

Name of pharmacy / clinic / facility / other: _____

Contact person: _____ Date of order: _____

Address: _____ Phone #: _____ Fax #: _____

| Vaccine | Doses requested | Doses remaining in fridge | Health Unit use only | | |
|---|-----------------|---------------------------|----------------------|------|----------------|
| | | | Doses supplied | Date | Panorama req # |
| Pneumococcal polysaccharide | | | | | |
| See back of page for indications by age group | TIIV | Fluad® | | | |
| | QIIV | Flulaval® | | | |
| | QLAIV | FluMist® | | | |
| | QIIV | Fluzone® (MDV) | | | |
| | QIIV | Fluzone® (PFS) | | | |

Community provider/designate: _____ Sign upon receiving biologicals
 Pick-up date: _____ Health Unit staff signature: _____

Community provider/designate: _____ Sign upon receiving biologicals
 Pick-up date: _____ Health Unit staff signature: _____

All vaccines supplied must be accounted for. Community vaccine providers are required to keep track of all influenza vaccines and doses given and the age groups they are provided to.

Health Unit will keep a copy of the order form.

| Northwest | Northern Interior | Northeast |
|---|---|---|
| Atlin Health Centre T: 250-651-7677 F: 250-651-7687 Dease Lake T: 250-771-4444 F: 250-771-3911 Hazelton T: 250-842-4640 F: 250-842-4642 Houston T: 250-845-2294 F: 250-845-7884 Kitimat T: 250-632-3181 F: 250-632-7081 Masset T: 250-626-4702 F: 250-626-4708 Prince Rupert T: 250-622-6380 F: 250-622-6391 Daajing Giids T: 250-559-4933 F: 250-559-8037 Smithers T: 250-847-6400 F: 250-847-5908 Stewart T: 250-636-2221 F: 250-636-2715 Terrace T: 250-631-4200 F: 250-638-2264 | Burns Lake T: 250-692-2412 F: 250-692-2469 Fort St. James T: 250-996-2700 F: 250-996-8212 Fraser Lake T: 250-699-6225 F: 250-699-6987 Mackenzie T: 250-997-8517 F: 250-997-3253 McBride T: 250-569-2251 ext 2026 F: 250-569-2232 Prince George T: 250-645-8973 F: 250-645-7981 Quesnel T: 250-985-5657 F: 250-983-6843 Valemount T: 250-566-9138 ext. 2000 F: 250-566-4319 Vanderhoof T: 250-567-6900 F: 250-567-6170 | Chetwynd T: 250-788-7300 F: 250-788-9877 Dawson Creek T: 250-719-6500 F: 250-795-6236 Fort Nelson T: 250-774-7092 F: 250-774-7096 Fort St John T: 250-263-6000 ext 6098 F: 778-576-0195 Hudson's Hope T: 250-783-9991 F: 250-783-9125 Tumbler Ridge T: 250-242-5271 F: 250-242-3889 |



Orders will be filled based upon:

- Vaccine shipments from BCCDC over a period of 3 to 4 weeks
- Historic dosage reporting
- Availability

Note: Depending on the local health unit's inventory, specific brands may not be available and an interchangeable product may be supplied.

Instructions for Community Vaccine Provider (CVP)

- Using this form, submit your order by fax to your community Health Unit.
- Please keep a copy for your records
- The CVP or designate is required to sign for receipt of the influenza vaccine upon pick-up at the Health Unit.
- The CVP will need to submit a new order for subsequent orders.

Instructions for the Health Unit Biological Product Monitor/Designate

To fill the CVP's complete/partial order:

- Record the number of doses in the "doses supplied" column
- Record the date the vaccine is packaged and available for pick-up in the date column
- Record the Panorama Requisition Number
- Contact CVP for pick-up
- The health unit staff is required to sign when order is picked up

Influenza vaccine accountability

- Publicly funded influenza vaccine must be accounted for. Vaccine utilization must be reported in order to ensure vaccine supply for the following year.
 - Return expired/unused vaccine back to the local Health Unit when requested.
 - The Publicly Funded Influenza Vaccine Tally form is available on the Northern Health website to assist with vaccine tracking.

Cold chain

Always maintain the cold chain (2° to 8°C) and contact the health unit immediately if you experience cold chain problems.

| Age group | Vaccine ^A | Comments |
|---|---|---|
| 6 to 23 months of age | <ul style="list-style-type: none"> • Flulaval® tetra • Fluzone® quadrivalent | |
| 2 to 17 years of age | <ul style="list-style-type: none"> • Flulaval® tetra • Flumist® quadrivalent • Fluzone® quadrivalent | |
| 18 to 64 years of age | <ul style="list-style-type: none"> • Flulaval® tetra • Fluzone® quadrivalent | <ul style="list-style-type: none"> • Flumist® quadrivalent may be offered to those 18-59 years of age who have needle phobia and are unwilling to get another influenza vaccine, provided informed consent includes that QIIV provides better protection against influenza for this age group. |
| 65 years of age and older residing in the community | Fluad® | <ul style="list-style-type: none"> • If Fluad® is unavailable, Flulaval® tetra or Fluzone® quadrivalent should be used. |