

Seasonal Influenza Vaccine Order Form 2024-2025

Mailing Address:

Niagara Region Public Health
1815 Sir Isaac Brock Way
P.O. Box 1052
Thorold, ON L2V 0A2
905-688-8248 Toll free: 1-888-505-6074 ext. 7396
niagararegion.ca/health

**Please complete and return this form by fax
to 905-688-4667**

Order No:
Program assistant initials:

All vaccine orders require:

- A copy of your current 4 week fridge temperature log (up to present day)
- 3 full business days to fill the order

Facility name: _____ Phone: _____ Ext: _____

Contact: _____ Date (mm/dd/yyyy): _____

Email: _____

All vaccine orders will be delivered to your facility according to the [vaccine delivery schedule](http://niagararegion.ca/health/professionals/vaccine/vaccine-schedule.aspx) (niagararegion.ca/health/professionals/vaccine/vaccine-schedule.aspx)

Vaccines	Doses on hand	Doses requested
Standard-dose Quadrivalent (QIV) Fluzone® Quadrivalent, FluLaval Tetra or Flucelvax® Quad - 6 months of age and older (Multi-dose vials and pre-filled syringes)		
High-dose Quadrivalent (QIV-HD) or Adjuvanted Trivalent (TIV-adj) Fluzone® High-dose Quadrivalent or Fludax® - 65 years of age and older (Pre-filled syringes)		

- If a child under 9 years of age is receiving the influenza vaccine for the first time, they require two doses four weeks apart
- All unused seasonal influenza vaccines need [to be returned to Public Health](http://niagararegion.ca/health/professionals/vaccine/cold-chain-incident.aspx) (niagararegion.ca/health/professionals/vaccine/cold-chain-incident.aspx) by the end of each flu season

For more information, including high-risk groups, vaccine products, and implementation resources: [Universal Influenza Immunization Program | ontario.ca](http://ontario.ca/page/universal-influenza-immunization-program) (ontario.ca/page/universal-influenza-immunization-program).