

HIGH-RISK RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE ORDER FORM

INFORMATION FOR YORK REGION HEALTHCARE PROFESSIONALS AS OF JANUARY 12, 2024

This fall, Ontario's Ministry of Health introduced a publicly-funded vaccination program for eligible individuals 60 years of age and older living in long-term care homes, Elder Care Lodges, and some retirement homes. **The program recently expanded eligibility for individuals 60 years of age and older who are:**

- Patients in hospital receiving alternate level of care (ALC)
- Receiving hemodialysis or peritoneal dialysis
- Solid organ or Hematopoietic Stem Cell (HSC) transplant recipients
- Experiencing homelessness
- First Nations, Inuit, or Métis

Individuals 60 years of age and older who are not eligible for the publicly funded Arexvy vaccine may receive the vaccine through private purchase at a pharmacy with a prescription from their health care provider.

On Thursday, January 25, 2024, York Region Public Health (YRPH) is offering an RSV vaccine clinic for individuals 60 years of age and older who identify as First Nations, Inuit, or Métis:

- Clinic location: [17150 Yonge Street, Newmarket, ON L3Y 8V3](#)
- RSV vaccines will be by appointment only and availability will be based on vaccine clinic capacity
- Eligible residents can book an appointment [online](#)

Arexvy is a new single-dose RSV vaccine recently approved by Health Canada that is safe and effective for individuals 60 years of age and older. It prevents lower respiratory tract disease caused by RSV. **It is recommended to wait 14 days before or after administration of Arexvy and another vaccine, including COVID-19 or the influenza vaccine.** As a precaution, routine coadministration of Arexvy with other vaccines is not currently recommended.

YRPH has received its allocation of RSV vaccines and they are now available for health care professionals in York Region to order for eligible clients 60 years of age and older.

(Continued on next page)

RSV VACCINE ORDERING PROCESS

- Complete and email the attached High-Risk RSV Vaccine Order form to vaccineinventory@york.ca or fax to 905-830-0578. Email is recommended as it will provide you a receipt notice.
 - ✓ Ensure all mandatory fields are completed and send both pages to avoid processing delays.
 - ✓ Indicate the client(s):
 - Initials
 - Date of birth
 - Risk criteria code
 - ✓ Include the most current five (5) business days of refrigerator temperature logs.
- You will be notified by telephone or e-mail when your order is ready for pickup.

Reminder: Vaccine transport coolers must be pre-conditioned between +2.0°C to +8.0°C before vaccine pickup. York Region staff will verify the vaccine transport cooler temperature is within +2.0°C to +8.0°C before releasing a vaccine order.

CONTACT YORK REGION PUBLIC HEALTH

If you have any questions about the new RSV vaccine order form, or vaccine distribution, storage, and handling related issues, please contact the Vaccine Inventory Program at 1-877-464-9675 ext. 74033 or vaccineinventory@york.ca.

Additional vaccination information can be found on York Region's [Vaccination Information for Health Professionals](#) webpage.

SUBSCRIBE TO PUBLIC HEALTH MATTERS

Public Health Matters is York Region Public Health's e-bulletin for health care professionals. It includes important updates, opportunities to engage with us and resources you can use in your practice. It highlights programs offered by Public Health that are important to you and for your patients. While we know your inboxes are always full, Public Health Matters will be an invaluable way of staying connected to York Region Public Health now and in the future.

Visit york.ca/publichealthmatters to view recent editions and [please subscribe](#) today!

High-Risk Respiratory Syncytial Virus (RSV) Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order
2. Recipient of high-risk publicly-funded vaccine must meet the high-risk eligibility criteria(s)
3. Only one month of high-risk doses will be released at a time to prevent vaccine wastage
4. Orders must include the most current five business days of refrigeration temperature logs
5. Send both pages to avoid delays in processing to vaccineinventory@york.ca or 905-830-0578

SECTION 2 – HEALTHCARE PROVIDER INFORMATION *Holding Point Code: YOR_NW

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy)

*Number of immunizer(s)

*Type of practice: General practice Hospital Other:

*Number of fridge(s) *Type(s) of fridge: Bar Domestic Purpose-built

*Contact person *Phone number

*Fax *Email

Unit number *Street number *Street address

*City/Town *Postal code

SECTION 3 – PICK UP LOCATIONS

***Select Pick Up Location – pick up hours may vary. Please visit York.ca/vaccineinventory or call 1-877-464-9675 ext. 74033 for information on pick up times**

 Newmarket
17150 Yonge Street

 Richmond Hill
50 High Tech Road

 Georgina
24262 Woodbine Avenue

 Vaughan
9060 Jane Street

 Markham
4261 Highway 7 East

SECTION 4 – ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly-funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice daily. Furthermore, I verify that no more than one month supply of vaccine is stored at the location listed above; red-dotted and short-dated vaccines are used first; expired vaccines are never administered and are returned as wastage; a review of vaccine inventory and checking for expired vaccines has been completed before placing orders; and all due diligence has been taken to prevent the wastage of publicly-funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to York Region Public Health upon request. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly-funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

*Print Name

*Signature

*Date (mm/dd/yyyy)

Complete and submit pages 1 and 2

SECTION 5 - RISK CRITERIA CODE

60 years of age and older and one of the following:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. patient in hospital receiving alternative level of care (ALC) 2. patient receiving hemodialysis or peritoneal dialysis | <ol style="list-style-type: none"> 3. recipient of solid organ or hematopoietic stem cell (HSC) transplant 4. individual experiencing homelessness 5. individual who identifies as First Nations, Inuit or Metis |
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SECTION 6 - VACCINE REQUEST(S)

Recipient Initials	Date of Birth (mm/dd/yyyy)	Risk Criteria Code (Refer to Section 5)

FOR OFFICE USE ONLY

Printed by/date:	<input type="text"/>	Entered by/date:	<input type="text"/>	Sorted by/date:	<input type="text"/>
Picked by/date:	<input type="text"/>	Packed by/date:	<input type="text"/>	Audited by/date:	<input type="text"/>