Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. Health professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

for the administration of

Meningococcal Groups A, C, W and Y (MenACWY) Conjugate Vaccine

by registered healthcare practitioners

to

individuals eligible for the national routine MenACWY vaccination programme or identified as a contact of a case of invasive meningococcal disease, in accordance with the Green Book and guidance for public health management of meningococcal disease in the UK

in Powys Teaching Health Board

Version number: PGD0094D

Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Powys Teaching Health Board is the operational name of Powys Teaching Health Board

Reference Number: PGD0094D
Valid from: 31/07/2025
Review Date: 30/06/2027
Expiry Date: 31/12/2027

Change History

Version number	Change details	Date
PGD 0094	New PGD	01/09/2015
PGD0094-A	PHE MenACWY PGD amended to: • remove specific information on individual catch-up cohorts from previous years • removal of preferred vaccine choice and related update to off-label section following changes to the Nimenrix® license • reference the protocol for ordering storage and handling of vaccines • update wording regarding authorisation in line with agreed PHE PGD template changes • Reworded with layout and formatting changes in to new PTHB template and for clarity and consistency with other PHE PGD templates • Removed at risk groups and close contacts, as it was thought in this situation a PSD may be more appropriate • This PGD no longer applies to outbreak situations – if this was to occur a revised PGD would be expedited to include all resources that were being called upon at that time.	06/08/2018
PGD0094-B	Review issue; PHE template adapted	01/07/2021
PGD0094-C	Review issue in accordance with UKHSA template v05.00. MenACWY PGD amended to: • include particulars pertaining to an additional licensed MenACWY conjugate vaccine (MenQuadfi®) • include considerations for individuals previously immunised with MenACWY conjugate vaccine • amend NHS England and NHS Improvement (NHSEI) to NHSE following completion of merger on 1 July 2022 • replace Public Health England and PHE with UKHSA, including branding and updated contact details • include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs	31/07/2023

PGD0094-D	Review issue in accordance with UKHSA template v06.00. MenACWY PGD amended to: • take account of the changes to the childhood immunisation schedule. • include minor rewording of standard text, layout and formatting changes for clarity and consistency with other UKHSA PGDs • reflect updated references • include registered healthcare professionals named in HMR2012 Removal of the **Impact of changes to the childhood immunisation programme from 1 July 2025** information from the **special considerations** section of the UKHSA PGD template v6.0, following advice from VPW and WMAS that this section does not apply to Wales.	31/07/2025

This Powys Teaching Health Board PGD is based on a template developed by the following health professionals on behalf of the UKHSA and peer reviewed by the UKHSA Immunisations PGD Expert Panel in accordance with the UKHSA PGD Policy (also ratified by the UKHSA Medicines Governance Committee).

The UKHSA template has been adapted for use in PTHB.

Developed by the following health professionals on behalf of the UKHSA:

Developed By:	Name
Pharmacist (Lead Author)	Christina Wilson Lead Pharmacist - Immunisation Programmes, UKHSA
Doctor	Professor Shamez Ladhani Paediatric Infectious Diseases Consultant, Professor of Paediatric Infections and Vaccinology, St George's University London and Consultant Epidemiologist, Immunisation and Vaccine Preventable Diseases Division, UKHSA
Registered Nurse (Chair of Expert Panel)	David Green Nurse Consultant – Immunisation Programmes, UKHSA

Expert Panel

Name	Designation
Dr Nicholas Aigbogun	Consultant in Communicable Disease Control, Yorkshire and Humber Health Protection Team, UKHSA

