

# 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.

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

## ROUTINE VACCINES

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

<b>Description</b>	<b>Doses on Hand</b>	<b>Doses per package</b>	<b>Catalogue no.</b>	<b>Doses Required</b>
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) <i>(12 months of age)</i>		10 1	657133443	
MMRII/Priorix (Measles, Mumps and Rubella) <i>(12 months of age)</i>		10 1	657132300	
Pentacel (Pertussis, Diphtheria, Tetanus, Polio and <i>Haemophilus influenzae</i> type b)		5	657133480	
Prevnar 20 (Pneu-C-20) <i>(For ≥ 65 years of age + high-risk)</i>		10 1	657140201	
Vaxneuvance (Pneu-C-15) <i>(6 weeks - 4 years of age)</i>		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) <i>(For 65-70 years of age)</i>		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)**

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

## SCHOOL PROGRAM

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

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

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

# Vaccine Order Form- First Nation

Healthcare Provider Name (Office name)	Healthcare Provider Contact Person							
<b>RSV VACCINES</b> <b>ONLY AVAILABLE DURING RESPIRATORY SEASON</b>								
<b>Refer to the <a href="#">Canadian Immunization Guide</a></b>								
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					
<b>FLU VACCINES</b> <b>ONLY AVAILABLE DURING RESPIRATORY SEASON</b>								
<b>Refer to the <a href="#">Canadian Immunization Guide</a></b>								
Description	Doses on Hand	Doses per package	Catalogue no.	Doses Required				
Fluzone®/Flucelvax®/Fluviral® (Trivalent) <i>≥ 6 months of age</i>		10	657144000					
Fluzone HD® (Trivalent) <i>≥ 65 years of age</i>		5	657155100					
Fluad® (Trivalent) <i>≥ 65 years of age</i>		10	657133520					
<b>COVID-19 VACCINES</b> <b>ONLY AVAILABLE DURING RESPIRATORY SEASON</b>								
<b>Refer to the <a href="#">Canadian Immunization Guide</a></b>								
Description	Doses on Hand	Doses per package	Doses Required					
Moderna <i>≥ 6 months of age</i>		5						
Pfizer Pediatric 5 – 11 years of age		1						
Pfizer Adult <i>≥ 12 years of age</i>		6						
<b>Sexual Health Medication</b>								
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. **								
<b>Supplies</b>								
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						

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