

Vaccine Order Form

Fax To: 519-426-9246

www.hnhu.org

Refer to the Publicly Funded Immunization Schedules for Ontario for eligibility criteria

I have attached a copy of our fridge temperatures since our last order to verify that vaccine has been stored between +2° C and +8° C and min/max temperatures have been recorded twice daily.

All orders must be faxed to the Health Unit at 519-426-9246 by 12:00 p.m. on Thursday. Your order will be available for pick up on the following Thursday after 2:00 p.m. Please note, pick up time at the Health Unit are Monday-Friday between 8:45 a.m. and 4:15 p.m. •

Pick up Location

- HNHU – Simcoe (12 Gilbertson Drive)
- HNHU – Caledonia (100 Haddington Street)
- Haldimand War Memorial Hospital – Dunnville
- West Haldimand General Hospital - Hagersville

Name of Facility/Practice and Physician:

Temp log verified, attached, and order completed by:

Date:

Contact Number/Ext.

Common Name	Agent Name	Doses Remaining	Doses Required
Pentacel/Pediacel	DTaP-IPV-Hib		
Polio	IPV		
Menjugate/NeisVac-C	Meningococcal C Conjugate / MenC-C		
MMR II/Priorix	Measles, Mumps, Rubella (MMR)		
Priorix-Tetra/ProQuad	Measles, Mumps Rubella and Varicella (MMRV)		
Vaxneuvance	Pneumococcal 15-valent conjugate		
Prevnar 20	Pneumococcal 20-valent conjugate		
Rotarix	Rotavirus		
Td Adsorbed*	Td		
Adacel-Polio/ Boostrix-Polio*	Tdap-IPV		
Adacel/Boostrix*	Tdap		
Varivax III/Varilrix	Varicella (chickenpox) vaccine		
Shingrix*	Herpes Zoster (Shingles) vaccine		

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STI Medications & Condoms		
CHLAMYDIA TREATMENT	Current Doses	Requested Doses
Azithromycin 1g PO		
Doxycycline 100mg PO BID x 7 days		
GONORRHEA TREATMENT	Current Doses	Requested Doses
1st line treatment: Ceftriaxone 250mg IM (2mL of lidocaine provided) + Azithromycin 1g PO		
2nd line treatment (only use if 1st line not possible and MUST have test of cure): Cefixime 400mg PO + Azithromycin 1g PO		
Resources: Ontario Gonorrhea Testing and Treatment Guide Gonorrhea Treatment Quick Reference Guide		
SYPHILIS TREATMENT		
Benzathine penicillin G – prefilled syringe of 1.2 million units. (2 syringes = 1 treatment dose)	Please contact the ID Team at 519-426-6170 ext. 3438 Monday to Friday 08:30-4:30 p.m.	
NOTES: To limit medication wastage, please order small quantities more frequently. If you have any expired medication, please do not return to HNHU. Expired medication can be disposed at a local pharmacy or through your own medication disposal.		
Condoms	Current Stock	# of BAGS REQUESTED
Bag of 100		

Paper Products		# REQUESTED
Vaccine Fridge Temp. Log Book	7619-1908-0	
Yellow Immunization Cards w/Sleeve	7530-4708-0	
NutriSTEP Screening Tool-Toddler	18 to 35 months	
NutriSTEP Screening Tool-Preschooler	3 to 5 years	
Looksee Child Development Check List	List	
Healthy Growth & Development Services - support from pregnancy to parenthood	Brochure	

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.

Note: If you are unable to verify any of the above, call the Haldimand Norfolk Health Unit at 519-426-6170 Ext. 3214.

