

Respiratory Syncytial Virus (RSV) Products Order Form

<p>FAX COMPLETED FORM TO 905-465-3403</p> <p>A temperature log with 30 most recent days must be included with the order if your facility has not ordered other vaccines within the same ordering cycle using the online vaccine ordering system.</p>	<p>PHU Use Only</p> <p>Order No.:</p>
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Section 1: Facility Information

Facility Name _____		Holding Point Code HAL_OK_00 _____		Date YYYY/MM/DD	
Facility Contact Last Name _____		First Name _____			
Telephone No. ____ - ____ - ____ X _____		Fax No. ____ - ____ - ____		Email Address _____	
Facility Address					
Unit # _____	Street # _____	Street Name _____	City/Town _____	Province ON	Postal Code _____
Requested Delivery Method Orders will be distributed according to the current Vaccine Distribution Schedule *					
Pick-up Tuesday		Pick-up Wednesday		Delivery (only for facilities with existing courier arrangements)	

Section 2: Product and Eligibility Criteria

RSV Prevention Program for Infants and High-Risk Children			
Refer to the Ministry of Health for program eligibility details			
PRODUCT	INDICATION	# OF DOSES ON HAND	# OF DOSES REQUIRED
Beyfortus® 50mg (Nirsevimab)	Infants < 5kg	_____	_____
Beyfortus® 100mg (Nirsevimab)	Infants and high-risk children ≥ 5kg	_____	_____
Abrysvo™	Pregnant individuals 32-36 weeks gestation, who will deliver during the RSV season. *Note that Nirsevimab is preferred over Abrysvo for the prevention of RSV in infants. Refer to NACI Statement on the Prevention of RSV Disease in Infants	_____	_____

High-Risk Older Adult Program

Refer to [the Ministry of Health](#) for program eligibility details

****NOTE: If an individual has already received a dose of RSV vaccine in previous seasons, they do not need to receive another dose this season, as booster doses are not currently recommended.**

PRODUCT	ELIGIBILITY CRITERIA	# OF DOSES ON HAND	# OF DOSES REQUIRED
<p>Arexvy / Abrysvo™</p>	<p>All individuals aged 75 and older.</p> <p>Individuals 60 to 74 years of age who are also:</p> <ul style="list-style-type: none"> ▪ Resident of a LTCH or Retirement Home ▪ In hospital receiving alternative level of care (ALC) including similar settings (e.g. complex continuing care, hospital transitional programs) ▪ Patients with glomerulonephritis (GN) who are moderately to severely immunocompromised. ▪ Experiencing homelessness ▪ Identify as First Nations, Inuit or Métis ▪ Receiving hemodialysis or peritoneal dialysis <ul style="list-style-type: none"> ○ <i>Vaccine to be administered by dialysis unit</i> ▪ Recipients of solid organ or hematopoietic stem cell transplants <ul style="list-style-type: none"> ○ <i>Vaccine to be administered by transplant unit for patients currently under their care</i> 	<p>_____</p>	<p>_____</p>