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

Measles, mumps and rubella (MMR) vaccine

by

registered Healthcare Professionals

to

individuals ineligible for the measles, mumps, rubella and varicella (MMRV) vaccine who require vaccination with MMR to complete their routine immunisations, in line with vaccination of individuals with uncertain or incomplete immunisation status

or

from 6 months of age if early protection is required,

in accordance with the national immunisation programme and the National measles guidelines

in Powys Teaching Health Board

Version number: PGD 0163 C

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

Change History

Version number	Change details	Date
PGD 0163	New PGD to replace PGD027 and PGD039	20/04/2020
PGD 0163-A	Review issue update organisation from PHE to UKHSA • include minor rewording, layout and formatting changes for clarity and consistency with other UKHSA PGDs updated safeguarding details	30/03/2022
PGD 0163 B	Review in line with current UKHSA MMR PGD template v5.00 to: • include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change, gateway requirements and other UKHSA and PTHB PGDs • 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 updated contact details • include updated references, including the National measles guideline 2023 • include detail of phenylalanine content in the vaccine and National Society for Phenylketonuria (NSPKU) advice • clarify dose schedule for individuals vaccinated before the age of one • include updated adverse effect profile and expected physical appearance upon reconstitution for Priorix® and MMRVAXPRO® • update information on co-administration of MMR with varicella and varicella zoster vaccines • update safeguarding details update Appendix A	29/02/2024
PGD 0163	New PGD to replace PGD027 and PGD039	

PGD 0163 C	• Review in line with current UKHSA MMR PGD template v6.0 (18/11/2025) & v7.0 (19/12/2025) to: • remove the recommendation for a routine dose at one year of age and 3 years 4 months of age, following changes to the MMR childhood immunisation programme, commencing 1 January 2026 • include updated resources, following the launch of the Find Public Health website • include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change, gateway requirements and other UKHSA PGDs • addition of dieticians, occupational therapists, pharmacy technicians and podiatrists to section 3 (characteristics of staff) • remove the recommendation to offer MMR to children in the selective catch-up cohort who have immunity against chickenpox and require MMR protection; children born on or after 1 January 2020 should be offered the MMRV vaccine instead • clarify Varilrix® and Varivax® as the monovalent varicella vaccines in the appendix • reclarify in special considerations and additional information, which MMR containing vaccine should be offered based on date of birth	19/12/2025

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 and Protocol Policy (also ratified by the UKHSA Medicines Governance Committee).

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

Developed By:	Name
Pharmacist (Lead Author)	Christina Wilson, Lead Pharmacist - Lead Pharmacist - Immunisation Programmes, UKHSA
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Registered Nurse (Chair of Expert Panel)	David Green Nurse Consultant for Immunisations, Immunisation Programmes, UKHSA

Expert Panel

Name	Designation
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), NHS England – London
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Rosie Furner	Advanced Specialist Pharmacist- Medicines Governance (Patient Group Directions and Medicines Mechanisms), NHS Specialist Pharmacist Services (SPS)
Ed Gardner	Advanced Paramedic Practitioner/ Emergency Care Practitioner, Primary Care Based, Southbourne Surgery
Shilan Ghafoor	Lead Medicines Governance Pharmacist, Medicines Governance, UKHSA
Michelle Jones	Principal Medicines Optimisation Pharmacist, NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board
Elizabeth Luckett	Senior Screening and Immunisation Manager, Screening and Immunisation Team – Kent and Medway, NHS England – South East
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Briony Mason	Vaccination Manager and Professional Midwifery Advocate, Vaccination and Screening, NHS England –West Midlands
Tushar Shah	Lead Pharmacy Adviser, 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...	12/24/2025
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	12/24/2025
Senior representative of professional group using the PGD **Paul Hooton**	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	12/29/2025
Clinical Governance **Alexandra Simmonds**	Clinical Governance Lead for PTHB – Deputy Director of Allied Health Professionals and Health Sciences	Signed by: Alexandra Simmonds 8AE04C1B9F8C4F8...	12/29/2025

Appendix A provides a staff accreditation sheet. Individual practitioners must be authorised by name, under the current version of this PGD, before working to it.

Appendix B provides a table describing indications for use for MMR, MMRV and monovalent varicella vaccine, in accordance with the individual's age.

