



# Influenza Vaccine Order Form for Long-Term Care & Assisted Living Facilities 2022-2023

Fax order to local Health Unit (see next page) → Attention: BPM

Name of Facility:		Contact Person:	
Long-Term Care beds:	Assisted Living beds:	Independent Living beds:	Total:
Number of staff confirmed to receive their vaccine on site:			
Phone:	Fax:	Email:	

**This fall, influenza and COVID-19 vaccine will be co-administered to residents, see [COVID-19 Vaccine Information for Community Vaccine Providers](#) for more information.**

Vaccine	Indication	Notes	# of Doses Requested
<b>FLUZONE HIGH DOSE</b> Quadrivalent	<b>Residents 65 years of age and older living in long term care and assisted living facilities</b>	<ul style="list-style-type: none"> <li>Prefilled syringes; do NOT come with needles</li> </ul>	
<b>FLUZONE</b> Quadrivalent	<b>Residents and staff less than 65 years of age</b>	<ul style="list-style-type: none"> <li>Prefilled syringes &amp; multi-dose vials</li> <li>Once punctured, multi-dose vials stored between +2°C to +8°C can be used up to the expiry date on label</li> </ul>	
<b>FLUAD</b> Trivalent	<b>Residents and staff 65 years of age and older living in the community</b>	<ul style="list-style-type: none"> <li>Prefilled syringes; do NOT come with needles</li> </ul>	
<b>Pick up date request:</b>			

**Note:**

1. Request doses based on the number of long-term care and assisted living residents. Request doses for staff and independent living residents who confirm they will be receiving a dose on site. Independent living facilities without long-term care or assisted living beds should order vaccine using the Influenza Vaccine Order Form for Community Vaccine Providers.
2. Facilities that contract pharmacists to administer flu vaccine must place their own vaccine order. Indicate the name of the pharmacy on the order form if a pharmacist will be picking up the vaccine on behalf of the facility.
3. If unable to store vaccine on site, return any remaining vaccine to the local health unit under cold chain conditions once clinics are complete. It cannot go into another providers supply (e.g. pharmacy or other facility).
4. Products will be distributed depending on available supply
5. Do not return unused Influenza vaccine until requested by the local Health Unit unless unable to store on site

**COLD CHAIN REMINDERS:**

- Bring a hard-sided cooler with insulation material and frozen ice packs when you pick up vaccine
  - Cold chain must be maintained to ensure potency of vaccine
- Store vaccine in refrigerator between +2°C and +8°C, in original package to protect from light

Health Unit Use Only			
Date order received: _____			Date order filled: _____
Date order picked up: _____	By (Signature): _____		
<b>Doses Provided:</b>			
Fluzone High-Dose Quadrivalent: _____	Lot # _____	Expiry Date _____	
Fluzone Quadrivalent: _____	Lot # _____	Expiry Date _____	
Fluad Trivalent: _____	Lot # _____	Expiry Date _____	



# Influenza Vaccine Order Form for Long-Term Care & Assisted Living Facilities 2022-2023

<b>North Island Health Units</b>		
<b>Campbell River</b> <b>Fax: 250-850-2454</b> #200–1100 Island Highway Campbell River, BC V9W 8C6 Phone: 250-850-2110	<b>Comox Valley</b> <b>Fax: 250-331-8521</b> 961 England Avenue Courtenay, BC V9N 2N7 Phone: 250-331-8520	<b>Port Hardy</b> <b>Fax: 250-902-6072</b> #12–7070 Market Street, PO Box 46 Port Hardy, BC V0N 2P0 Phone: 250-902-6071

<b>Central Island Health Units</b>		
<b>Cowichan Valley (Margaret Moss)</b> <b>Fax: 250-709-3055</b> 675 Canada Avenue Duncan, BC V9L 1T9 Phone: 250-709-3050	<b>Nanaimo</b> <b>Fax: 250-755-3369</b> 1665 Grant Avenue Nanaimo, BC V9S 5K7 Phone: 250-755-3342	<b>Parksville (Oceanside)</b> <b>Fax: 250-947-8241</b> 494 Bay Avenue, PO Box 339 Parksville, BC V9P 2G5 Phone: 250-947-8242
<b>Port Alberni</b> <b>Fax: 250-731-1316</b> #202-4152 Redford Street Port Alberni, BC V9Y 3R5 Phone: 250-731-1315	<b>Tofino (Coastal Family Place)</b> <b>Fax: 250-725-4019</b> 265 First Street, PO Box 1078 Tofino, BC V0R 2Z0 Phone: 250-725-4020	<b>*See vaccine ordering schedule*</b>

<b>South Island Health Units</b>		
<b>Esquimalt</b> <b>Fax: 250-519-5312</b> 530 Fraser Street Victoria, BC V9A 6H7 Phone: 250-519-5311	<b>Peninsula</b> <b>Fax: 250-544-2403</b> 2170 Mount Newton X Rd Saanichton, BC V8M 2B2 Phone: 250-544-2400	<b>Saanich</b> <b>Fax: 250-744-1042</b> 3995 Quadra Street Victoria, BC V8X 1J8 Phone: 250-519-5100
<b>Salt Spring Island</b> <b>Fax: 1-250-744-1042</b> 160 Fulford-Ganges Road Salt Spring Island, BC V8K 2T8 Phone: 250-538-4880	<b>Sooke</b> <b>Fax: 250-519-3491 (West Shore)</b> 104 – 6672 Wadams Way Sooke, BC V9Z 0H3 Phone: 250-519-3487	<b>Victoria</b> <b>Fax: 250-388-2249</b> 1947 Cook Street Victoria, BC V8T 3P7 Phone: 250-388-2200
<b>West Shore</b> <b>Fax: 250-519-3491</b> 345 Wale Road Victoria, BC V9B 6X2 Phone: 250-519-3490		