

Queensland Health Immunisation Program Nirsevimab (RSV Immunisation Program) Special Order Form

- If completing this order form by hand, please print clearly.
- Orders can be submitted **fortnightly**. Allow 3-5 business days for processing. **PLEASE TAKE THIS INTO ACCOUNT** when booking appointments for administration.
- Scan the QR code to review to the eligibility list to ensure that your patient/s meet eligibility criteria under this program.
- Note there may be a restriction on allocations, dependent on supply and demand.



Step 1 Fill in doses on hand and expiry date/s and doses required.

Step 2 Save your order form to your files and submit via email to QHIP-ADMIN@health.qld.gov.au

Step 3 Reset the form only after you have emailed the completed form.

Has your vaccine refrigerator maintained temperatures between +2°C and +8°C since your last vaccine order?

YES

NO

If NO, please complete and submit a 'cold chain breach form' as soon as possible.

Order Date		VSP Number	
Practice Name			
Delivery Address			
Email Address		Phone Number	
Name of person completing order form			

Eligibility Criteria	Dose	Fortnightly forecast (expected patients)	Doses on hand	Total doses to be supplied
Infant (born on or after 1 February 2024) <8 months of age (<5kg)	50mg		_____ x 50mg prefilled syringe	<i>Office use only</i>
Aboriginal and Torres Strait Islander infant <8 months of age (<5kg)				
Infant with complex medical conditions* <8 months of age (<5kg)				
Infant (born on or after 1 February 2024) <8 months of age (≥5kg)	100mg		_____ x 100mg prefilled syringe	<i>Office use only</i>
Aboriginal and Torres Strait Islander infant <8 months of age (≥5kg)				
Infant with complex medical conditions* <8 months of age (≥5kg)				
Young child with complex medical conditions* 8 months to <20 months	200mg			<i>Office use only</i>

*For full list of eligible complex medical conditions scan QR code or refer to the [Queensland Paediatric RSV Prevention Program website](#)