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.**

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.

[1] This includes any relevant amendments to legislation

PGD adoption by the provider

Name	Job title and organisation	Signature	Date

1. Characteristics of staff

Qualifications and professional registration	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) **Practitioners must also fulfil the additional requirements and continued training requirements** detailed below. Check Appendix A – Staff Accredited to use 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 and administration of medicines • must have completed Patient Group Directions training (available via ESR at https://my.esr.nhs.uk or eLearning for Healthcare (e-LfH) at http://www.e-lfh.org.uk/programmes/patient-group-directions/) • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) • 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 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 via https://www.youtube.com/watch?v=m2tDUgV-roE (also available via ESR) • must be familiar with All Wales Advisory document on Ordering Storage and Handling of Vaccines • must be competent in the appropriate administration method for the vaccines listed in this PGD • 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 Basic Life Support (BLS) skills • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy **THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Continued training requirements	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). Evidence of ongoing PGD training to be submitted to Line Manager annually. Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. Practitioners must make a self-declaration of competency on PADR.

	Compliance with all mandatory NHS training (if relevant). Practitioners should be constantly alert to any subsequent recommendations from Welsh Government, Public Health Wales, NHS Wales, UKHSA, 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 outside of 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 for the prevention of measles, mumps or rubella (or a combination) who are ineligible for the MMRV vaccine, in line with the national measles guidelines, vaccination of individuals with uncertain or incomplete immunisation guidance and recommendations given in the measles, mumps and rubella chapters of Immunisation Against Infectious Disease: the Green Book. **Note**: the appendix provides an overview of the scope of this and the MMRV PGD. **If used in PTHB Occupational Health Service for their own staff (including students and trainees), the PGD must be used in line with PTHB Occupational Immunisation policy.** **It is the responsibility of the administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with immunisation. If there is any reason for concern, seek medical advice.**
Criteria for inclusion	1. Individuals who are unvaccinated, incompletely vaccinated or have an unknown MMR vaccination status with a date of birth (DOB) on or before 31 December 2019

	a) are not eligible for the MMRV programme (with a date of birth (DOB) on or before 31 December 2019) b) are eligible for the delayed selective catch-up programme*, with a DOB between 1 January 2020 and 31 August 2022, but have had chickenpox infection, or 2 valid doses of the monovalent varicella vaccine. **Note: such children do not need to wait until the start of the delayed selective catch-up programme to receive one or more doses of MMR vaccine.** *delayed selective catch-up programme runs from 01 November 2026 to 31 March 2028 for those eligible who have **not** yet had chickenpox infection or a complete course (2 doses) of varicella vaccination. 2. where protection is indicated as part of a measles outbreak response, for measles post-exposure prophylaxis in accordance with national recommendations or for travel to a measles endemic area and the individual is not currently eligible for the MMRV vaccine. This includes individuals aged between 6 to 12 months of age at the time of presentation. See special considerations and additional information section for further detail on patient groups at particular risk from measles, mumps or rubella infection and opportunities to check immunisation status and vaccinate as appropriate. 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 Medical and drug history taken, no reason for exclusion
Criteria for exclusion Exclusion under the PGD does not necessarily mean the medication is contraindicated, but it would be outside its	Individuals for whom valid consent or 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, parent or carer section).