Jess Baldasera	Health Protection Practitioner, North East Health Protection Team, Regions Directorate, UKHSA
Helen Beynon	Clinical Advisor, Immunisation Clinical Advice Response Service (CARS), NHSE London
Alison Campbell	Screening and Immunisation Coordinator, Clinical, NHSE Midlands
Jane Freeguard	Deputy Director of Vaccination – Medicines and Pharmacy, NHSE
Rosie Furner	Advanced Specialist Pharmacist, Medicines Governance (Patient Group Directions and Medicines Mechanisms), NHS Specialist Pharmacy Service
Ed Gardner	Advanced Paramedic Practitioner/Emergency Care Practitioner, Primary Care Based, Southbourne Surgery
Shilan Ghafoor	Medicines Governance Pharmacist, Medicines Governance, UKHSA
Greta Haywood	Consultant Midwife – Immunisation Programmes – UKHSA
Michelle Jones	Principal Medicines Optimisation Pharmacist, NHS Bristol North Somerset and South Gloucestershire Integrated Care Board
Elizabeth Luckett	Senior Screening & Immunisation Manager, Screening and Immunisation Team – Kent and Medway, NHSE South East
Briony Mason	Vaccination Manager, NHSE West Midlands
Dr Vanessa MacGregor	Consultant in Communicable Disease Control, East Midlands Health Protection Team, UKHSA
Lesley McFarlane	Lead Immunisation Nurse Specialist, Immunisation Programmes, UKHSA
Tushar Shah	Lead Pharmacy Advisor, NHSE London

PGD Authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	8/5/2025
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	8/5/2025
Senior representative of professional group using the PGD **Claire Roche**	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	8/5/2025
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	8/6/2025

The PGD is not legally valid until it has had the relevant organisational authorisation. It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD. Appendix A provides a staff accreditation sheet. **Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.**

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**
Operation of this PGD is the responsibility of commissioners and service providers.

[1] This includes any relevant amendments to legislation

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 25 years after the PGD expires.
Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.
Enquiries relating to the availability of organisationally authorised PGDs and subsequent versions of this PGD should be directed to:
Info.MedicinesManagement.Powys@wales.nhs.uk

PGD adoption by the provider

Name	Job title and organisation	Signature	Date
Signatures to be determined locally, if relevant			

1. Characteristics of staff

Qualifications and professional registration	**All practitioners should only administer vaccinations where it is within their clinical scope of practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the sections below.** Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered professional with one of the following bodies: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists and pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC) (Note: This PGD is not relevant to privately provided community pharmacy services) • dieticians, occupational therapists, paramedics, physiotherapists and podiatrists currently registered with the Health and Care Professions Council (HCPC) Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Additional requirements	Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines. Must have completed eLfH PGD eLearning Patient Group Directions training (available via learning@wales, PTHB staff to access via ESR). Evidence of ongoing PGD training to be submitted to Line Manager annually– this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) Individuals operating under this PGD must be assessed as competent (see Appendix A) • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease (the

	'Green Book'), and national and local immunisation programmes • must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training for registered Healthcare Practitioners and online training. Please contact PTHB immunisation co-ordinator for further information. • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines, and management of the cold chain. Completion of cold chain training (also available via ESR) • must be familiar with All Wales Advisory document on Ordering Storage and Handling of Vaccines • must be competent in the intramuscular injection technique. • must be competent in the recognition, management and reporting of adverse drug reactions, including anaphylaxis. Must be competent in the administration of adrenaline and have up to date Life Support skills (Basic Life Support Skills are PTHB standard). • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy **Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.**
Continued training requirements	Updating at least every 2 years on the administration of meningococcal groups A, C, W, and Y conjugate vaccine (MenACWY). Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). Practitioners must make a self-declaration of competency on PADR (if relevant). The **personal development plan** (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning. Compliance with all mandatory NHS training.

	Practitioners should be constantly alert to any subsequent recommendations from Welsh Government and/or Public Health Wales and/or NHS Wales and/or the UKHSA, NHS England (NHSE) and other sources of medicines information Note: The most current national recommendations should be followed, but a Patient Specific Direction (PSD) may be required to administer the vaccine in line with updated recommendations that are outside the criteria specified in this PGD. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.**

