

# High Risk Meningococcal Vaccine

Please complete form and fax to (807) 625-4828.

Client: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
YYY/MM/DD

Clinic: \_\_\_\_\_ Health Care Provider: \_\_\_\_\_

**Eligibility for the high risk meningococcal vaccine includes those with one or more of the following :**

- Functional or anatomic asplenia       Cochlear implant recipients (pre/post implant)       HIV
- Acquired complement deficiency       Complement, properdin, factor D deficiency or primary antibody deficiencies

**Menactra (Men-C-ACYW)**

Persons between 9 months to 55 years of age and who have one or more of the medical conditions listed above are eligible to receive age appropriate primary series with Men-C-ACYW-135 (Menactra) vaccine and booster doses. See table below for details. See Table 13 of Publicly Funded Immunization Schedule for Ontario for Minimum Intervals

9 to 11 months	▪ 1st dose ▪ 2nd dose, 2 months after 1st dose ▪ 3rd dose, 2 months after 2nd dose and at age > months ▪ Booster doses every 5 years
12 months to 6 years	▪ 1st dose ▪ 2nd dose, 2 months after 1st dose ▪ Booster every 3 to 5 years
7 to 55 years	▪ 1 <sup>st</sup> dose ▪ 2 <sup>nd</sup> dose 2 months after 1 <sup>st</sup> dose ▪ Booster doses every 5 years

**Bexsero (4CMenB)**

Persons 2 months through 17 years of age with one or more of the medical conditions listed above are eligible to receive the meningococcal B vaccine or Bexsero. See table below for details. See Table 13 of Publicly Funded Immunization Schedule for Ontario for Minimum Intervals.

2 to 5 months	3 + 1 doses	▪ 1st dose ▪ 2nd dose, 2 months after 1st dose ▪ 3rd dose 2 months after 2nd dose ▪ 4th dose booster, 2 months after 3rd dose and at age > 12 months
6 to 11 months	3 doses	▪ 1st dose ▪ 2nd dose, 2 months after 1st dose ▪ 3rd dose, 2 months after 2nd dose and at age > 12 months
12 months to 10 years	2 doses	▪ 1st dose given ▪ 2nd dose 2 months after 1st dose
11 to 17 years	2 doses	▪ 1 st dose given ▪ 2nd dose, 1 month after 1st dose

IMT-221 (Feb 2018)



**Thunder Bay District  
Health Unit**

Personal information collected on this form is under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. The information collected is to maintain an immunization record for this client. Direct any questions regarding the collection of this information to the Privacy Officer, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7 Telephone (807) 625-5900.