

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:
Haemophilus influenzae type b (Act-HIB) 657 132 550 Dose #: _____ * 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.		Eligibility – ≥ 5 years: <i>(please check all that apply)</i> <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) Note: High Risk children 5 – 6 years who require DTaP-IPV & Hib should receive DTaP-IPV-Hib instead of Hib
Hepatitis A (Avaxim/Havrix/Vaqta) 657 132 570 (adult) <input type="checkbox"/> 657 132 560 (paediatric) <input type="checkbox"/> Dose # _____ *2 Doses		Eligibility – ≥ 1 year: <i>(please check all that apply)</i> <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
Hepatitis B (Recombivax HB/Engerix-B) 657 132 510 (paediatric) <input type="checkbox"/> 657 132 430 (adult/adolescent) <input type="checkbox"/> 657 133 241 (renal dialysis) <input type="checkbox"/> Dose #: _____ *2 to 4 doses. See Table 7 of the Publicly Funded Immunization Schedule – June 2022 for vaccine intervals.		Eligibility – ≥ 0 years: <i>(please check all that apply)</i> <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)
RSV (Arexvy) 657 123 000 Dose #: _____ *Currently a 1 dose series.		Eligibility – 60 years and older: <i>(please check all that apply)</i> <input type="checkbox"/> Individuals who identify as First Nations, Inuit, or Métis <input type="checkbox"/> Individuals experiencing homelessness <input type="checkbox"/> Recipients of hematopoietic stem cell or solid organ transplant who are recommended by their specialist
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Human Papilloma Virus (HPV 9) (Gardasil 9) 657 133 900 Dose #: _____		Eligibility – 9 to ≤ 26 years who identify as: Men who have sex with men (MSM) including some trans people
Meningococcal C-ACYW135 (Menactra/Nimenrix) 657 133 600 / 657 133 700 Dose #: _____ <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>		Eligibility – Age 9 months to 55 years (2 to 4 doses + boosters) Age ≥ 55 years (1 dose): (please check all that apply) <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
Meningococcal B (Bexsero) 657 133 140 Dose #: _____ <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>		Eligibility – Age 2 months to 17 years with: (please check all that apply) <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
Mpox (Imvamune) 657 170 100 Dose # _____ <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>		Eligibility – 18 years and older <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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Pneumococcal-C-13 Valent (Prevnar13) 657 122 025 Dose # _____ <i>* HSCT recipients are eligible for 3 doses. See Table 18 of the Publicly Funded Immunization Schedule – January 2021 for vaccine intervals. High Risk Infants 6 weeks to 6 months eligible for a 4th dose. See Table 17 of the Publicly Funded Immunization Schedule – June 2022 for vaccine intervals.</i> Please note: Use your stock of routine publicly funded childhood immunizations for this patient. If Prevnar®13 is not normally stocked, please fill out this form accordingly.		Eligibility – ≥ 50 years with: (please check all that apply) <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT)* (3 doses) <input type="checkbox"/> HIV (1 dose) <input type="checkbox"/> Immunosuppressive condition including (1 dose): <ul style="list-style-type: none"> • Asplenia • Sickle cell disease or other hemoglobinopathies • 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 • Immunosuppressive therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic • and non-biologic immunosuppressive therapies for rheumatologic and other inflammatory diseases • Malignant neoplasms including leukemia and lymphoma Solid organ or islet cell transplant (candidate or recipient)
Pneumococcal-P-23 Valent (Pneumovax®23) 657 140 102 Dose #: _____ Please note: Pneumovax®23 utilized for routine immunizations may be used for this patient. If Pneumovax®23 is not normally stocked, please fill out this form accordingly. <i>A small group are eligible to receive a 2nd (1 lifetime re-immunization) dose of Pneu-P-23. See Table 20 of Publicly Funded Immunization Schedule – June 2022.</i>		Eligibility – 2-64 years: (please check all that apply) <input type="checkbox"/> 1. Asplenia (functional or anatomic), splenic dysfunction <input type="checkbox"/> 2. Cardiac disease (chronic) <input type="checkbox"/> 3. Cerebral spinal fluid leak (chronic) <input type="checkbox"/> 4. Cochlear implant recipients (pre/post implant) <input type="checkbox"/> 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 <input type="checkbox"/> 6. Diabetes mellitus <input type="checkbox"/> 7. HIV <input type="checkbox"/> 8. 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"/> 9. Liver disease chronic, including hepatitis B and C, and hepatic cirrhosis due to any cause <input type="checkbox"/> 10. Malignant neoplasms, including leukemia and lymphoma <input type="checkbox"/> 11. Renal disease (chronic), including nephrotic syndrome <input type="checkbox"/> 12. Respiratory disease (chronic), excluding asthma, except those treated with high-dose corticosteroid therapy <input type="checkbox"/> 13. Sickle-cell disease and other sickle cell haemoglobinopathies <input type="checkbox"/> 14. Solid organ or islet cell transplant (candidate or recipient) <input type="checkbox"/> 15. Neurologic conditions (chronic) that may impair clearance of oral secretions <input type="checkbox"/> 16. HSCT (candidate or recipient) <input type="checkbox"/> 17. Residents of nursing homes, homes for the aged and chronic care facilities or wards