

Vaccine Release Form

Publicly funded high risk and school vaccines



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

HCP Information (fill out information below)

Facility Name, Physician or Practice: _____ Date of Request: _____

Phone Number: _____ Fax Number: _____ Email: _____

Client Information (fill out information below)

Last Name: _____ First Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: _____ HCN: _____
YYYY/MM/DD

Vaccine Administration: Fill out section below and fax form to NEPH once administered.

Fax Numbers: NEPH North: 705-360-7308 NEPH South: 705-647-5779

Vaccine Name: _____	Lot number: _____	Expiry Date: _____
Date Administered: _____	Site: LD RD LVL RVL	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 4
Vaccine Name: _____	Lot number: _____	Expiry Date: _____
Date Administered: _____	Site: LD RD LVL RVL	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 4
Vaccine Name: _____	Lot number: _____	Expiry Date: _____
Date Administered: _____	Site: LD RD LVL RVL	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 4

For each vaccine being requested, check all criteria that apply for this client:

School Program Vaccines

Hepatitis B

Dose being requested: Dose 1 Dose 2 Dose 3

Students in grades 7 through 12

- Students who are 11-15 are to follow a **two adult dose schedule using 1ml dose**
- Students who are ≥ 16 are to follow a **three pediatric dose schedule using 0.5ml**
 - If a student received a 1ml dose, complete series according to age schedule.

Meningococcal-C-ACYW135

Dose being requested: Dose 1

- Students in grades 7 through 12.
- Individuals born in or after 1997

Human Papillomavirus

Dose being requested: Dose 1 Dose 2 Dose 3

Students in grades 7 through 12

- Students who are < 15 when they receive their first dose, follow a **two-dose schedule**
- Students who are ≥ 15 when they receive their first dose, follow a **three-dose schedule**

High-Risk Program Vaccines

Haemophilus influenzae type b Dose being requested: Dose 1 Dose 2 Dose 3 Dose 4

Eligibility: ≥ 5 years with:

- Hematopoietic stem cell transplant recipient (**HSCT**) (3 doses)
- Lung transplant recipient (1 dose)
- Functional or anatomic asplenia (1 dose)
- Immunocompromised related to disease or therapy (1 dose)
- Bone marrow or solid organ transplant recipient (1 dose)
- Cochlear implant recipient (pre/post implant) (1 dose)
- Primary antibody deficiency (1 dose)

Hepatitis A Dose being requested: Dose 1 Dose 2

Adult Pediatric

Eligibility: ≥ 1 year with:

- Chronic liver disease (including Hepatitis B and C)
- Persons engaging in intravenous drug use
- Men who have sex with men

Hepatitis B Dose being requested: Dose 1 Dose 2 Dose 3 Dose 4

Booster

Adult Pediatric Renal Dialysis

Eligibility: ≥ to 0 years of age with:

- Infants born to HBV-positive carrier mothers:
 - Premature infant weighing <2000 grams at birth (4 doses)
 - Premature infant weighing ≥2000 grams at birth and full/post term infants (3 doses)
- Household or sexual contact of chronic carrier or acute case (3 doses)
- Awaiting liver transplant (2nd and 3rd doses only)
- Men who have sex with men (3 doses or 2 doses if 11-15 years of age)
- Individual with multiple sex partners (doses according to age)
- History of a sexually transmitted disease (3 doses)
- Needle stick injury in a non-health care setting (3 doses)
- Child <7 years old whose family has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family (3 doses)
- Renal dialysis or disease requiring frequent receipt of blood products (eg., haemophilia) (2nd and 3rd doses only)
- Individual engaging in intravenous drug use (3 doses)
- Chronic liver disease including hepatitis C (3 doses)

Human Papillomavirus Dose being requested: Dose 1 Dose 2 Dose 3

Eligibility: ≤ 26 years of age who have NOT started a series already and who are:

- men who have sex with men (MSM), including gay, bisexual and trans (those who identify as MSM)

High-Risk Program Vaccines

Imvamune (Mpox)

Dose being requested: Dose 1 Dose 2

Eligibility:

