

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: ☐ Dose 1 ☐ Dose 2 ☐ Dose 3

Eligibility - ≥ 5 years with:

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

Meningococcal B - Bexsero® (6571-3314-0) Dose being requested: ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4

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: ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4 ☐ Booster

☐ **Nimenrix®** (6571-3370-0) 2 to 55 years or ≥ 56 years of age to replace menomune

☐ **Menveo®** (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: ☐ Dose 1 ☐ Dose 2

☐ **adult** (6571-3257-0) ☐ **paediatric** (6571-3256-0)

Eligibility – ≥ to 1 year with:

- | | |
|--|---|
| <input type="checkbox"/> Chronic liver disease (including Hepatitis B and C) | <input type="checkbox"/> Persons engaging in intravenous drug use |
| | <input type="checkbox"/> Men who have sex with men |

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

Human Papillomavirus Vaccine - Gardasil9® (6571-3390-0)Dose being requested: ☐ Dose 1 ☐ Dose 2 ☐ Dose 3**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
 - ☐ 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.
 - ☐ HIV infection
 - ☐ Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy
 - ☐ Malignant neoplasms, including leukemia and lymphoma
 - ☐ Sickle-cell disease and other sickle cell hemoglobinopathies
 - ☐ Solid organ or islet cell transplant (recipient)
 - ☐ Hepatic cirrhosis due to any cause
 - ☐ Chronic renal disease, including nephrotic syndrome
 - ☐ Chronic cardiac disease
 - ☐ Chronic liver disease, including hepatitis B and C
 - ☐ Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy
 - ☐ Chronic neurologic conditions that may impair clearance of oral secretions
 - ☐ Diabetes mellitus
 - ☐ Cochlear implant recipients (pre/post implant)
 - ☐ Chronic cerebral spinal fluid leak
 - ☐ Residents of nursing homes, homes for the aged and chronic care facilities or wards
 - ☐ 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

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