remit and another form of authorisation will be required	Individuals who: • have had a confirmed anaphylactic reaction to a previous dose of any measles, mumps or rubella containing vaccine or to any components of the vaccine. These may include neomycin or gelatine (refer to relevant SPC) • are known to be pregnant • have a primary or acquired immunodeficiency state (see the Green Book Chapter 6 for more detail) • are on current or recent high dose immunosuppressive or biological therapy (see the Green Book Chapter 6 for more detail) • have received a live varicella-containing or yellow fever vaccine in the preceding 4 weeks, unless protection against measles is rapidly required (see drug interactions) • have received blood products, such as immunoglobulins, in the preceding 3 months, unless protection against measles is rapidly required (see Drug Interactions) • are awaiting reading of a tuberculin (Mantoux) skin test, unless protection against measles is rapidly required (see Drug Interactions) • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation) • are eligible for vaccination against varicella as part of the routine vaccination programme for MMR and varicella (MMRV), even if the identified reason for vaccination is for non-routine indications, such as travel to a measles endemic area or for measles outbreak purposes - see the MMRV PGD • have received 2 doses of MMR-containing vaccine (including MMRV) at an appropriate age to be considered effective (see also dose and frequency of administration – early vaccination due to travel, outbreak or contact with a probable or confirmed case of measles) • Conditions outside of the clinical situations criteria. Please refer to sections "Action to be taken if the individual is excluded" or "Action to be taken if the individual, parent 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). Individuals who are immunosuppressed or who are living with HIV, who are not contraindicated to receive this live vaccine (see the Green Book Chapter 6) may not make a full antibody response and revaccination upon cessation of treatment or clinical recovery may be required. This should be discussed with the appropriate specialist and the repeat dose administered under PSD. If idiopathic thrombocytopenic purpura (ITP) has occurred within 6 weeks of the first dose of MMR, then blood should be taken and tested for measles antibodies before a second dose is given. Serum should be sent to the UKHSA Virus Reference Department, which offers free, specialised serological testing for such children. If the results suggest incomplete immunity against measles, then a second dose of MMR is recommended. The presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be balanced against the risk of the preventable infection, and vaccination should be promptly given once the diagnosis or the expected course of the condition (or both) become clear. There will be very few occasions when deferral of immunisation is required. Deferral leaves the child unprotected and so the period of deferral should be minimised, with immunisation commencing as soon as possible. If a specialist recommends deferral, this should be clearly communicated to the individual's primary care provider, who must be informed as soon as the child is fit for immunisation Children with a personal or close family history of seizures should be given MMR vaccine. Priorix® contains 334 micrograms of phenylalanine per 0.5ml dose. MMRVAXPRO® also contains a source of phenylalanine. Though phenylalanine may be harmful to individuals with phenylketonuria (PKU), such individuals (or their parent or carer) will be well versed

	as to the amounts of phenylalanine tolerable in their diet. The National Society for Phenylketonuria (NSPKU) advise the amount of phenylalanine contained in vaccines is negligible and therefore strongly advise individuals with PKU to take up the offer of immunisation. 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. 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 individual is excluded	Explain reason to individual/carer. Individuals who have had a confirmed anaphylactic reaction to a previous dose of MMR vaccine or any components of the vaccine should be referred to a clinician for specialist advice and appropriate management. Individuals who are pregnant should be advised to avoid contact with known or suspected cases of measles, mumps and rubella infection and report any rash illness or contact with rash illness to their GP or midwife (or both). Women who are lacking 2documented doses of MMR should be immunised after their pregnancy, at the earliest opportunity and before any further pregnancies. Note: MMR can be given to breastfeeding mothers without any risk to their baby.

	Individuals who have a primary or acquired immunodeficiency state or who are currently, or were recently on high dose immunosuppressive or biological therapy (see Chapter 6) should consult the appropriate specialist regarding the individual's immune status and suitability for receiving live MMR vaccine. Where administration of MMR is advised, a PSD will be required. Further information to guide suitability of the MMR vaccine for individuals living with HIV is available in Table 21.2, Chapter 21 of the Green Book. Individuals requiring immunisation against measles, mumps or rubella (or a combination of the 3) for occupational health reasons, should be referred back to their employer for appropriate management (NB. PTHB occupational health department may work to this PGD for their own staff). For PTHB Occupational Health Service- refer to Occupational Health Consultant as necessary and document advice given. Individuals who have been immunised against varicella (live vaccine), or yellow fever within the last 4 weeks, or received blood products in the preceding 3 months, and do not require rapid protection against measles, mumps or rubella, should defer immunisation until the appropriate minimum interval has been observed (see Drug Interactions section). Individuals who are awaiting reading of a tuberculin (Mantoux) test should delay MMR vaccination until the skin test has been read, unless protection against measles is urgently required. Individuals suffering acute severe febrile illness should postpone immunisation until they have recovered; immunisers should advise when the individual can be vaccinated and ensure another appointment is arranged. Children aged under 6 years on 31 December 2025 (with a date of birth on or after 1 January 2020) without a known history of chickenpox or prior immunisation with a varicella (live) vaccine remain potentially eligible for the MMRV programme – see the MMRV PGD and immunise accordingly.

