



Vaccines and STI Medication Order Form
(Attawapiskat, Moose Factory, Kashechewan, Fort Albany,
Peawanuck, Constance Lake)

PHU Use Only – Order No.:

Fax order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to the Porcupine Health Unit nearest you by Tuesday at 4:00 p.m. **Hearst - Vaccine will be available for pick up Thursday any time after 8:30 a.m. **Timmins** – vaccines will be shipped as per calendar schedule.**

TIMMINS (all others): 705-360-7308

HEARST (Costance Lake): 705-362-7462

**** NOTE:** If you are unable to verify any of the information below, call the Porcupine Health Unit at 705-267-1181 and speak with your cold chain nurse. **

By submitting this order, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily.
- Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection
- 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
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Call for questions on recommended immunizations.

Complete ALL fields to avoid a delay in processing your vaccine order.

For **High Risk Vaccines**, use the “Vaccine Release Requisition Form for High Risk Publicly Funded Vaccine” on the Porcupine Health Unit website at <https://phu.fyi/immunization-manual>

Healthcare Provider Office Name:		Requisition Date (yyyy/mm/dd)
Healthcare Provider Contact Person:		Title:
Telephone No.	Fax No.	E-mail:

Routine Vaccines

Refer to the [Publicly Funded Immunization Schedules](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Adacel/Boostrix (Tetanus, Diphtheria and Pertussis)		5	657122030	
Adacel Polio/Boostrix Polio (Tetanus, Diphtheria, Pertussis and Polio)		10 1	657120131	
Imovax Polio (Polio)		1	657132202	
Menjugate/NeisVac-C (Meningococcal C Conjugate) <i>(12 months of age)</i>		10 1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella) <i>(12 months of age)</i>		10 1	657132300	
Pediacel/Pentacel (Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b)		5	657133460	
Prevnar 20 (Pneumococcal Conjugate Vaccine) <i>(For ≥ 65 years of age+ high-risk)</i>		10 1	657140201	
Vaxneuvance (Pneumococcal Conjugate Vaccine – 15 valent) <i>(6 weeks - 4 years of age)</i>		10 1	657122201	
ProQuad/Priorix Tetra (Measles, Mumps, Rubella, & Varicella)		10 1	657136040	
Rotarix (Rotavirus)		10 1	657142330	
Td Adsorbed (Tetanus and Diphtheria)		5 1	657132400	
Tubersol (Tuberculin Purified Protein Derivative (5 TU) – TB testing solution)		10	650633110	
Varivax/Varilrix (Varicella)		10 1	657133050	
Shingrix (Shingles) <i>(for 65-70 years only & those born in 1949, 1950, 1951 and 1952, 1953 remain eligible until December 31,2024)</i>		10 1	657120200	
Imovax Rabies Vaccine (Rab) (Attawapiskat Hospital, Fort Albany, Kashechewan, Moose Factory, Peawanuck)		1	657132310	
KamRAB/HyperRAB 1mL (Rablg) (Attawapiskat Hospital, Fort Albany, Kashechewan, Moose Factory, Peawanuck)		1	657132260	

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



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Telephone No.	Fax No.	E-mail:

Covid-19 Vaccines
ONLY AVAILABLE DURING RESPIRATORY SEASON

Refer to the [COVID-19 Guidance Documents](#)

Description	Doses on Hand	Doses per package	Doses Required
Pfizer XBB (grey cap) <ul style="list-style-type: none"> Stable for 10 weeks thawed in refrigerator Stable for 12 hours post puncture 		6	
Moderna XBB (blue cap) ≥ 6 months of age <ul style="list-style-type: none"> Stable for 30 days thawed in refrigerator Stable for 24 hours post puncture 		5	
Pediatric Vaccines – Contact PHU to inquire about availability			

Flu Vaccines
ONLY AVAILABLE DURING RESPIRATORY SEASON

Refer to the [Canadian Immunization Guide](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Fluzone® 0.5 mL/dose FluLaval-Tetra® 0.5 mL/dose ≥ 6 months of age		10	657144000	
Fluzone-High Dose® Quad 0.7 mL/dose ≥ 65 years of age		5 1	657155100	
Fluad® 0.5 mL/dose ≥ 65 years of age		10 1	657133520	

School Program

Refer to the [Publicly Funded Immunization Schedules](#)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Gardasil 9 (HPV 9) <i>Grade 7-12 students & students born in 2002, 2003, 2004, 2005, and 2006 until August 31st 2024</i>		10 1	657133900 657133901	
Engerix B (1 Dose) / Recombivax (10 Doses) (Hepatitis B) <i>Grade 7-12 students & students born in 2005 & 2006 until August 31, 2024</i>		10 1	657132430	
Menactra (5 Doses) /Nimenrix (10 Doses)(Meningococcal-C-ACYW135) <i>Grade 7-12 Students</i>		10 5	657133701 657133601	

Sexual Health Medication

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Amoxicillin 500 mg		100 caps/bottle	650511030	
Azithromycin 250 mg		6 tab/pkg	650211061	
Benzathine Penicillin G 1.2 mu per 2ml (Store between 2-8° C) (must be approved by Infectious Disease prior to ordering)		10 pre-filled syringes/pkg	650532031	
Ceftriaxone 250 mg/vial		10 vials/pkg	650413020	
Doxycycline 100 mg		100 caps/bottle	650511021	
Lidocaine 1% solution for injection 5ml		20 polyampoules/pkg	659012051	
Sterile water for injection 10ml		20 polyampoules/pkg	659012012	

** 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. **

Supplies

Immunization Cards (check appropriate √) English _____ French _____	1	
Immunization Plastic Sleeves	1	
Vaccine Temperature Log Book – English	1	

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