

Huron Perth Public Health

Publicly Funded High Risk Vaccine Order Form

Fax completed form to Vaccine Coordinator at 519-271-2785

Name of facility:	Name of Physician:	Requisition ID:
Date:	Ordered By:	Panorama ID:
Patient First Name:	Patient Last Name:	DOB (YYYY/MM/DD):
Address:	Patient Phone Number:	Health Card:
<p>Haemophilus influenzae type b (Act-HIB) 657 132 550</p> <p>Dose #: _____</p> <p>* HSCT recipients are eligible for 3 doses. All other eligible conditions receive only 1 dose. See Table 9 of the Publicly Funded Immunization Schedule - June 2022 for vaccine intervals.</p>		
<p>Eligibility – ≥ 5 years: (please check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipient* (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) <p>Note: High Risk children 5 – 6 years who require DTaP-IPV & Hib should receive DTaP-IPV-Hib instead of Hib</p>		
<p>Hepatitis A (Avaxim/Havrix/Vaqta)</p> <p>657 132 570 (adult) <input type="checkbox"/></p> <p>657 132 560 (paediatric) <input type="checkbox"/></p> <p>Dose # _____ *2 Doses</p>		
<p>Eligibility – ≥ 1 year: (please check all that apply)</p> <ul style="list-style-type: none"> <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 		
<p>Hepatitis B (Recombivax HB/Engerix-B)</p> <p>657 132 510 (paediatric) <input type="checkbox"/></p> <p>657 132 430 (adult/adolescent) <input type="checkbox"/></p> <p>657 133 241 (renal dialysis) <input type="checkbox"/></p> <p>Dose #: _____</p> <p>*2 to 4 doses. See Table 7 of the Publicly Funded Immunization Schedule – June 2022 for vaccine intervals.</p>		
<p>Eligibility – ≥ 0 years: (please check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infants born to HBV-positive carrier mothers: <input type="checkbox"/> premature infants weighing <2,000 grams at birth (4 doses) <input type="checkbox"/> premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses) <input type="checkbox"/> Household and sexual contacts of chronic carriers and acute cases (3 doses) <input type="checkbox"/> Intravenous drug use (3 doses) <input type="checkbox"/> Men who have sex with men (3 doses) <input type="checkbox"/> Multiple sex partners (3 doses) <input type="checkbox"/> History of a sexually transmitted disease (3 doses) <input type="checkbox"/> Needle stick injuries in a non-health care setting (3 doses) <input type="checkbox"/> Child <7 years old whose family has immigrated from countries of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended families (3 doses) <input type="checkbox"/> Chronic liver disease including hepatitis C (3 doses) <input type="checkbox"/> Renal dialysis or diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only) <input type="checkbox"/> Awaiting liver transplant (2nd and 3rd doses only) 		
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<p>Human Papilloma Virus (HPV 9) (Gardasil 9) 657 133 900</p> <p>Dose #: _____</p>	<p>Eligibility – 9 to ≤ 26 years who identify as:</p> <p>Men who have sex with men (MSM) including some trans people</p>
<p>Meningococcal C-ACYW135 (Menactra/Nimenrix) 657 133 600 / 657 133 700</p> <p>Dose #: _____</p> <p><i>*2 to 4 doses plus booster. Number of doses varies with age. See Table 15 of the Publicly Funded Immunization Schedule – June 2022 for vaccine intervals.</i></p>	<p>Eligibility – Age 9 months to 55 years (2 to 4 doses + boosters) Age ≥ 55 years (1 dose): (please check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Acquired complement deficiencies (e.g. receiving eculizumab) <input type="checkbox"/> HIV
<p>Meningococcal B (Bexsero) 657 133 140</p> <p>Dose #: _____</p> <p><i>*2 to 4 doses. Number of doses varies with age. See Table 14 of the Publicly Funded Immunization Schedule – June 2022 for vaccine intervals.</i></p>	<p>Eligibility – Age 2 months to 17 years with: (please check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Acquired complement deficiency (e.g. receiving eculizumab) <input type="checkbox"/> HIV
<p>Mpox (Imvamune) 657 170 100</p> <p>Dose # _____</p> <p><i>2 dose primary series, at least 28 days between first and second doses, for individuals currently eligible for pre-exposure or post-exposure vaccination</i></p>	<p>Eligibility – 18 years and older</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please call the health unit vaccine intake line at 1-877-221-2133 ext. 3558 to discuss eligibility for both pre-exposure and post-exposure vaccination

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<p>Pneumococcal-C-20 Valent (Prevnar 20) 657 140 201</p> <p>Dose # _____</p> <p><i>*Eligibility depends on age, previous pneumococcal immunization, and presence of specific medical and non-medical conditions that increase an individual's risk for invasive pneumococcal disease (IPD).</i></p> <p><i>Refer to Health Care Provider Fact Sheet: Pneumococcal Conjugate Vaccines for Children Aged 6 Weeks to 4 Years and Health Care Provider Fact Sheet: Pneumococcal Conjugate Vaccine for Individuals Aged 5 to 64 Years at High Risk for Invasive Pneumococcal Disease for eligibility criteria and vaccine schedules.</i></p> <p><u>Please note: Use your stock of routine publicly funded childhood immunizations for this patient.</u> <u>If Prevnar 20 is not normally stocked, please fill out this form accordingly.</u></p>		<p>Eligibility – ≥ 6 weeks and older with: <i>(please check all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Asplenia (functional or anatomic), splenic dysfunction <input type="checkbox"/> 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 <input type="checkbox"/> HIV infection <input type="checkbox"/> Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy <input type="checkbox"/> Malignant neoplasms, including leukemia and lymphoma <input type="checkbox"/> Sickle-cell disease and other sickle cell hemoglobinopathies <input type="checkbox"/> Solid organ or islet cell transplant (recipient) <input type="checkbox"/> Hepatic cirrhosis due to any cause <input type="checkbox"/> Chronic renal disease, including nephrotic syndrome <input type="checkbox"/> Chronic cardiac disease <input type="checkbox"/> Chronic liver disease, including hepatitis B and C <input type="checkbox"/> Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy <input type="checkbox"/> Chronic neurologic conditions that may impair clearance of oral secretions <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Chronic cerebral spinal fluid leak <input type="checkbox"/> Residents of nursing homes, retirement homes and chronic care facilities or wards <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) (recipient)