High-risk meningococcal vaccine requisition

Peel Region

Order information – Complete one vaccine requisition for each client (exception: high risk contacts)

Order date:	**RMP Code:** # RMP_MS_	
Office contact name:	**Physician/Practice name:**	
Address:	**Email address:**	
Postal code:	**City:**	**Province:** Ontario
Telephone number:	**Fax number:**	

Vaccine pick-up or delivery (click here for maps and hours)

High Risk Meningococcal Vaccine Orders will be processed in 5 business days.

☐ Fairview (325 Central Parkway West, Unit 21, Mississauga)

☐ Hurontario (7120 Hurontario Street, Mississauga)

☐ Paid delivery
Registered participants **only**. Refer to delivery schedule.

Requested delivery date (YYYY/MM/DD): _____

High-risk meningococcal vaccine request

Children may be eligible for both 4CMenB and Men-C-ACYW vaccines. Eligibility is based on the Publicly Funded Immunization Schedules for Ontario (June 2022).

Step 1: Eligibility

Select the high-risk condition.

☐ Acquired complement deficiencies (e.g., receiving eculizumab)

☐ Asplenia (functional or anatomic)

☐ Cochlear implant recipient (pre/post implant)

☐ Complement, properdin, factor D or primary antibody deficiencies

☐ HIV

☐ High-risk contact*

☐ Outbreak*

* High-risk contact and outbreak eligibility are determined by Peel Public Health.

Step 2: Vaccine request

☐ 4CMenB ☐ Men-C-ACYW

Step 3: Age group and quantity required

Age Group	Eligible Schedule	Quantity
☐ 2 months to 17 years	2-4 doses	
☐ 9 months to 55 years	2-4 doses + boosters	
☐ 56+ years	1 dose	

Eligible Schedule may differ for close contacts for post-exposure management and for outbreak control.

High-risk contacts only

Complete only if "High-risk contact" was selected above.

Contact Age Group	Number of Contacts
Under 18 years	
18-55 years	
56+ years	

By submitting this order, I verify on behalf of the practice that the fridge storing publicly funded vaccines maintains cold chain temperatures (between +2.0°C to +8.0°C) and meets MOHLTC Vaccine Storage and Handling Guidelines. I understand that we may be required to provide accurate temperature logs upon request. When picking up vaccines, I will use a hard sided transport cooler that has been prepared to maintain temperatures between +2.0°C to +8.0°C during transport.

Signature:	**Date** (YYYY/MM/DD)**:**

Please fax completed form to the Vaccine Management and Physician Information program at 905-565-9874.

This information is being collected pursuant to the *Health Protection and Promotion Act R.S.O. 1990 c. H. 7* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56*, and the *Personal Health Information Protection Act 2004 S.O. 2004, c. 3*. This information will be used by Peel Public Health for the purposes of the administration and evaluation of the Communicable Disease Investigations and Vaccine Management and Physician Information programs. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street P.O. Box 630 RPO Streetsville Mississauga, ON L5M 2C1. 905-799-7000.