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Indicated for the active immunisation of individuals, detailed in the inclusion criteria, against *Neisseria meningitidis* serogroups A, C, W and Y in accordance with the recommendations given in Chapter 22 of Immunisation Against Infectious Disease: the Green Book and Guidance for Public Health Management of Meningococcal Disease in the UK **It is the responsibility of the administering healthcare professional to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**
Criteria for inclusion	Individuals who are: • eligible for routine MenACWY immunisation, that is the whole birth cohort in school year 9 and/or 10 as per national recommendations and local delivery of concurrent adolescent immunisations including Td/IPV • eligible for routine MenACWY conjugate vaccine, who have missed the routine vaccination offer in school years 9 or 10 and have unknown or incomplete MenACWY vaccination status, until their 25th birthday • prospective students until their 25th birthday who are entering university for the first time and who have not received a dose of MenACWY conjugate vaccine after their tenth birthday

	Note: Vaccination should be offered before they enrol or as soon as possible thereafter, ideally at least two weeks before attending university to ensure timely protection. • a close contact of a confirmed case of invasive meningococcal disease due to serogroups A, C, W or Y, **and who has not been vaccinated with MenACWY conjugate vaccine in the last 12 months** • in a cohort recommended to receive MenACWY immunisation following a local outbreak of invasive meningococcal disease and specific advice from UKHSA and/or Welsh Government and/or Public Health Wales and/or NHS Wales and/or the local Health Protection Team **Note:** Individuals with an underlying medical condition which puts them at increased risk from invasive meningococcal disease, such as individuals with asplenia, splenic dysfunction or complement disorders (including those on, or due to receive, complement inhibitor treatment such as eculizumab), may require additional routine vaccination outside the inclusion criteria for this PGD - see MenACWY Risk Groups PGD0179 and Chapter 7 of 'The Green Book'. • Medical and drug history taken, no reason for exclusion • Informed consent, from the individual or a person legally able to act on the individual's behalf, must be obtained prior to administration. NB Refer to PTHB Consent to Treatment and Examination Policy Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
Criteria for exclusion[2]	Individuals for whom no valid consent has been received (or for whom a best-interests decision in accordance with the Mental Capacity Act 2005 has not been obtained). For further information on consent, see Chapter 2 of the Green Book). Several resources are available to inform consent (see written information to be given to individual or carer section).

[2] Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required

	Individuals who: • have had a confirmed anaphylactic reaction to a previous dose of the vaccine or to any constituent or excipient of the vaccine, including diphtheria toxoid, CRM_{197} carrier protein (Menveo®) and tetanus toxoid (Nimenrix® and MenQuadfi®) • have previously received MenACWY conjugate vaccine from 10 years of age and are due to be called for their routine vaccination offer in line with the national programme, with the exception of contacts of confirmed invasive meningococcal disease due to serogroups A, C, W or Y • require vaccination for occupational health reasons, such as laboratory workers working with meningococci • require vaccination for the purpose of travel • are suffering from acute severe febrile illness (the presence of a minor illness without fever or systemic upset is not a contraindication for immunisation) Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual or carer declines treatment".
Cautions including any relevant action to be taken	Facilities for management of anaphylaxis should be available at all vaccination sites (see Chapter 8 of the Green Book) and advice issued by the Resuscitation Council UK The immunogenicity of the vaccine could be reduced in immunosuppressed subjects. However, vaccination should proceed in accordance with national recommendations. Where possible, vaccines should be administered 2 weeks before immunosuppressive treatment begins, before immunosuppression occurs, or deferred until an improvement in immunity is seen. Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products.

	(Refer to BNF/SPC for full list). Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding Leads
Action to be taken if the patient is excluded	Individuals who have received MenACWY conjugate vaccine from their tenth birthday do not routinely require further MenACWY immunisation, with the exception of contacts of confirmed invasive meningococcal disease due to groups A, C, W or Y infection. Contacts of such confirmed cases should be offered the MenACWY conjugate vaccine if not received in the preceding 12 months. Individuals requiring vaccination for occupational health reasons, such as laboratory workers working with meningococci, should be referred to their occupational health service provider for vaccination. Individuals requiring vaccination solely for the purpose of travel are not covered by this PGD and should be referred to, or immunised as part of, a private travel immunisation service. MenACWY conjugate vaccine is not available on the NHS for the purpose of travel. In case of postponement due to acute severe febrile illness, advise when the individual may be vaccinated and ensure another appointment is arranged at the earliest opportunity. Seek appropriate advice from the local Screening and Immunisation Team, local Health Protection Team, PTHB Infection Control Team or the individual's clinician as required. The risk to the individual of not being immunised must be taken into account.

