

#### FOR OFFICE USE ONLY

\*Holding Point Code: YOR\_NW

Requisition number:

## High-Risk Hepatitis B (HBV) Vaccine Order Form

### SECTION 1 — INSTRUCTIONS FOR HEALTHCARE PROVIDERS:

- 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 905-830-0578 or vaccineinventory@york.ca
- 6. Complete orders will be processed in approximately three to four business days

## 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:

\*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 <u>York.ca/vaccineinventory</u> or call 1-877-464-9675 ext. 74033 for information on pick up times

Newmarket Richmond Hill Georgina

17150 Yonge Street 50 High Tech Road 24262 Woodbine Avenue

Vaughan Markham

9060 Jane Street 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.

Complete and submit pages 1 to 3



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### **SECTION 5 - RISK CRITERIA CODE**

- Children < 7 years old whose families have immigrated from countries with high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses)
- 2. Household and sexual contacts of chronic carriers and acute cases (3 doses)
- 3. Individuals with a history of sexually transmitted disease (3 doses)
- 4A. Infants born to HBV-positive carrier mothers who are premature and weigh < 2000 grams at birth (4 doses)
- 4B. Infants born to HBV-positive carrier mothers who are premature and weigh ≥ 2000 grams at birth or who are full/post term (3 doses)
- 5. Individuals who engage in intravenous drug use (3 doses)
- Individuals with chronic liver disease, including hepatitis C (3 doses)

- 7. Men who have sex with men (3 doses)
- 8. Individuals with multiple sexual partners (3 doses)
- 9. Individuals who have sustained a needle-stick injury in a non-health care setting (3 doses)

### Dose 1 in series is not publicly-funded for codes 10, 11, and 12.

- 10. Individuals awaiting a liver transplant (dose 2 & dose 3)
- Individuals on renal dialysis (dose 2, dose 3 +/- dose 4, depending on the vaccine brand)
- Individuals with non-malignant hematologic diseases requiring frequent receipt of blood products (eg. haemophilia) (dose 2 & dose 3)

Note: For special release of school-based dose, please call 1-877-464-9675 ext. 73452.

### **SECTION 6 - REQUEST**

Doses to be administered within a 1 month interval may be ordered on the same date. Please refer to the <u>Ontario Publicly Funded Immunization Schedules</u>, Table 7 for further details regarding recommended and minimum dosing intervals.

| Recipient<br>Initials | Date of<br>Birth<br>(mm/dd/yyyy) | Risk<br>Criteria<br>Code<br>(Refer to<br>Section 5) | Dose 1 Date Ordered (mm/dd/yyyy) Publicly-funded for all codes, except codes 10, 11 and 12. | Dose 2 Date Ordered (mm/dd/yyyy) The recommended interval between dose 1 and dose 2 is 1 month. | Dose 3 Date Ordered (mm/dd/yyyy) The recommended interval between dose 2 and dose 3 is 5 months and at age ≥ 24 weeks. For code 4A, the recommended interval between dose 2 and dose 3 is 1 month. Note, for code 11, the recommended interval between dose 2 and dose 3 is 1 month if Engerix-B is used. | Dose 4 Date Ordered (mm/dd/yyyy) Publicly-funded for codes 4A and 11 (Engerix-B) only. The recommended interval between dose 3 and dose 4 is 4 months and at age ≥ 24 weeks. | Booster Dose Date Ordered (mm/dd/yyyy) Publicly-funded for code 11 only. Annual anti-HBs titre must be < 10 IU/L. |
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