

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

- GEPH – Simcoe (185 Robinson St)
- GEPH – Caledonia (100 Haddington Street)
- Haldimand War Memorial Hospital – Dunnville
- West Haldimand General Hospital – Hagersville

Name of Facility/Practice and Physician:

Date:

Contact Number/Ext.

Common Name (* LTC common)	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		
Prenar 20*	Pneumococcal 20-valent conjugate		
Rotarix	Rotavirus		
Td Adsorbed*	Td		
Adacel/Boostrix*	Tdap		
Adacel-Polio/ Boostrix-Polio*	Tdap-IPV		
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
Preferred treatment for all uncomplicated NG infections			
Ceftriaxone 500mg IM in a single dose			
Note: If <i>C. trachomatis</i> infection has not been excluded by a negative test, concurrent treatment for chlamydia is recommended.			
*Alternative treatments for uncomplicated NG infections			
Anogenital infections	Cefixime 800mg PO in a single dose PLUS Doxycycline 100mg PO BID x 7 days		
Pharyngeal infections	Cefixime 800mg PO in a single dose PLUS Azithromycin 1g PO in a single dose	Please contact the ID Team at 519-426-6170 ext 3438 Monday to Friday 8:30-4:30pm.	
SYPHILIS TREATMENT			
Benzathine penicillin G – prefilled syringe of 1.2 million units. (2 syringes = 1 treatment dose)		Please contact our ID Team at 519-426-6170 ext. 3438 Monday to Friday 8:30-4:30pm.	
NOTES:			
<ul style="list-style-type: none"> To limit medication wastage, please order small quantities more frequently. If you have any expired medication, please do <u>not</u> return to GEPH. Expired medication can be disposed at a local pharmacy or through your own medication disposal. 			
* Consider alternative treatment options for uncomplicated NG infections in the following circumstances:			
<ul style="list-style-type: none"> If access to IM injection is not available. If the individual refuses an injection. If the individual is allergic to cephalosporins or has a history of severe non-IgE-mediated reactions to penicillins (e.g., Stevens-Johnson syndrome, toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms, interstitial nephritis or hemolytic anemia). 			
CONDOMS		CURRENT STOCK	# of BAGS REQUESTED
Bag of 100			

PAPER PRODUCTS	# REQUESTED
Vaccine fridge temperature log book 7619-1908-0	
Yellow Immunization cards 7530-4708-0	
NutriSTEP Screening Tool <input type="checkbox"/> 18 to 35 months <input type="checkbox"/> 3 to 5 years	
Looksee Child Development Checklist	
Healthy Growth & Development Services Brochure – support from pregnancy to parenthood	

School Program Vaccine Order Form

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)	<ul style="list-style-type: none"> Grades 7-12 	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 Grand Erie Public Health Unit using the reporting form provided.

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

Updated April 2025

www.hnhss.ca

519-426-6170 • 905-318-6623 • 519-582-3579

GRAND ERIE
PUBLIC HEALTH

High Risk Vaccine Order Form

Healthcare Provider Name:

Contact Number:

Describe the patient's High Risk Eligibility Criteria as per the Publicly Funded Immunization Schedules for Ontario- December 2016:

Vaccine	Eligibility	Patient Identifier
Hepatitis A (Adult- single dose)	Intravenous drug use Liver disease (chronic) including Hep B & C Men who have sex with men	
Hepatitis A (Pediatric- single dose)	Intravenous drug use Liver disease (chronic) including Hep B & C Men who have sex with men	
Hepatitis B (Adults-single dose)	Household contact of chronic carriers & acute cases Sexual contact of chronic carriers & acute cases History of sexually transmitted diseases Intravenous drug use Liver disease (chronic) including Hep B & C Awaiting liver transplant Men who have sex with men Multiple sex partners Needle stick injury in non-healthcare setting	
Hepatitis B (Pediatric- single dose)	Household contact of chronic carriers & acute cases Sexual contact of chronic carriers & acute cases History of sexually transmitted diseases Intravenous drug use Liver disease (chronic) including Hep B & C Awaiting liver transplant Men who have sex with men Multiple sex partners Needle stick injury in non-health care setting Children <7 yrs from areas with prevalent HBV Infants born to HBV-positive carrier mothers	

<p>Hib (Haemophilus influenzae type B)</p>	<p>Asplenia (functional or anatomic) Bone marrow or solid organ transplant Cochlear implant (pre/post implant) Hematopoietic stem cell transplant Immunocompromised (disease or therapy) Lung transplant Primary antibody deficiencies</p>	
<p>Meningococcal B (for those aged 2 months-17 years)</p>	<p>Acquired complement deficiencies Asplenia (functional or anatomic) Cochlear implant recipients (pre/post) Complement or properdin deficiencies Factor D or primary antibody deficiencies HIV</p>	
<p>Meningococcal Conjugate ACYW-135 (for those aged 9 months-55 years)</p>	<p>Acquired complement deficiencies Asplenia (functional or anatomic) Cochlear implant recipients (pre/post) Complement or properdin deficiencies Factor D or primary antibody deficiencies HIV</p>	
<p>HPV-9 (Human papillomavirus) for those 9-26 years of age</p>	<p>Men who have sex with men</p>	
<p>Tubersol (NOT publicly funded/covered by OHIP for those requiring a test for the purposes of employment, volunteering or travel)</p>	<p>Identified as a contact of someone with active tuberculosis Immigrated to Canada or arrived as a refugee from a country where TB is prevalent Traveled to Canada as an international student from a country where TB is prevalent A person who has a medical risk factors for tuberculosis as identified by a doctor Educational placement</p>	

<p>RSV (Respiratory syncytial virus) For those 60+ years old</p>	<p>Residents of Long-Term Care facilities, Elder Lodges, and/or retirement homes</p> <p>Patients in hospital receiving ALC care</p> <p>Patients receiving hemodialysis or peritoneal dialysis</p> <p>Recipients of solid organ or hematopoietic stem cell transplants</p> <p>Individuals experiencing homelessness</p> <p>Individuals who identify as First Nations, Inuit, or Metis</p>	
<p>RSV (Beyfortus) For newborns-24 months</p>	<p>Chronic lung disease of prematurity (CLD) including bronchopulmonary dysplasia/chronic lung disease</p> <p>Hemodynamically significant congenital heart disease (CHD)</p> <p>Severe immunodeficiency</p> <p>Down Syndrome/Trisomy 21</p> <p>Cystic fibrosis with respiratory involvement and/or growth delay</p> <p>Neuromuscular disease</p> <p>Severe congenital airway anomalies impairing clearing of respiratory secretions</p>	
<p>Pneumococcal Conjugate 20 (Pevnar 20)</p>	<p>Asplenia (functional or anatomic), splenic dysfunction</p> <p>Congenital (primary) immunodeficiencies involving any part of the immune system</p> <p>HIV infection</p> <p>Immunocompromising therapy</p> <p>Malignant neoplasms</p> <p>Sickle-cell disease and other sickle cell hemoglobinopathies</p> <p>Solid organ or islet cell transplant (recipient)</p> <p>Hepatic cirrhosis</p> <p>Chronic renal disease</p> <p>Chronic cardiac disease</p> <p>Chronic liver disease</p> <p>Chronic respiratory disease</p> <p>Diabetes mellitus</p> <p>Cochlear implant recipients</p> <p>Chronic cerebral spinal fluid leak</p> <p>Residents of chronic care facilities or wards</p> <p>Hematopoietic stem cells transplant recipient</p>	

GRAND ERIE
PUBLIC HEALTH

**Requisition Form for
RSV 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 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 8:45am - 4:15pm

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

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)			

By submitting this order, you verify the following:

- Refrigerators have maintained temperatures between +2°C to +8°C.
- Temperatures are documented twice daily, including the time the temperature was recorded.
- Accurate temperature logs are available upon request and are stored on site until your next annual cold chain inspection.
- All temperature excursions outside of +2° C to 8°C (if applicable) have been reported to the Health Unit.
- Recommendations regarding use of the affected vaccines have been implemented.
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.
- You understand the stability in the fridge is 50 days for Moderna products and 10 weeks for Pfizer products. This day begins from the date removed from PHU Freezer (noted on the delivery box)
- Please do not order more than 1 week prior to planned usage.

Legend: Number of doses per vaccine: Pfizer= 6 doses/vial, Moderna=5 doses/vial