Huron Perth Public Health

August 2026

HIGH RISK Vaccine Order Form

Fax completed form to 519-271-2785 or toll-free to 1-877-271-2785

Name of facility and address:		Name of Physician:
Date:	Ordered by:	Health card:
Patient first name:	Patient last name:	Date of birth (YYYY/MM/DD):
Patient address:		Patient phone number:

Haemophilus influenza type b (Act-HIB)
(5 doses/box)

657 132 550

Dose #: _____

* HSCT recipients are eligible for 3 doses. All other eligible conditions receive only 1 dose.
See Ontario Publicly Funded Immunization Schedule for vaccine intervals.

Eligibility – ≥ 5 years: (*please check all that apply)*

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

Note: High Risk children 5 – 6 years who require DTaP-IPV & Hib should receive DTaP-IPV-Hib instead of Hib

Hepatitis A (Avaxim/Havrix/Vaqta)
(1 dose/box)

657 132 560 (paediatric) ☐

657 132 570 (adult) ☐

Dose #_____

*2 dose series

Eligibility – ≥ 1 year: *(please check all that apply)*

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

Hepatitis B (Recombivax/Engerix-B)
(1 dose/box)

657 132 510 (paediatric) ☐
657 132 430 (adult/adolescent) ☐
657 133 241 (renal dialysis) ☐

Dose #:_____

*2 to 4 doses
See *Ontario Publicly Funded Immunization Schedule* for vaccine intervals.

Eligibility – ≥ 0 years: (please check all that apply)

- ☐ Infants born to HBV-positive carrier mothers:
- ☐ premature infants weighing <2,000 grams at birth (4 doses)
- ☐ premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses)
- ☐ Household and sexual contacts of chronic carriers and acute cases (3 doses)
- ☐ Intravenous drug use (3 doses)
- ☐ Men who have sex with men (3 doses)
- ☐ Multiple sex partners (3 doses)
- ☐ History of a sexually transmitted disease (3 doses)
- ☐ Needle stick injuries in a non-health care setting (3 doses)
- ☐ Child <7 years old whose family has immigrated from countries of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended families (3 doses)
- ☐ Chronic liver disease including hepatitis C (3 doses)
- ☐ Renal dialysis or diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only)
- ☐ Awaiting liver transplant (2nd and 3rd doses only)

Health unit use only - Panorama req. #	
Date order received:	**Order approved by:**

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Human Papilloma Virus (HPV-9) – (Gardasil 9) (1 dose/box) 657 133 900 Dose #: _____	**Eligibility – 9 to ≤ 26 years who identify as:** Men who have sex with men (MSM) including some trans people
Meningococcal-C-ACYW - (Nimenrix/MenQuadfi/Menveo) (1 dose/box) 657 133 700 Dose #:_____ **2 to 4 doses plus booster. Number of doses varies with age.* See *Ontario Publicly Funded Immunization Schedule* for vaccine intervals.	**Eligibility – Age 9 months to 55 years (2 to 4 doses + boosters)** **Age ≥ 55 years (1 dose):** *(please check all that apply)* ☐ Functional or anatomic asplenia ☐ Complement, properdin, factor D or primary antibody deficiencies ☐ Cochlear implant recipients (pre/post implant) ☐ Acquired complement deficiencies (e.g. receiving eculizumab) ☐ HIV
Meningococcal B - (Bexsero) (1 dose/box) 657 133 140 Dose #:_____ **2 to 4 doses. Number of doses varies with age.* See *Ontario Publicly Funded Immunization Schedule* for vaccine intervals.	**Eligibility – Age 2 months to 17 years with:** *(please check all that apply)* ☐ Functional or anatomic asplenia ☐ Complement, properdin, factor D or primary antibody deficiencies ☐ Cochlear implant recipients (pre/post implant) ☐ Acquired complement deficiency (e.g. receiving eculizumab) ☐ HIV

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