



Vaccine Release Requisition Form for High Risk Publicly Funded Vaccine

Complete one form per client

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			

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			
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:
<input type="checkbox"/> Hematopoietic stem cell transplant recipient (HSCT) *(3 doses)
<input type="checkbox"/> Functional or anatomic asplenia (1 dose)
<input type="checkbox"/> Immunocompromised related to disease or therapy (1 dose) | <input type="checkbox"/> Bone marrow or solid organ transplant recipient (1 dose)
<input type="checkbox"/> Lung transplant recipient (1 dose)
<input type="checkbox"/> Cochlear implant recipient (pre/post implant) (1 dose)
<input type="checkbox"/> Primary antibody deficiency (1 dose) |
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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:
<input type="checkbox"/> Functional or anatomic asplenia
<input type="checkbox"/> Complement, properdin, factor D deficiency, or primarily antibody deficiency
<input type="checkbox"/> Cochlear implant recipient (pre/post implant)
<input type="checkbox"/> Those born in 2002, 2003, 2004 or 2005 (eligible until December 31, 2023) | <input type="checkbox"/> Acquired complement deficiency (e.g., receiving eculizumab)
<input type="checkbox"/> HIV |
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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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| <input type="checkbox"/> Nimenrix® (6571-3370-0) 2 to 55 years or ≥ 56 years of age to replace menomune
<input type="checkbox"/> Menveo® (6571-2017-0) 9 to 23 months of age or individuals born in 1964, 1965, 1966 or 1967 (eligible until December 31, 2023)
Eligibility - 9 months to 55 years or ≥ 56 years to replace menomune
<input type="checkbox"/> Functional or anatomic asplenia
<input type="checkbox"/> Complement, properdin, factor D deficiency, or primarily antibody deficiency
<input type="checkbox"/> Cochlear implant recipient (pre/post implant) | <input type="checkbox"/> Acquired complement deficiency (e.g., receiving eculizumab)
<input type="checkbox"/> HIV |
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Hepatitis A (Avaxim®/Havrix®)	Dose being requested: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2
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| <input type="checkbox"/> adult (6571-3257-0) <input type="checkbox"/> 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 |
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Human Papillomavirus Vaccine - Gardasil9® (6571-3390-0)	Dose being requested: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3
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- Eligibility - ≤ 26 years of age who have NOT started a series already and who are:**
- males born in 1993, 1994, 1995 or 1996 (eligible until December 31, 2023)
 - men who have sex with men (MSM), including gay, bisexual and trans (those who identify as MSM)

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

Hepatitis B (Engerix-B®)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 P-23 Valent - Pneumovax® (6571-4010-2)Dose being requested: Dose 1 Dose 2**Use existing inventory if you have it and if the client meets criteria below****Patient, 2 to 64 years of age, are high risk if they have the following conditions:**

- 1. Asplenia (anatomical or functional), splenic dysfunction
- 2. Cardiac disease (chronic)
- 3. Cerebrospinal fluid leak (chronic)
- 4. Cochlear implant recipients (pre/post implant)
- 5. 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
- 6. Diabetes mellitus
- 7. HIV
- 8. Immunosuppressive therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic and non-biologic immunosuppressive diseases
- 9. Liver Disease (chronic), including hepatitis B and C, and hepatic cirrhosis due to any cause
- 10. Malignant neoplasms
- 11. Renal disease (chronic), including nephrotic syndrome
- 12. Respiratory disease (chronic), excluding asthma, unless treated with high-dose corticosteroid therapy)
- 13. Sickle-cell disease and other sickle cell haemoglobinopathies
- 14. Solid organ or islet cell transplant (candidate or recipient)
- 15. Neurologic conditions (chronic) that may impair clearance of oral secretions
- 16. HSCT (candidate or recipient)
- 17. Residents of nursing homes, homes for the aged, chronic care facilities or wards

Patient ≥ 2 years are eligible to receive a 2nd (one lifetime re-immunization) dose of Pneu-P-23 if they meet the following high risk criteria:

- Asplenia (functional or anatomic) or sickle cell disease
- Hepatic cirrhosis
- HIV
- Immunosuppression related to disease or therapy
- Renal failure (chronic) or nephrotic syndrome

Pneumococcal C-13 Valent - Prevnar® 13 (6571-2202-5)Dose being requested: Dose 1 Dose 2 Dose 3**Use existing inventory if you have it and if the client meets criteria below****Patient, 6 weeks to 6 months who meet any criteria of # 1-14 Pneu-P-23 high risk criteria above are eligible for a 4th dose of Prevnar 13 as they are considered high risk.****Patient, ≥ 50 years of age, are high risk if they have the following medical conditions:**

- Asplenia (anatomical or functional)
- Congenital 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
- Hematopoietic stem cell transplant recipient (HSCT)
- HIV
- Sickle cell disease or other hemoglobinopathies
- Immunosuppressive therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic, and non-biologic immunosuppressive diseases
- Malignant neoplasms including leukemia and lymphoma
- Solid organ or islet cell transplant (candidate or recipient)