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# MPOX Vaccine (Imvamune®) Referral Form

Individuals who are household and/or sexual contacts of those identified for pre-exposure vaccination eligibility (see below) and are <u>moderately to severely immunocompromised</u> are eligible to receive two doses of Imvamune® at least 28 days apart. Clients must present this form **completed and signed by their physician or nurse practitioner** when attending their vaccine appointment. Ensure that all sections are completed.

#### **Section 1: Client Information**

Last Name	First Name	Date of Birth	Health Card Number
		YYYY / MM / DD	

### Section 2: Eligibility Criteria

□ Client is a household and/or sexual contact of someone who meets at least one of the following criteria AND is moderately to severely immunocompromised (see definitions on page 2):				
•	<ul> <li>Two-spirit, non-binary, transgender cisgender, intersex, or gender-queer individuals who self-identify or have sexual partners who self-identify as belonging to the gay, bisexual, pansexual and other men who have sex with men (gbMSM) community AND at least one of the following:</li> </ul>			
	0	Had a confirmed sexually transmitted infection within the last year		
	0	Have or are planning to have two or more sexual partners or are in a relationship where at least one of the partners may have other sexual partners,		
	0	Have attended venues for sexual contact (i.e., bath houses, sex clubs) recently or may be planning to, or who work/volunteer in these settings; or		
	0	Have had anonymous sex (e.g., using hookup apps) recently or may be planning to; and/or		
	0	Are a sexual contact of an individual who engages in sex work		
OR				
•	<ul> <li>Individuals who self-identify as engaging in sex work or are planning to, regardless of self-identified sex or gender.</li> </ul>			

### Section 3: Physician / Nurse Practitioner Information

Physician/Nurse Practitioner Name	Phone Number	Date			
		YYYY / MM / DD			
□ I have provided counselling on the risks and benefits of the Imvamune® vaccine and confirm the client meets eligibility for the MPOX vaccine in accordance with <u>provincial guidance</u> .					
Physician/Nurse Practitioner Signature					

### Moderately to severely immunocompromised is defined as:

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis)
- Individuals receiving active treatment<sup>1</sup> (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies
- Recipients of solid-organ transplant and taking immunosuppressive therapy
- Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Individuals with HIV with current CD4 count ≤ 200/mm3 or CD4 fraction ≤ 15% or detectable viral load (i.e., not suppressed)
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies<sup>2</sup> (monoclonal antibodies targeting CD19, CD20 and CD22), highdose systemic corticosteroids (refer to the <u>Canadian Immunization Guide</u> for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive as per <u>Appendix B, Table 2</u>

<sup>1</sup>Active treatment includes patients who have completed treatment within 3 months. Active treatment is defined as chemotherapy, targeted therapies, immunotherapy, and excludes individuals receiving therapy that does not suppress the immune system (e.g., solely hormonal therapy or radiation therapy).

<sup>2</sup>Active treatment for patients receiving B-cell depleting therapy includes patients who have completed treatment within 12 months



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