	Though numbers are anticipated to be very small, if the individual is identified as requiring concurrent vaccination with both MMR and monovalent varicella vaccines in the same appointment, then MMRV vaccine should be offered instead. See the MMRV PGD. Seek appropriate advice from the local Screening and Immunisation Team, local Health Protection Team, or the individual's clinician as appropriate. 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. Inform or refer to the GP or a prescriber as appropriate.
Action to be taken if the individual, parent or carer declines treatment	Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained for each administration. 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. Advise the individual, parent or carer about the protective effects of the vaccine, the risks of infection and the potential complications. Document the advice given and the decision reached. Inform or refer to the GP or a prescriber as appropriate. Inform child health if appropriate – if any vaccination is declined for a child under 19, child health must be informed, and the appropriate form completed. Where appropriate, complete the letter on the WPAS system and send to the GP. For PTHB Occupational Health Service- refer to Occupational Health Consultant as necessary and document advice given.
Arrangements for referral for medical advice	Refer to GP, paediatrician or consultant in communicable disease control (CCDC) for clinical advice as necessary.

	For PTHB Occupational Health Service- refer to Occupational Health Consultant as necessary. Document any advice given.

3. Description of treatment

Name, strength and formulation of drug	Measles, mumps and rubella vaccine (live): • Priorix®, powder and solvent for solution for injection in a pre-filled syringe • MMRVAXPRO®, powder and solvent for suspension for injection in a pre-filled syringe
Legal category	Prescription only medicine (POM)
Black triangle▼	No
Off-label use	Administration to infants between 6 months and 9 months of age is off-label but is in accordance with National measles guidelines and recommendations given in the measles, mumps and rubella chapters of Immunisation Against Infectious Disease: the Green Book. Vaccine should be stored according to the conditions detailed in the Storage section below. However, in the event of inadvertent or unavoidable deviations of these conditions, refer to Vaccine Incident 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 outside of product licence but in accordance with national guidance[2].
Route and method of administration	The vaccine must be reconstituted in accordance with the manufacturer's instructions prior to administration. Administer by intramuscular injection. The deltoid muscle of the upper arm may be used in individuals over one year of age. The anterolateral aspect of the thigh is the preferred site for infants under one year old. See Green Book Chapter 4.

[2] Off-label vaccines - an introductory guide for healthcare professionals

	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 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 doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this 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 treatment is administered. 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 receive intramuscular vaccination. 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 or carer should be informed about the risk of haematoma from the injection. Both Priorix® and MMRVAXPRO® are licensed to be given by either the intramuscular or subcutaneous route. A healthcare professional may determine the subcutaneous route is the preferred route of administration for an individual with a bleeding disorder. Note fewer injection site reactions were reported with the intramuscular route compared with the subcutaneous route following administration of MMRVAXPRO®. 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 vaccine and discard the syringe in accordance with local procedures. Upon reconstitution, Priorix® is a clear peach to fuchsia pink solution. MMRVAXPRO® forms a clear yellow liquid.

	Further guidance on administration is available from the product's SPC. Check expiry date and that the correct product has been chosen.
Dose and frequency of administration	Single 0.5ml dose per administration. **Incomplete immunisation history** Eligible individuals who have not had a dose from one year of age should receive a dose of MMR and be brought up to date at the earliest opportunity. Doses given before the first birthday should be discounted (see section below). An individual who has already received one dose of MMR should receive a second dose at least one month after the first dose to ensure they are protected. See the vaccination of individuals with uncertain or incomplete immunisation status flow chart. **Early vaccination due to travel, outbreak or contact with a probable or confirmed case of measles** The MMR vaccine can be given from 6 months of age when early protection is required. The response to MMR in infants is sub-optimal where the vaccine has been given before one year of age, due to interference from maternal antibody. Therefore, if a dose of MMR is given before the first birthday, the dose should not be counted as part of the recommended 2 dose schedule. Give 2 further doses of MMR (as MMRV if applicable to the individual's date of birth) at the recommended ages in accordance with the routine schedule. For other individuals aged 12 months and over, the second dose should be given at least one month after the first. Where the next dose is given before the age of 15 months, a further routine dose should be given from 18 months of age (as MMRV), in order to ensure full protection. In cases of post-exposure vaccination, the dose should ideally be given within 3 days of exposure to maximise vaccine efficacy.