	Document the reason for exclusion and any action taken in the individual's clinical records. Explain reason to individual / carer. Inform or refer to the individual's GP or a prescriber as appropriate.
Action to be taken if the patient or carer declines treatment	Informed consent, from the individual or a person legally able to act on the individual's behalf, must be obtained for each administration and recorded appropriately. Where a person lacks the capacity, in accordance with the Mental Capacity Act 2005, a decision to vaccinate may be made in the individual's best interests. For further information on consent, see Chapter 2 of the Green Book. The patient information leaflet should be available to inform consent. Advise individual, parent or carer about the protective effects of the vaccine, the risks of infection and potential complications of disease. Document advice given, and the decision reached. Inform or refer to the individual's GP or a prescriber as appropriate. Inform the Child Health department if appropriate – if any vaccination is declined for a child under 19 years, Child Health must be informed and appropriate form completed. Where appropriate, inform the GP using the local agreed system.
Arrangements for referral for medical advice	Refer to GP, paediatrician or consultant in communicable disease control (CCDC) for clinical advice as necessary. Document any advice given.

3. Description of treatment

Name, strength and formulation of drug	**Menveo®**, 0.5ml reconstituted vaccine solution containing: Originally contained in powder vial: Meningococcal group A oligosaccharide[1] 10micrograms Originally contained in the solution vial: Meningococcal group C oligosaccharide[1] 5 micrograms Meningococcal group W135 oligosaccharide[1] 5 micrograms Meningococcal group Y oligosaccharide[1] 5 micrograms [1]conjugated to *Corynebacterium diphtheriae* CRM_{197} protein or **Nimenrix®,** 0.5ml reconstituted vaccine solution containing: Originally in powder: *Neisseria meningitidis* A polysaccharide[2] 5 micrograms *Neisseria meningitidis* C polysaccharide[2] 5 micrograms *Neisseria meningitidis* W135 polysaccharide[2] 5 micrograms *Neisseria meningitidis* Y polysaccharide[2] 5 micrograms [2] conjugated to tetanus toxoid carrier protein 44 micrograms solvent for solution for injection in pre-filled syringe or **MenQuadfi®**, 0.5ml solution for injection containing: *Neisseria meningitidis* group A polysaccharide[3] 10 micrograms *Neisseria meningitidis* group C polysaccharide[3] 10 micrograms *Neisseria meningitidis* group W polysaccharide[3] 10 micrograms *Neisseria meningitidis* group Y polysaccharide[3] 10 micrograms [3] conjugated to tetanus toxoid carrier protein 55 micrograms

Legal category	Prescription Only Medicine (POM)
Black triangle▼	MenQuadfi®. As a new vaccine product, the Medicines and Healthcare products Regulatory Agency (MHRA) has a specific interest in the reporting of adverse drug reactions for this product. All suspected adverse drug reactions should be reported using the MHRA Yellow Card Scheme.

Off-label use	Administration by deep subcutaneous injection to individuals with a bleeding disorder is off-label administration in line with advice in Chapter 4 of the Green Book. Menveo® is off-label for children under 2 years of age, as is MenQuadfi® for children under 12 months. Nimenrix® is licensed from 6 weeks of age for a schedule with a two month interval between doses, but a one month interval is in accordance with the advice in Chapter 22 of The Green Book. All vaccines are recommended in accordance with the advice in Chapter 22 of the Green Book. Where possible, administer a vaccine licensed for the age of the individual. If no licensed vaccine is available, then an alternative vaccine may be given off-label to avoid undue delay. Vaccine should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to the All Wales Advisory document on Ordering Storage and Handling of Vaccines and Vaccine Incident Guidance and any relevant local policies/guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use this would constitute off-label administration under this PGD. Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual, parent or carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.
Route and method of administration	MenACWY conjugate vaccines should be given as a single 0.5ml dose by intramuscular injection, preferably into the deltoid muscle of the upper arm. The anterolateral aspect of the thigh is the preferred site for infants under one year old. See Green book chapter 4. The MenACWY conjugate vaccines must not be given intravascularly or intradermally and must not be mixed with other vaccines in the same syringe.

