



# Order Form for High Risk Vaccine One form per client

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

Please note, you must complete and fax this form immediately to the Porcupine Health Unit in Timmins at 705-360-7308 once the vaccine is administered. (You will receive a copy of this form with the vaccine for you to fax.)

| Vaccine Administration                      |                           |                         |                     |
|---|---------------------------|-------------------------|---------------------|
| <b>Date Administered:</b><br>YYYY / MM / DD | <b>Site Administered:</b> | <b>Type of Vaccine:</b> | <b>Lot #</b>        |
|   |                           |                         | <b>Expiry Date:</b> |
| <b>Date Administered:</b><br>YYYY / MM / DD | <b>Site Administered:</b> | <b>Type of Vaccine:</b> | <b>Lot #</b>        |
|   |                           |                         | <b>Expiry Date:</b> |

\*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:**

- 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:  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)
- Those born in 2002, 2003, 2004 or 2005 (eligible until December 31, 2023)
- 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:**

- 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 the Porcupine Health Unit**

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**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:**

- males born in 1993, 1994, 1995, 1996 or 1997 (eligible until December 31, 2024)
- 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 (2<sup>nd</sup> and 3<sup>rd</sup> 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) (2<sup>nd</sup> and 3<sup>rd</sup> 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 PHU Office if you have any questions or reach out to us by e-mail:  
PHU.VPD@porcupinehu.on.ca**

**Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to the Porcupine Health Unit**