- Two-Spirit, non-binary, transgender, cisgender, intersex, or gender-queer individuals who self-identify or have sexual partners who self-identify as belonging to the gay, bisexual, pansexual and other men who have sex with men (gbMSM) community AND at least one of the following:
 - Had a confirmed sexually transmitted infection (STI) within the last year.
 - Have or are planning to have two or more sexual partners or are in a relationship where at least one of the partners may have other sexual partners.
 - Have attended venues for sexual contact (e.g., bathhouses, sex clubs) recently or may be planning to, or who work/volunteer in these settings.
 - Have had anonymous sex (e.g., using hookup apps) or may be planning to; and/or
 - Are a sexual contact of an individual who engages in sex work.
- Individuals who self-identify as engaging in sex work or are planning to, regardless of self-identified sex or gender.
- Research laboratory employees working directly with replicating orthopoxviruses.
- Household and/or sexual contacts of those identified for pre-exposure vaccination eligibility in parts (1) and (2) above AND who are moderately to severely immunocompromised or pregnant.

Meningococcal B

Dose being requested: Dose 1 Dose 2 Dose 3 Dose 4

Eligibility: Age 2 months to 17 years with:

- Functional or anatomic asplenia
- Complement, properdin, factor D deficiency, or primarily antibody deficiency
- Cochlear implant recipient (pre/post implant)
- Acquired complement deficiency (e.g., receiving eculizumab)
- HIV

Meningococcal-C-ACYW135

Dose being requested: Dose 1 Dose 2 Dose 3 Dose 4
Booster

Eligibility: 9 months to 55 years or ≥ 56 years with:

- Functional or anatomic asplenia
- Complement, properdin, factor D deficiency, or primarily antibody deficiency
- Cochlear implant recipient (pre/post implant)
- Acquired complement deficiency (e.g., receiving eculizumab)
- HIV

Polio

Dose being requested: Dose 1

Eligibility: >18 years

- For those travelling to areas where poliovirus is known or suspected to be circulating.

High-Risk Program Vaccines

Pneumococcal-C-20 Valent

Dose being requested: Dose 1 Dose 2 Dose 3 Dose 4

Use existing inventory if you have it and if the client meets criteria below.

Once administered fill form and fax data to NEPH.

Refer to following HCP Fact Sheets for guidance on product to use, number of doses required, intervals and how to complete a vaccine series when other Pneumococcal products were used.

- HCP Fact Sheet: Pneumococcal conjugate vaccine for individuals aged 5-64 years at high risk for IPD for vaccine intervals.
- HCP Fact Sheet: Pneumococcal conjugate vaccines for children aged 6 weeks to 4 years.
- Asplenia (anatomical or functional), splenic dysfunction
- 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.
- HIV infection
- Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy
- Malignant neoplasms, including leukemia and lymphoma
- Sickle-cell disease and other sickle cell hemoglobinopathies
- Solid organ or islet cell transplant (recipient)
- Hepatic cirrhosis due to any cause
- Chronic renal disease, including nephrotic syndrome
- Chronic cardiac disease
- Chronic liver disease, including hepatitis B and C
- Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy
- Chronic neurologic conditions that may impair clearance of oral secretions
- Diabetes mellitus
- Cochlear implant recipients (pre/post implant)
- Chronic cerebral spinal fluid leak
- Residents of nursing homes, homes for the aged and chronic care facilities or wards
- Hematopoietic stem cell transplant (HSCT) (recipient)(4 doses)

RSV – Respiratory Syncytial Virus

Dose being requested: Dose 1

Eligibility: individuals who are >60-74 years of age and meet one the criteria below:

- Hospital ALC patient
Patients receiving hemodialysis or peritoneal dialysis (these patients are to be notified, and immunization done through the dialysis program)
- Recipients of solid organ or HSC transplant (must be on immunosuppressants to qualify)
- Individuals experiencing homelessness
- Individuals who identify as First Nation, Metis, Inuit, including those in urbane dwellings

High-Risk Program Vaccines

Varicella

Dose being requested:

Dose 1

Dose 2

Eligibility: individuals born in or prior to 1999 with:

Use existing inventory if you have it and if the client meets criteria below. Once administered fill form and fax data to NEPH.

- Susceptible children and adolescents given chronic salicylic acid therapy
- Susceptible individuals with cystic fibrosis
- Susceptible household contacts of immunocompromised individuals
- Susceptible individuals receiving low dose steroid therapy or inhaled/topical steroids
- Susceptible immunocompromised individuals, see the Canadian Immunization Guide

Northeastern Public Health Use Only – Screen Validation Completed

PHN Signature _____ Approved Denied Date: _____

Requisition ID _____