

RotaTeq® (Rot-5) vaccine available to order, Rotarix® no longer available

Update to York Region Health Care Providers as of September 25, 2018

The pentavalent rotavirus vaccine (RotaTeq®) is now available to order for publicly funded immunization, as Ontario transitions away from the monovalent rotavirus vaccine (Rotarix®). This change in vaccine is a result of the federal vaccine purchasing program.

The National Advisory Committee on Immunization (NACI) recommends routine infant rotavirus vaccination with either Rotarix® or RotaTeq®, and does not preferentially recommend one product over the other. Both are live attenuated vaccines that are given orally. All infants in Ontario are eligible for rotavirus vaccine, with the first dose recommended to be given as early as six weeks of age (and up to 15 weeks), and completion of the series occurring by eight months of age. Ontario's Publicly Funded Immunization Schedule recommends the first dose be administered at two months of age. NACI recommends that whenever possible, infants should start and complete their series with the same product.

RotaTeq®

- Available now from York Region Public Health
- 3 dose series (given at 2, 4, and 6 months)
- For any patient receiving rotavirus vaccine for the first time or who have previously received a dose of RotaTeq®
- Can be used to complete a rotavirus vaccine series (three doses total), if Rotarix® is no longer available or first dose product is unknown

Rotarix®

- No longer available from York Region Public Health
- 2 dose series (given at 2 and 4 months)
- For patients who have already received one dose of Rotarix®, and a second dose is available to complete the series

Note: No link between intussusception and either Rotarix® or RotaTeq® has been definitively established. However, NACI's recommendation is not to administer either rotavirus vaccine to infants with a history of intussusception.

Any patients receiving rotavirus vaccine for the first time should receive RotaTeq®. Please note, Rotarix® is no longer available for order from York Region Public Health.

Please use York Region Public Health's current vaccine order form to make any requests for rotavirus vaccine. A copy of the vaccine order form follows this message. The form can also be found at york.ca/vaccineinventory.

If you have any questions, please contact York Region Public Health by phone at **1-877-464-9675 ext. 74033** or by email at vaccineinventory@york.ca.

PUBLIC HEALTH

520 Cane Parkway
Newmarket, Ontario L3Y 8T5
1-877-464-9675 ext. 74033
Fax: 905-895-6066
york.ca/vaccineinventory





FOR OFFICE USE ONLY

Holding Point Code: YOR_NW

Requisition number:

Publicly Funded Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Maintain no more than one month supply of any vaccine. Do not overstock your fridge.
3. Entire current fridge inventory amount must be entered. Please enter "0" if there is no vaccine.
4. Orders must include the most current seven business days of refrigeration temperature logs.
5. Complete orders will be processed in approximately three to four business days.
6. Send both pages to avoid delays in processing to **905-830-0578** or **vaccineinventory@york.ca**

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy)

*Number of immunizer(s)

*Type of practice: General practice Pediatrician 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

***Pick up location - All office pick up hours are Monday to Friday 8:30 a.m. to 4:30 p.m. except Georgina Office (Monday and Wednesday 12:30 p.m. to 4:00 p.m.)**

| | | |
|-------------------------------|------------------------------------|-----------------------------------|
| Newmarket 520 Cane Parkway | 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/yy)

Complete and submit pages 1 and 2

SECTION 5 – VACCINE INVENTORY AND ORDER FORM

| Trade Name(s) (Subject to availability) | Vaccine | Disease(s) and/or Eligibility Information | Entire Current Vaccine Inventory number in Doses | Number of Doses Required |
|--|--------------|---|--|--------------------------------|
| Pediacel® | DTaP-IPV-Hib | Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b | | |
| Hiberix® Act-Hib | Hib | Haemophilus influenzae type b | Contact York Region Public Health Ext. 74033 | |
| Imovax® polio | IPV | Inactivated Polio Vaccine (Limit 2 doses) | | |
| Menjugate® Liquid Neisvac-C | Men-C-C | Meningococcal Conjugate C | | |
| Priorix® MMR®II | MMR | Measles, Mumps, Rubella | | |
| Priorix-Tetra® ProQuad® | MMRV | Measles, Mumps, Rubella, Varicella | | |
| Prevnar® 13 | Pneu-C-13 | Pneumococcal Conjugate 13 | | |
| Pneumovax® 23 | Pneu-P-23 | Pneumococcal Polysaccharide 23 | | |
| Tubersol® | TB Mantoux | Tuberculin Purified Protein Derivative (Limit 20 doses) | | |
| RotaTeq® | Rot-5 | Rotavirus | | |
| Td ADSORBED | Td | Tetanus, Diphtheria | | |
| Adacel® Boostrix® | Tdap | Tetanus, Diphtheria, Acellular pertussis | | |
| Adacel® IPV Boostrix® Adacel-Polio | Tdap-IPV | Tetanus, Diphtheria, Acellular pertussis, Polio | | |
| Varivax® III Varilrix® | Var | Varicella | | |
| Zostavax II® | Shingles | Eligible for 65 to 70 years of age | | |

SECTION 6 – INFLUENZA VACCINE INVENTORY AND ORDER

| Trade Name(s) (Subject to availability) | Vaccine | UIIP Eligibility Age Group | Format | Entire Current Vaccine Inventory number in Doses | Number of Doses Required |
|--|------------------|-------------------------------|---|--|--------------------------------|
| FluLaval® Tetra Fluzone® Quadrivalent | QIV | ≥6 months | Multidose Vial and/or Prefilled Syringe (depending on availability) | | |
| FluMist® Quadrivalent | Q-LAIV | 2 years to 17 years | Prefilled single use intranasal spray | | |
| Fluzone® High-Dose | High Dose TIV | ≥65 years | Prefilled Syringe | | |

Note: NACI has not identified any preference between Q-LAIV and QIV products nor high-dose TIV and QIV products.

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Entered by/date:

(RPh)T final check: