

High-Risk Hepatitis B Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) to request Hepatitis B vaccines for eligible individuals who meets high risk eligibility criteria according to the [Publicly Funded Schedules for Ontario](#) – missing information will result in delays to your order.
2. Include the most current five business days of refrigerator temperature logs.
3. Email all pages to VaccineInventory@york.ca or fax to 905-830-0578.
Note: Client eligibility for the requested doses will be reviewed by York Region Public Health (YRPH). Up to two doses in a multi-dose series may be released at a time if the doses are administered following a one-month interval.
4. Pick up your order once you receive a notification from YRPH by telephone call or e-mail.

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 Pediatrician Other:

*Number of refrigerator(s) *Type(s) of refrigerator: 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. Our office hours are 8:30 a.m. to 4:30 p.m., Monday to Friday at all locations.

 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 MOH 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 to 3

SECTION 5 - RISK CODE

1. Child < 7 years old whose family has immigrated from a country with a high prevalence for Hep B and who may be exposed to Hep B carriers through their extended family (3 doses)
2. Household and sexual contact of chronic carrier(s) and acute case(s) (3 doses)
3. Individual with a history of sexually transmitted disease (3 doses)
- 4A. Infant born to a Hep B-positive carrier mother who is premature and weighs < 2000 grams at birth (4 doses)
- 4B. Infant born to Hep B-positive carrier mother who is premature and weighs ≥ 2000 grams at birth or who is full/post term (3 doses)
5. Individual who engages in intravenous drug use (3 doses)
6. Individual with chronic liver disease, including hepatitis C (3 doses)
7. Men who have sex with men (3 doses)
8. Individual with multiple sexual partners (3 doses)
9. Individual who has sustained a needle-stick injury in a non-health care setting (3 doses)

1st dose in series is not publicly funded for risk codes 10, 11, and 12.

10. Individual awaiting a liver transplant (2nd and 3rd dose)
11. Individual on renal dialysis (2nd and 3rd dose)
12. Individual with a non-malignant hematologic disease requiring frequent receipt of blood products (eg. haemophilia) (2nd and 3rd dose)

For reasons not listed above call 1-877-464-9675 ext. 74033.

SECTION 6 - VACCINE REQUEST(S)

Doses to be administered following a one-month interval (eg. 1st and 2nd doses in series) may be ordered on the same date. Refer to the [Publicly Funded Immunization Schedules for Ontario](#) for details regarding high risk eligibility, number of eligible doses and minimum/recommended dosing intervals. *Refer to the [Canadian Immunization Guide](#) for appropriate vaccine formulations, serology testing and boosters for individuals who meet Hep B high risk eligibility criteria.

Client Initials	Date of Birth (mm/dd/yyyy)	Risk Code Refer to Section 5	1 st Dose Date Ordered (mm/dd/yyyy) Publicly-funded for all risk codes, except codes 10, 11 and 12	2 nd Dose Date Ordered (mm/dd/yyyy)	3 rd Dose Date Ordered (mm/dd/yyyy)	4 th Dose Date Ordered (mm/dd/yyyy) Risk code 4A	Booster Dose* Date Ordered (mm/dd/yyyy) *Anti-HB titre < 10 IU/L

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[illegible]

Audited by/date: