

# ADVISORY: Immunization Requirements for Students

Monday, August 31, 2015



## ATTENTION: Healthcare Providers

In September, the Peterborough County-City Health Unit will be mailing **First Notices** to parents/guardians of high school students who are OVERDUE for immunizations required under the *Immunization of School Pupils Act*.

What can you do to prepare/assist?

1. If your patient received a **First Notice** that indicates meningococcal disease vaccine is required, administer Menactra for students over 12 years old who did not receive it when they were in Grade 7 at a school clinic.
2. Order a batch supply of Menactra (meningococcal-C-ACYW) vaccine in advance using the attached form.
3. Ask parents/guardians to bring the **First Notice** form to the appointment.
4. Maintain a one month supply of routine vaccines in your office.
5. Take the opportunity to immunize with any additional vaccines that they are eligible for under the Publicly Funded Immunization Schedule.
6. Record the trade name of the vaccine(s) on the **First Notice** and fax (705-743-2897) or call (705-743-1000) the Health Unit with the information. See examples of trade names below:

Trade Name	Antigens	Diseases
Menactra, Menveo	Men-C-ACYW135	Meningococcal Disease
Menjugate, Meningitec, NeisVac-C	Men-C-C	Meningococcal Disease
Recombivax	HB	Hepatitis B
Twinrix Junior	HA/HB	Hepatitis A and B
Twinrix	HA/HB	Hepatitis A and B
Engerix-B	HB	Hepatitis B
Cervarix	HPV	Human papillomavirus
Gardasil	HPV-4	Human papillomavirus
Adacel, Boostrix	Tdap	Tetanus, Diphtheria, Pertussis
Adacel-Polio, Boostrix-Polio	Tdap-IPV	Tetanus, Diphtheria, Pertussis, Polio
Pediacel, Infanrix-IPV/Hib	DTaP-IPV-Hib	Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae B</i>
Quadracel, Infanrix-IPV	DTaP-IPV	Diphtheria, Tetanus, Pertussis, Polio
MMR II, Priorix	MMR	Measles, Mumps, Rubella
Priorix-Tetra, Pro-quad	MMRV	Measles, Mumps, Rubella, Varicella
Varilrix, Varivax	Var	Varicella

Call a Vaccine Preventable Disease Nurse at **705-743-1000** if you have any questions.

Dr. Rosana Pellizzari, MD, MSc, CCFP, FRCPC  
Medical Officer of Health



# Requisition for Menactra<sup>®</sup> Vaccine Batch Orders

For Menactra Catch-up only  
 Fax the completed form to PCCHU  
 Fax : 705-743-2897

**This publicly-funded vaccine batch order is:**

- for Menactra<sup>®</sup> vaccine for grade 8-12 students **only**
- **not** for high-risk clients, travellers or contact management

**Eligibility for batch Menactra<sup>®</sup> order:**

- for physicians who agree to provide to the Health Unit the required information for each student whom they immunize
- for clients who meet all 3 criteria
  - 1) are in grades 8-12 **AND** 2) have **never** received Menactra<sup>®</sup>

**Important considerations to be reviewed by practitioner:**

- Menactra<sup>®</sup> is routinely given by the Health Unit to grade 7/8 students at school clinics.
- If client received the vaccine in grade 7 or 8, **do not repeat**. If uncertain, contact us at 705-743-1000.
- Clients who are eligible for this vaccine should have received a letter from the Health Unit.

**Fax this order form with temperature logs (from last vaccine order to current date) to 705-743-2897.**

**Please allow five business days for vaccine pick-up.**

Ordering Office Information			
Physician Name:		Facility Name:	
Order Date:		Phone #:	Back Line #:
Current # of doses of Menactra <sup>®</sup> vaccines in your inventory:		Fax #:	
		<b>Number of Doses Ordered: 1 dose = 0.5 ml vial</b> Menactra: _____ single doses (maximum 4 doses) _____ boxes (5 doses/box)	
The information I have provided is correct and meets the eligibility criteria. I agree to provide to the Health Unit with the required information for each student immunized.			
_____ Signature of physician		_____ Date	

**You must report the name, date of birth, and immunization date for each student who received Menactra<sup>®</sup>. See reverse (page 2) – use client labels if preferred. The Health Unit will not issue further batches of vaccine if the required information for each student immunized is not received.**

Health Unit Use Only	
Panorama Requisition #:	
Log received <input type="checkbox"/> Yes <input type="checkbox"/> No Temp within range <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____ Reviewed by HU staff <input type="checkbox"/> Yes <input type="checkbox"/> No	Order filled date (YYYY/MM/DD): _____ By: _____
Vaccine: _____ Lot #: _____	Expiry Date (YYYY/MM/DD): _____
Vaccine: _____ Lot #: _____	Expiry Date (YYYY/MM/DD): _____
Vaccine: _____ Lot#: _____	Expiry Date (YYYY/MM/DD): _____
Vaccine: _____ Lot#: _____	Expiry Date (YYYY/MM/DD): _____

**If you have questions about this order, call the Health Unit at 705-743-1000**



# Menactra® Vaccine Usage form Batch Orders

Fax completed form confidentially to Health Unit at 705-743-2897

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_ (YYYY/MM/DD)

Affix patient address label (or print required information) for each dose of vaccine given	
REQUIRED: Last name / First Name / Birth Date (YYYY/MM/DD) / OHIP number / Immunization Date (YYYY/MM/DD)	
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Add additional pages as needed. For questions, call the Health Unit at 705-743-1000