School Program

Vaccine Order Form

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Healthcare Provider Name:

Phone:

Student Name:

DOB:

Vaccine	Eligibility	Schedule	Dose 1	Dose 2
Hepatitis B	Grade 7 and 8	2 dose series. Schedule minimum 6 months apart.		
HPV-9	<ul style="list-style-type: none"> Grades 7 to 12 females Grade 7 males (born on or after 2004/Jan/01 and in grades 7 to 12) 	2 dose series. Schedule minimum 6 months apart. *See note if starting ≥15 years of age or for high risk.		
Meningococcal 4 strain vaccine (ACYW)	Grade 7 and 8	1 dose		

*Gardasil 9-Immunocompetent individuals who are 9 through 14 years of age (until their 15th birthday) when receiving their 1st dose, should receive 2 doses given as 0.5 mL IM injections, separated by at least 6 months. • Those 15 years of age and older when receiving their 1st dose and those who are immunocompromised (including those with HIV infection) should receive 3 doses given as 0.5 mL IM injections at 0, 2 and 6 months.

Please report all school program vaccines administered in the office to the Haldimand-Norfolk Health Unit using the reporting form provided.

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- 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.
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High-Risk Vaccine Order Form

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Healthcare Provider Name:

Phone:

Vaccine	Eligibility	Patient Identifier
Hepatitis A (Adult- single dose)	<input type="checkbox"/> Intravenous drug use <input type="checkbox"/> Liver disease (chronic including hep B & C) <input type="checkbox"/> Men who have sex with men	
Hepatitis A (Pediatric- single dose)	<input type="checkbox"/> Intravenous drug use <input type="checkbox"/> Liver disease (chronic including hep B & C) <input type="checkbox"/> Men who have sex with men	
Hepatitis B (Adults-single dose)	<input type="checkbox"/> Household contact of chronic carriers & acute cases <input type="checkbox"/> Sexual contact of chronic carriers and acute cases <input type="checkbox"/> History of sexually transmitted diseases <input type="checkbox"/> Intravenous drug use <input type="checkbox"/> Liver disease (chronic including Hep B & C) <input type="checkbox"/> Awaiting liver transplant <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> Multiple sex partners <input type="checkbox"/> Needle stick injury in non-healthcare setting	
Hepatitis B (Pediatric- single dose)	<input type="checkbox"/> Household contact of chronic carriers & acute cases <input type="checkbox"/> Sexual contact of chronic carriers and acute cases <input type="checkbox"/> History of sexually transmitted diseases <input type="checkbox"/> Intravenous drug use <input type="checkbox"/> Liver disease (chronic including hep B & C) <input type="checkbox"/> Awaiting liver transplant <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> Multiple sex partners (see next page)	

Vaccine	Eligibility	Patient Identifier
Hepatitis B (Pediatric- single dose) <i>cont'd</i>	<input type="checkbox"/> Needle stick injury in non-healthcare setting <input type="checkbox"/> Children <7 yrs from areas with prevalent HBV <input type="checkbox"/> Infants born to HBV-positive carrier mothers	
Hib (Haemophilus influenzae type B)	<input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Bone marrow or solid organ transplant <input type="checkbox"/> Cochlear implant (pre/post implant) <input type="checkbox"/> Hematopoietic stem cell transplant <input type="checkbox"/> Immunocompromised (disease or therapy) <input type="checkbox"/> Lung transplant <input type="checkbox"/> Primary antibody deficiencies	
Meningococcal B (for those aged 2 months- 17 years)	<input type="checkbox"/> Acquired complement deficiencies <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post) <input type="checkbox"/> Complement or properdin deficiencies <input type="checkbox"/> Factor D or primary antibody deficiencies <input type="checkbox"/> HIV	
Meningococcal Conjugate ACYW-135 (for those aged 9 months- 55 years)	<input type="checkbox"/> Acquired complement deficiencies <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post) <input type="checkbox"/> Complement or properdin deficiencies <input type="checkbox"/> Factor D or primary antibody deficiencies <input type="checkbox"/> HIV	

Vaccine	Eligibility	Patient Identifier
HPV-9 (Human papillomavirus) for those 9-26 years of age	<input type="checkbox"/> Men who have sex with men	
Tubersol (NOT publicly funded/covered by OHIP for those requiring a test for the purposes of employment, volunteering or travel)	<input type="checkbox"/> Identified as a contact of someone with active tuberculosis <input type="checkbox"/> Immigrated to Canada or arrived as a refugee from a country where TB is prevalent <input type="checkbox"/> Traveled to Canada as an international student from a country where TB is prevalent <input type="checkbox"/> A person who has a medical risk factors for tuberculosis as identified by a doctor	
RSV (Respiratory syncytial virus) for those 65+ years old	<input type="checkbox"/> Residents of Long-Term Care facilities, Elder Lodges, and/or retirement homes <input type="checkbox"/> Patients in hospital receiving ALC care <input type="checkbox"/> Patients receiving hemodialysis or peritoneal dialysis <input type="checkbox"/> Recipients of solid organ or hematopoietic stem cell transplants <input type="checkbox"/> Individuals experiencing homelessness <input type="checkbox"/> Individuals who identify as First Nations, Inuit, or Metis	
RSV (Beyfortus) For newborns- 24 months	<input type="checkbox"/> Chronic lung disease of prematurity (CLD) including bronchopulmonary dysplasia/chronic lung disease <input type="checkbox"/> Hemodynamically significant congenital heart disease (CHD) (see next page)	

Vaccine	Eligibility	Patient Identifier
<p>RSV (Beyfortus)</p> <p>For newborns- 24 months</p> <p><i>cont'd</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Severe immunodeficiency <input type="checkbox"/> Down's Syndrome/Trisomy 21 <input type="checkbox"/> Cystic fibrosis with respiratory involvement and/or growth delay <input type="checkbox"/> Neuromuscular disease <input type="checkbox"/> Severe congenital airway anomalies impairing clearing of respiratory secretions 	
<p>Pneumococcal Conjugate 20 (Pevnar 20)</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 <input type="checkbox"/> HIV infection <input type="checkbox"/> Immunocompromising therapy <input type="checkbox"/> Malignant neoplasms <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 <input type="checkbox"/> Chronic renal disease <input type="checkbox"/> Chronic cardiac disease <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Chronic respiratory disease <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Cochlear implant recipients <input type="checkbox"/> Chronic cerebral spinal fluid leak <input type="checkbox"/> Residents of chronic care facilities or wards <input type="checkbox"/> Hematopoietic stem cells transplant recipient 	



Requisition Form for Covid- 19 Vaccines

Fax To: 519-426-9246
www.hnhu.org

Healthcare Provider Name	
Address	
Anticipated date of clinic	
Requested Pick-up Date	
All orders must be faxed to 519-426-9246 by 12:00 p.m. on Thursday for pick-up the following Thursday after 2 p.m. Pick-up times are Mon-Fri. 8:45 a.m.- 4:15 p.m.	

***Please note fridge stability time highlighted below.**

Please order the number of vials/doses required

Covid-19 Vaccine	Current Vials/Doses	Doses Req.	Vials Req.
Moderna KP.2 (>6 months of age)			
Pfizer KP.2 (>12 years of age)			

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Requisition Form for RSV Vaccines

Fax To: 519-426-9246
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Healthcare Provider Name	
Address	
Anticipated date of clinic	
Requested Pick-up Date	

All orders must be emailed to vpd@hnhss.ca by 12:00 p.m. on Thursday in order to be ready for pick-up following Thursday after 2pm, any time thereafter. Please note: pick-up times at the health unit are Monday - Friday between 8:45 a.m. - 4:15 p.m.

Vaccine	Trade Name	Doses per package	Doses on hand	Doses required
Vaccine for pregnant individuals (RSVpre-F)	Abrysvo	1		
	Arexy	10		
Monoclonal antibody (mAb) for infants and high-risk children	Beyfortus 50 mg (<5 kg)	1 or 5		
Monoclonal antibody (mAb) for infants and high-risk children	Beyfortus 100 mg (>5kg)	1 or 5		