ≥ 5 years with:

- Hematopoietic stem cell transplant recipient (HSCT) *(3 doses)
- Functional or anatomic asplenia (1 dose)
- Immunocompromised related to disease or therapy (1 dose)
- Bone marrow or solid organ transplant recipient (1 dose)
- Lung transplant recipient (1 dose)
- Cochlear implant recipient (pre/post implant) (1 dose)
- Primary antibody deficiency (1 dose)

Meningococcal B - Bexsero® (6571-3314-0)	Dose being requested: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 4
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Eligibility – Age 2 months to 17 years with:

- Functional or anatomic asplenia
- Complement, properdin, factor D deficiency, or primarily antibody deficiency
- Cochlear implant recipient (pre/post implant)
- Acquired complement deficiency (e.g., receiving eculizumab)
- HIV

Meningococcal C-ACYW135	Dose being requested: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 4 <input type="checkbox"/> Booster
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Nimenrix® (6571-3370-0) 2 to 55 years or ≥ 56 years of age to replace menomune

Mencevo® (6571-2017-0) 9 to 23 months of age

Eligibility - 9 months to 55 years or ≥ 56 years

- Functional or anatomic asplenia
- Complement, properdin, factor D deficiency, or primarily antibody deficiency
- Cochlear implant recipient (pre/post implant)
- Acquired complement deficiency (e.g., receiving eculizumab)
- HIV

Hepatitis A (Avaxim®/Havrix®/VAQTA®)	Dose being requested: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
<input type="checkbox"/> adult (6571-3257-0) <input type="checkbox"/> paediatric (6571-3256-0)	

Eligibility – ≥ to 1 year with:

- Chronic liver disease (including Hepatitis B and C)

- Persons engaging in intravenous drug use
- Men who have sex with men

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

Eligibility - ≤ 26 years of age who have NOT started a series already and who are:

men who have sex with men (MSM), including gay, bisexual and trans (those who identify as MSM)

Hepatitis B (Engerix-B®/Recombivax®)

Dose being requested: Dose 1 Dose 2 Dose 3

Dose 4 (for premature babies ONLY)

paediatric (6571-3251-0)

adult/adolescent 20 mcg (6571-3243-0)

renal dialysis 40 mcg (6571-3324-1)

Eligibility – ≥ to 0 years of age:

Infant born to HBV-positive carrier mothers:

- Premature infant weighing <2000 grams at birth (4 doses)
- Premature infant weighing ≥2000 grams at birth and full/post term infants (3 doses)

Household or sexual contact of chronic carrier or acute case (3 doses)

Awaiting liver transplant (2nd and 3rd doses only)

Men who have sex with men, individual with multiple sex partners, or history of a sexually transmitted disease (3 doses)

Needle stick injury in a non-health care setting (3 doses)

Child <7 years old whose family has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family (3 doses)

Renal dialysis or disease requiring frequent receipt of blood products (eg., haemophilia) (2nd and 3rd doses only)

Individual engaging in intravenous drug use (3 doses)

Chronic liver disease including hepatitis C (3 doses)

Pneumococcal C-20 Valent – Prevnar-20® (6571-4010-2)

Dose being requested: Dose 1

Use existing inventory if you have it and if the client meets criteria below

**** Please refer to following HCP Fact Sheets for guidance on product to use, number of doses required, intervals and how to complete a vaccine series when other Pneumococcal products were used.**

- HCP Fact Sheet: Pneumococcal conjugate vaccine for individuals aged 5-64 years at high risk for IPD for vaccine intervals.
- HCP Fact Sheet: Pneumococcal conjugate vaccines for children aged 6 weeks to 4 years.

Asplenia (anatomical or functional), splenic dysfunction

Chronic renal disease, including nephrotic syndrome

Congenital (primary) immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions.

Chronic cardiac disease

Chronic liver disease, including hepatitis B and C

HIV infection

Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy

Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy

Chronic neurologic conditions that may impair clearance of oral secretions

Diabetes mellitus

Malignant neoplasms, including leukemia and lymphoma

Cochlear implant recipients (pre/post implant)

Sickle-cell disease and other sickle cell hemoglobinopathies

Chronic cerebral spinal fluid leak

Solid organ or islet cell transplant (recipient)

Residents of nursing homes, homes for the aged and chronic care facilities or wards

Hepatic cirrhosis due to any cause

Hematopoietic stem cell transplant (HSCT) (recipient)

Contact your local NEPH Office if you have any questions or reach out to us by e-mail:

NEPH.VPD@neph.ca

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