North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

Vaccine Preventable Diseases
Prévention des maladies par vaccins
myhealthunit.ca

Publicly Funded **HIGH RISK** Vaccine Order Form

Please fax all pages of this form to the Health Unit at 705-474-0510

Name of client:	DOB: YYYY/MM/DD	Age:	
Ontario Health Card Number:	Date of Request:		
HCP or Facility Name:	HCP Phone Number:		HCP Fax Number:

Vaccine Requested	Eligibility Criteria
Haemophilus influenza type b (ACT-HIB) Please check the appropriate box for dose being requested: ☐1 ☐2 ☐3 Date of previous dose(s): ☐1 _____ ☐2 _____	**Eligibility - clients ≥ 5 years with:** (check all that apply) ☐ Hematopoietic stem cell transplant (HSCT) recipient **(3 doses)** ☐ Functional or anatomical asplenia **(1 dose)** ☐ Immunocompromised related to disease of 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) Please check the appropriate box for dose being requested: ☐1 ☐2 ☐3 ☐4 Date of previous dose(s): ☐1 _____ ☐2 _____ ☐3 _____	**Eligibility - clients age 2 months to 17 years with:** (check all that apply) ☐ Acquired complement deficiencies ☐ Functional or anatomical asplenia ☐ Cochlear implant recipient (pre/post implant) ☐ Complement, properdin, factor D deficiency, or primary antibody deficiency ☐ HIV
Meningococcal C-ACYW135 (Menactra) Please check the appropriate box for dose being requested: ☐1 ☐2 ☐3 ☐4 ☐ booster Date of previous dose(s): ☐1 _____ ☐2 _____ ☐3 _____ ☐4 _____	**Eligibility - clients with:** (check all that apply) ☐ Acquired complement deficiencies ☐ Functional or anatomical asplenia ☐ Cochlear implant recipient (pre/post implant) ☐ Complement, properdin, factor D deficiency, or primary antibody deficiency ☐ HIV
Pneumococcal-C-13 (Prevnar 13) Dose Requested: ☐ 1	**Eligibility - clients ≥ 50 years with:** (check all that apply) ☐ Hematopoietic stem cell transplant **(3 doses)** ☐ HIV **(1 dose)** ☐ Immunosuppressive conditions including: **(1 dose)** ○ Asplenia ○ 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 ○ HIV ○ HSCT recipient ○ 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 ○ Sickle cell disease or other hemoglobinopathies ○ Solid organ or islet cell transplant (candidate or recipient)

Pneumococcal-P-23 Valent (Pneumovax 23) Please check the appropriate box for dose being requested: ☐1 ☐2 **Dose 2 - clients ≥ 2 years** Individuals are eligible to receive a 2nd **(one lifetime reimmunization)** dose of Pneu-23 if they meet the following high risk criteria: ☐ Asplenia (functional or anatomic) or sickle cell disease ☐ Hepatic cirrhosis ☐ HIV ☐ Immunocompromised related to disease or therapy ☐Renal failure (chronic) or nephrotic syndrome	**Eligibility - clients age 2 to 64 years with:** (check all that apply) ☐ Asplenia, splenic dysfunction ☐ Chronic cardiac disease ☐ Chronic cerebrospinal fluid leak ☐ Cochlear implant recipients (pre/post implant) ☐ Congenital immunodeficiency involving any part of the immune system ☐ Diabetes mellitus ☐ HIV ☐ Immunosuppressive therapy including use of long-term systematic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy ☐ Chronic liver disease (including hepatitis B and C and hepatic cirrhosis) ☐ Malignant neoplasms, including leukemia and lymphoma ☐ Chronic renal disease, including nephrotic syndrome ☐ Chronic respiratory disease (excluding asthma, unless treated with high dose corticosteroid therapy) ☐ Sickle-cell disease or other sickle cell haemoglobinopathies ☐ Solid organ or islet cell transplant (candidate or recipient) ☐ Chronic neurologic condition that may impair clearance of oral secretions ☐ HSCT (candidate or recipient) ☐ Resident of a nursing home, home for the aged, chronic care facility/ward
Hepatitis A (Avaxim / Havrix/Vaqta) Please check the appropriate box for dose being requested: ☐ Pediatric dose Dose # ☐1 ☐2 ☐ Adult dose Dose # ☐1 ☐2 Date of previous dose(s): ☐1 _____ ☐2 _____	**Eligibility - clients ≥ 1 year with:** (check all that apply) ☐ Intravenous drug use ☐ Chronic liver disease, including hepatitis B and C ☐ Men who have sex with men
Hepatitis B (Recombivax HB / Engerix-B) Please check the appropriate box for dose being requested: ☐Pediatric dose Dose # ☐1 ☐2 ☐3 ☐4 ☐Adult dose Dose # ☐1 ☐2 ☐3 ☐4 ☐Dialysis dose Dose # ☐1 ☐2 ☐3 ☐4 Date of previous dose(s): ☐1 _____ ☐2 _____ ☐3 _____	**Eligibility - clients ≥ 0 year with:** (check all that apply) ☐ Child < 7 years old whose family has immigrated from a country of high prevalence for HBV and who may be exposed to HBV carriers through their extended family **(3 doses)** ☐ Household or sexual contact of chronic carrier or acute case **(3 doses)** ☐ Infant born to HBV positive carrier mother: ○ Premature infant weighing <2,000 grams at birth **(4 doses)** ○ Premature infant weighing ≥ 2,000 grams at birth and full/post term infant **(3 doses)** ☐ Intravenous drug use **(3 doses)** ☐ Chronic liver disease including hepatitis B and C **(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)** ☐ Renal dialysis or disease requiring frequent receipt of blood products (e.g. haemophilia) **(2nd and 3rd doses only)**
Human Papillomavirus (Gardasil) Please check the appropriate box for dose being requested: ☐1 ☐2 ☐3 Date of previous dose(s): ☐1 _____ ☐2	**Eligibility – Men having sex with men, who are 26 years of age or younger** **HPV 9** ☐ MSM (aged 9-26 who have not previously received HPV 4)

Additional Comments:

For Health Unit Use only:

Reviewed by: ☐ Approved ☐ Not approved

Additional Comments