	When administering at the same time as other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records. Individuals with bleeding disorders may be vaccinated intramuscularly if in the opinion of a clinician familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can be vaccinated via the intramuscular route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or other treatment is administered. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual, parent or carer should be informed about the risk of haematoma from the injection. For individuals with an unstable bleeding disorder (or where intramuscular injection is otherwise not considered suitable), vaccines normally given by the intramuscular route should be given by deep subcutaneous injection, in accordance with the recommendations in the Green Book Chapter 4. The vaccine should be visually inspected for foreign particulate matter and other variation of expected appearance prior to preparation and administration. Should either occur, do not administer the dose and discard the vaccine in accordance with local procedures. The SPCs for Menveo®, Nimenrix® and MenQuadfi® provide further guidance on preparation and administration.
Dose and frequency of administration	Note: Unless the individual is confirmed to have been immunised against the relevant meningococcal group within the preceding 12 months, vaccination should be offered to close contacts of any age.

	Aged 12 months and over Single 0.5ml dose. **Contacts aged under 12 months** Two 0.5ml doses administered at least 4 weeks apart (see Off-label section)
Duration of treatment	Single dose of 0.5ml (repeated at least 4 weeks later in children under 12 months of age).
Quantity to be administered	Single dose of 0.5 ml per administration.
Supplies	Centrally purchased vaccines for the national immunisation programme for the NHS can only be ordered via ImmForm. Vaccines for the national immunisation programme are provided free of charge. Vaccine for the national immunisation programme should not be used for the vaccination of contacts of confirmed cases and in outbreaks of MenACWY infection. Vaccine should be ordered from the manufacturers or their wholesalers. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see the Green Book Chapter 3). Also refer to All Wales Advisory document on Ordering Storage and Handling of Vaccines
Storage	Store between +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze. In the event of an inadvertent or unavoidable deviation of these conditions, vaccines that have been stored outside the conditions stated above should be quarantined and risk assessed on a case-by-case basis for suitability of continued off-label use or appropriate disposal. Refer to All Wales Advisory document on Ordering Storage and Handling of Vaccines and Vaccine Incident Guidance. See 'MMP 427 Safe and Secure Management of Refrigerated Medicines and Vaccines SOP' for details of actions required in the event of a fridge temperature excursion.

	Any loss of vaccines due to expiry date or fridge failure/breaches in cold chain must be reported on ImmForm, to PTHB Immunisation co-ordinator (Powys.Immunisations@wales.nhs.uk), and via PTHB Datix reporting system Once for Wales Reporting System. After reconstitution of Menveo® and Nimenrix®, the vaccine should be used immediately. However, stability after reconstitution has been demonstrated for 8 hours below 25°C (below 30°C for Nimenrix®). Discard any reconstituted vaccine not used within 8 hours. MenQuadfi® and Nimenrix® stability data indicate the unopened vaccine may be used up to 72 hours following exposure to temperatures up to 25°C. See the respective SPC for further information. Contact the vaccine manufacturer where more specific advice is required about managing a temperature excursion.
Disposal	Follow local clinical waste policy and NHS standard operating procedures to ensure safe and secure waste disposal. Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to local waste disposal arrangements and NHSE guidance (HTM 07-01): safe and sustainable management of healthcare waste and guidance in the Welsh Health Technical Memorandum 07-01 Safer management of healthcare waste.
Drug interactions	The immunological response may be diminished in individuals receiving immunosuppressant treatment. Vaccination is recommended even if the antibody response may be limited. MenACWY conjugate vaccines may be given at the same time as other vaccines. A detailed list of drug interactions associated with Menveo®, Nimenrix® and MenQuadfi® are available from the product's SPC.
Identification and management of adverse reactions	**Menveo®** The most common adverse reactions observed after administration of Menveo® vaccine are drowsiness, malaise, headache, nausea, irritability and injection site pain, erythema and induration.

