

Instructions: Please read and complete this form and fax:

Attention: Toronto Public Health - Blood Borne Diseases and Infection Prevention and Control
Fax #: (416) 338-8440

Refer to the [Publicly Funded Immunization Schedule](#) for detailed high risk eligibility criteria and dosing schedule by age.

1) Type of practice setting (pick one):

- Medical clinic
- Hospital or hospital pharmacy
- Other – describe: _

2) Physician / clinic / institution:

Full Name & Address:	Ordered by (name)	Telephone #
	OHIP BILLING/GROUP # (required)	Fax #

3) Vaccines available for individuals meeting high risk eligibility criteria:

See next page for eligible risk groups

Vaccine Type	Description	Doses	Catalogue No.	Doses Required
HA (adult)	Hepatitis A Vaccine, Inactivated Adult, 1.0 mL vial or prefilled syringe, 1/box	1	6571-3257-0	
HA (pediatric)	Hepatitis A Vaccine, Inactivated Pediatric, 0.5 mL vial/prefilled syringe, 1/box	1	6571-3256-0	
HB (adult)	Hepatitis B Vaccine, Adult, 1.0 mL vial, 1/box	1	6571-3243-0	
HB (pediatric)	Hepatitis B Vaccine, Pediatric, 0.5 mL vial, 1/box	1	6571-3251-0	
HB (renal)	Hepatitis B Vaccine, 1.0 mL vial, Recombivax® 40 µg per mL, 1/box	1	6571-3324-1	
HPV-4	Human Papillomavirus Quadrivalent (types 6, 11, 16 and 18) 0.5mL vial or prefilled syringe	1	6571-3351-0	
HPV-9	Human Papillomavirus 9-valent (types 16, 18, 31, 33, 45, 52 and 58) multi-dose vial or single-dose syringe	1		
4CMen-B	Multicomponent Meningococcal B Vaccine (Recombinant, Adsorbed) 0.5 mL prefilled syringe	1	6571-3314-0	
Men-C-ACYW	Meningococcal-Conjugate Quadrivalent (Groups A, C, Y and W-135) 0.5mL vial	1	6571-3360-0	
Men-P-ACYW	Meningococcal-Polysaccharide Quadrivalent (Groups A, C, Y and W-135) 0.5mL vial	1	6571-3327-2	

Vaccine supply will be replenished quarterly. If volume requirements change contact TPH at 416-338-8400

For TPH office use only:

TPH Clerk:	Date Order Received:	Confirmation Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
------------	----------------------	----------------------	--

RISK GROUPS ELIGIBLE FOR PUBLICLY FUNDED VACCINES

See [Publicly Funded Immunization Schedule](#) for detailed high risk eligibility criteria and dosing schedule by age.

VACCINE	DESCRIPTION
HPV-4	Individuals, up to 26 years, who self-identify as MSM (gay, bisexual or transgender); if already started the HPV-4 series
HPV-9	Individuals, up to 26 years, who self-identify as MSM (gay, bisexual or transgender); if just starting the series
Hepatitis A	Men who have sex with men (MSM) Injection drug user Chronic liver disease (including chronic hepatitis C infection) Community contact being immunized for outbreak control
Hepatitis B	Men who have sex with men (MSM) Injection drug user Chronic liver disease (including chronic hepatitis C infection) Community contact being immunized for outbreak control Contact of hepatitis B carrier or case (neonate, household, or sexual) Sexually transmitted infection (STI) case or multiple sexual partners Body fluid exposure (needle stick, human bite) Blood product recipient; dialysis patient
Meningitis	HIV positive Asplenia (functional or anatomic) Complement, properdin, or factor D deficiency; primary antibody deficiencies Cochlear implant recipients (pre/post implant) Acquired complement deficiency Close contacts of a case of invasive meningococcal disease and during outbreaks caused by <i>N.meningitis</i> groups A, C, Y, W and B