

Vaccine Order Form– First Nation



Fax completed order along with a copy of your Vaccine Temperature Log for the previous 4 weeks to your designated NEPH Office.

HEARST (Costance Lake): 705-362-7462 – vaccine will be available for pick up Thursday any time after 8:30 a.m.

TIMMINS (all others): 705-360-7308 – vaccines will be shipped as per calendar schedule.

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
- Maintain no more than a one-month supply in your vaccine fridge at any time.
- Call for questions on recommended immunizations.

Healthcare Provider Name (Office name)		Requisition Date (yyyy/mm/dd)	
Healthcare Provider Contact Person Last NameFirst Name		Title	
Telephone No.	Fax No.	Email Address	

ROUTINE VACCINES

Refer to the [Publicly Funded Immunization Schedules](#)

Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Adacel/Boostrix (Tetanus, Diphtheria and Pertussis)		10		657122070	
Adacel Polio/Boostrix Polio (Tetanus, Diphtheria, Pertussis and Polio)		10	1	657120131	
Imovax Polio (Polio)		1		657132202	
Menjugate/NeisVac-C (Men-C Conjugate) (12 months of age)		10	1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella) (12 months of age)		10	1	657132300	
Pentacel (Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type b)		5		657133480	
Prevnar 20 (Pneu-C-20) (For ≥ 65 years of age + high-risk)		10	1	657140201	
Vaxneuvance (Pneu-C-15) (6 weeks - 4 years of age)		10	1	657122201	
Rotarix (Rotavirus)		10	1	657142330	
Td Adsorbed (Tetanus and Diphtheria)		10	1	657132401	
Tubersol (Tuberculin Purified Protein Derivative (5 TU) – TB testing solution)		10		650633110	
Varivax/Varilrix (Varicella)		10	1	657133050	
Shingrix (Shingles) (For 65-70 years of age)		10	1	657120200	

OTHER VACCINES

For High Risk Vaccines, use the “High Risk Vaccine Order Form” on the NEPH website at <https://www.neph.ca/en/>

RABIES PROGRAM

(Notify Public Health Inspector when doses are administered)

(Attawapiskat Hospital, Fort Albany, Kashechewan, Weeneebayko General Hospital, Peawanuck)

Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required
Imovax Rabies Vaccine (Rab)		1	657132310	
KamRAB/HyperRAB 1mL (Rablg)		1	657132260	

SCHOOL PROGRAM

Refer to the [Publicly Funded Immunization Schedules](#)

Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Gardasil 9 (HPV 9) Grade 7-12 students		10	1	657133900	
				657133901	
Engerix B (1 Dose) / Recombivax (10 Doses) (Hepatitis B) Grade 7-12		10	1	657132430	
Menactra (5 Doses) /Nimenrix (10 Doses)(Meningococcal-C-ACYW135) Grade 7-12 students		10	5	657133701	
				657133601	

Adverse Event Following Immunization (AEFI): Remember to report any AEFI’s to Northeastern Public Health

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Healthcare Provider Name (Office name)		Healthcare Provider Contact Person			
RSV VACCINES					
ONLY AVAILABLE DURING RESPIRATORY SEASON					
Refer to the Canadian Immunization Guide					
Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Abrysvo (<i>pregnant women</i>)		1		657123240	
Arexvy (<i>eligible population</i>)		1		657123000	
Beyfortus 50mg (<i>Newborns – under 5kg</i>)		1		657122000	
Beyfortus 100mg (<i>those born in 2025 and ≤ 8 months of age</i>)		1	5	657124000	
FLU VACCINES					
ONLY AVAILABLE DURING RESPIRATORY SEASON					
Refer to the Canadian Immunization Guide					
Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Fluzone®/Flucelvax®/Fluviral® (Trivalent) ≥ 6 months of age		10		657144000	
Fluzone HD® (Trivalent) ≥ 65 years of age		5		657155100	
Fluad® (Trivalent) ≥ 65 years of age		10		657133520	
COVID-19 VACCINES					
ONLY AVAILABLE DURING RESPIRATORY SEASON					
Refer to the Canadian Immunization Guide					
Description	Doses on Hand	Doses per package		Doses Required	
Moderna ≥ 6 months of age		5			
Pfizer Pediatric 5 – 11 years of age		1			
Pfizer Adult ≥ 12 years of age		6			
Sexual Health Medication					
Description	Doses on Hand	Doses per package		Catalogue no.	Doses Required
Amoxicillin 500 mg		100 caps/bottle		650511030	
Azithromycin 250 mg		6 tab/pkg		650211061	
Benzathine Penicillin G 1.2 mu per 2ml (Store between 2-8° C) (must be approved by Infectious Disease prior to ordering)		10 pre-filled syringes/pkg		650532031	
Ceftriaxone 250 mg/vial		10 vials/pkg		650413020	
Doxycycline 100 mg		100 caps/bottle		650511021	
Lidocaine 1% solution for injection 5ml		20 polyampoules/pkg		659012051	
Sterile water for injection 10ml		20 polyampoules/pkg		659012012	
** Gentamicin Injection 40mg/ml is ordered under the Special Access Program of Health Canada and is available from MOHLTC on a case-by-case basis. **					
Supplies					
Immunization Card Plastic Sleeves					
Immunization Cards	<input type="checkbox"/> English		<input type="checkbox"/> French		
Vaccine Temperature Logbook	<input type="checkbox"/> English		<input type="checkbox"/> French		

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