	Fever, chills, nausea, vomiting, diarrhoea, eating disorders, myalgia, arthralgia and rash are also listed as common side effects. **Nimenrix®** The most common adverse reactions observed after administration of Nimenrix® vaccine are drowsiness, fatigue, headache, irritability, fever and injection site pain, erythema and induration and loss of appetite. Gastro-intestinal symptoms (including nausea, vomiting and diarrhoea) and injection site haematoma are also listed as common side effects. **MenQuadfi®** The most common adverse reactions observed after administration of MenQuadfi® vaccine are malaise, headache, myalgia and injection-site pain. Fever and injection-site induration and erythema are also listed as common side effects. A detailed list of drug interactions associated with Menveo®, Nimenrix® and MenQuadfi® are available from the product's SPC. Report any suspected adverse reactions to a doctor. In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone. In case of anaphylaxis:- • Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis procedure • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in patient notes • Ensure all patient records are marked **ALLERGIC TO Meningococcal groups A, C, W, and Y conjugate vaccine (MenACWY) and state the BRAND of vaccine administered** • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers • Report via Datix Once for Wales Reporting system
Reporting procedure of adverse reactions	Healthcare professionals and individuals, parents and carers are encouraged to report suspected adverse

	reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the using the Yellow Card reporting scheme or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Any adverse reaction to the vaccine should be documented in the individual's record and the individual's GP should be informed. All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System.
Written information to be given to patient or carer	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. Immunisation promotional material may be provided as appropriate. • MenACWY vaccine • Protection against meningitis and septicaemia For parents of children under 12 months who are contacts of cases: • Why is my child being offered an 'off-label' vaccine. For resources in accessible formats and alternative languages, please visit Home – Health Publications. Further information for printing and website links suitable for patients can be found on the Public Health Wales intranet site Immunisation and Vaccines - Public Health Wales, Public Health Wales Immunisation and Vaccine Preventable Disease Programme and NHS 111 Wales. Where applicable, inform the individual or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the product SPC.
Advice and follow up treatment	Menveo®, Nimenrix® or MenQuadfi® will only confer protection against *Neisseria meningitidis* groups A, C, W and Y. The vaccine will not protect against any other *Neisseria meningitidis* serogroups. Individuals should continue to seek prompt medical attention at the first signs of possible meningitis infection or septicaemia. Inform individual, parent or carer of possible side effects

	and their management. Give advice regarding normal reaction to the injection, for example redness and pain at the injection site. The individual, parent or carer should be advised to seek medical advice in the event of a severe adverse reaction and report this via the Yellow Card scheme. When applicable, advise the individual, parent or carer when the subsequent dose is due. When administration is postponed, advise the individual, parent or carer when to return for vaccination.
Special considerations and additional information	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a working telephone at the time of vaccination. Each brand of vaccine uses a different carrier protein and the healthcare professional should refer to the SPC supplied with the vaccine if there has been a previous hypersensitivity reaction to vaccination. Meningococcal vaccines may be given to pregnant women when clinically indicated. There is no evidence of risk from vaccinating pregnant women or those who are breastfeeding with inactivated virus or bacterial vaccines or toxoids. **Individuals previously vaccinated with MenACWY vaccine** Individuals who have been previously vaccinated for travel purposes since their tenth birthday do not require a repeat dose under the routine MenACWY immunisation programme, unless they are identified as a close contact of a confirmed case of invasive meningococcal disease due to serogroups A, C, W or Y. Conversely, if an individual was previously vaccinated with MenACWY vaccine under 10 years of age, an additional dose should be offered as part of the national adolescent MenACWY immunisation programme. If not vaccinated in the previous 12 months, irrespective of their age, all identified close contacts of a confirmed case of invasive meningococcal disease due to serogroups A, C, W or Y should be offered MenACWY conjugate vaccine.

