

Seasonal Influenza Vaccine Order Form 2021-2022

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 the past 4 weeks temperature log up to and including the current date
- 3 full business days to fill the order

Facility name: _____ Phone: _____ Ext: _____

Contact: _____ Date: _____

Delivery:

All vaccine orders will be delivered to your facility according to the [vaccine delivery schedule](#).

Vaccines	Doses on hand	Doses requested
Standard-dose Quadrivalent (QIV) Fluzone [®] Quadrivalent or FluLaval [®] Tetra - 6 months of age and older Flucelvax [®] Quadrivalent - 2 years 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 Fluad [®] - 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 by the end of each flu season

Refer to the Ministry's UIIP website for more information, including high-risk groups, vaccine products, and implementation resources: <https://www.health.gov.on.ca/en/pro/programs/publichealth/flu/uiip/default.aspx>