	Meningococcal polysaccharide vaccines are discontinued and no longer licensed in the UK. Previous vaccination with meningococcal polysaccharide vaccines should not be counted as a valid dose when taking a history from the individual, their parent or carer. Individuals who require vaccination for the prevention of secondary cases of meningococcal serotype C, following assessment by the Health Protection Team, following an outbreak of invasive meningococcal disease, may be vaccinated with a licensed MenACWY conjugate vaccine in place of Menitorix®.
Records	Record consultation details as required by local procedures. The practitioner must ensure the following is recorded: • that valid informed consent was given or a decision to vaccinate was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent if appropriate • name of individual, address, date of birth and GP with whom the individual is registered (or record where an individual is not registered with a GP) • medical and drug history taken, including any allergies and previous adverse events • printed name and signature of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • any reasons for exclusion or referral, including actions taken • advice given, including advice received from medical cover and/or advice given if excluded or immunisation declined • details of any adverse drug reactions and actions taken • administered via PGD, record PGD title and number Records should be signed and dated (or a password-controlled immuniser's record on e-records). All records should be clear, legible and contemporaneous. This information should be recorded in the individual's GP record. Where vaccine is administered outside the GP setting, appropriate health records should be kept and the individual's GP informed.

	When vaccine is administered to individuals under 19 years of age, notify the local Child Health Information Services team (CHIS) or Child Health Department using the appropriate documentation or pathway as required by any local or contractual arrangement (based in Brecon Hospital for under 5 years and Llandrindod Hospital for school age). A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references

Key references	**MenACWY Conjugate Vaccine** • Nimenrix® Summary of Product Characteristics. Pfizer Ltd, updated 18 December 2024 http://www.medicines.org.uk/emc/medicine/26514 • Menveo® Summary of Product Characteristics. GlaxoSmithKline UK, updated 14 March 2025 http://www.medicines.org.uk/emc/medicine/27347 • MenQuadfi® Summary of Product Characteristics. Sanofi Pasteur, updated 19 December 2024 https://www.medicines.org.uk/emc/product/12818/ • Immunisation Against Infectious Disease: The Green Book, Chapter 22, updated 17 May 2022 https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22 • Guidance for Public Health Management of Meningococcal Disease in the UK. Published 13 March 2018, updated 12 November 2024 https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management • Meningococcal ACWY (MenACWY) vaccination programme https://www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme • Meningococcal Disease: Guidance, Data and Analysis. Last updated 31 March 2025 https://www.gov.uk/government/collections/meningococcal-disease-guidance-data-and-analysis • Changes to routine childhood and selective neonatal hepatitis B vaccinations (WHC/2025/019)

	https://www.gov.wales/childhood-vaccination-schedule-whc2025019-html **General** • NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 7 March 2023 https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/ • National Minimum Standards and Core Curriculum for Immunisation Training, published 7 February 2018 https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners • NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions, updated 27 March 2017 https://www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions, updated 4 January 2018 https://www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection https://www.gov.uk/government/collections/immunisation • Routine immunisation schedules for Wales Routine immunisation schedules for Wales - Public Health Wales • Vaccine Incident Guidance: responding to errors in vaccine storage, handling and administration https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors • All Wales Advisory document on Ordering Storage and Handling of Vaccines 7th Edition September 2017 • Welsh Health Technical Memorandum 07-01 Safer management of healthcare waste

Appendix A – Staff Accredited to use the Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board or a Powys GP practice for the named healthcare professionals below who have signed the PGD to work under it.

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of health professional	Signature of health professional	Printed name of senior representative authorising health professional (Authorising Manager)	Signature of senior representative authorising health professional (Authorising Manager)	Date

The authorising manager should retain a copy of the list and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in " comments "	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.