Duration of treatment	Up to 2 doses of 0.5ml at the recommended interval (see Dose and frequency of administration above). Doses that are administered before the age of 12 months, given within 4 weeks of previous yellow fever, live varicella-containing vaccine or within 3 months of receiving blood products may need to be repeated (see drug interactions and dose and frequency of administration sections). Co-administration of MMR with live varicella-containing vaccines on the same day should not affect the immune response and therefore repeating the dose is not advised.
Quantity to be supplied and administered	Single 0.5ml dose per administration.
Supplies	Centrally purchased vaccines for the national immunisation programme for the NHS can only be ordered via ImmForm. Vaccines for use for the national immunisation programme are provided free of charge. National stock may also be used for catch-up vaccination of individuals of any age. 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. After reconstitution, the vaccine should be administered promptly or stored between +2°C to +8°C and used within 8 hours of reconstitution. If not used after this time, the vaccine must be discarded. In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of

	continued off-label use or appropriate disposal. Refer to Vaccine Incident Guidance. 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), the Medicines Management Team Info.MedicinesManagement.Powys@wales.nhs.uk and via PTHB Once for Wales Reporting System.
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 authority arrangements and guidance in the Welsh Health Technical Memorandum 07-01 Safer management of healthcare waste.
Drug interactions	Immunological response may be diminished in those receiving immunosuppressive treatment. Vaccination is recommended even if the antibody response may be limited (see criteria for exclusion). May be given at the same time as inactivated vaccines or at any interval before or after. MMR may attenuate the response to other live vaccines (see Table 11.4: Recommended time intervals when giving more than one live attenuated vaccine, in Chapter 11 of the Green Book). Where protection against measles is required rapidly, other live vaccines and MMR should be given at any interval. The response may be suboptimal if yellow fever and MMR vaccines are co-administered or given within a 4 week interval; an additional dose of MMR should be considered. If live varicella-containing vaccines are not co-administered at the same time as MMR, a 4 week minimum interval should be observed, or consideration be given to administering an additional dose of MMR. If protection against measles is urgently required, then the benefit of protection from the vaccine outweighs the potential interference with a tuberculin (Mantoux) test. In this circumstance, the individual interpreting the negative tuberculin test should be made aware of the recent MMR vaccination when considering how to manage that individual.

	When MMR is given within 3 months of receiving blood products, such as immunoglobulin, the response to the measles component may be reduced. This is because such blood products may contain significant levels of measles-specific antibody, which could then prevent vaccine virus replication. Where possible, MMR should be given at least 1 month before or deferred until 3 months after receipt of such products. If immediate measles protection is required in someone who has recently received a blood product, MMR vaccine should still be given. To confer longer-term protection, MMR should be repeated after 3 months. A detailed list of drug interactions associated with the MMR vaccine is available in the product's SPC.
Identification and management of adverse reactions	Adverse reactions are attributed to effective replication of the vaccine viruses, with subsequent mild illness. Events due to the measles component occur 6 to 11 days after vaccination. Events due to the mumps and rubella components usually occur 2 to 3 weeks after vaccination but may occur up to 6 weeks after vaccination. Individuals with vaccine-associated symptoms are not infectious to others. The most common adverse reactions are fever and injection site reactions including pain, swelling and erythema. Rash is also commonly reported. Malaise, fever or a rash (or a combination of these) most commonly occur about a week after immunisation, lasting around 2 to 3 days. Upper respiratory tract infection was commonly reported in clinical trial data for Priorix®. Adverse reactions are less common after a second dose of MMRVAXPRO® vaccine than after the first dose; incidence and severity of adverse reactions following a second dose with Priorix® are broadly similar. Hypersensitivity reactions and anaphylaxis can occur but are very rare. 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 and anaphylaxis policy
	  • 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 MMR Vaccine**.
	  • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers.
	  Report via Once for Wales Reporting System.
	
	Rare and more serious events
	Febrile seizures generally considered benign and short lived are the most commonly reported neurological event following measles immunisation. The rate of febrile seizures following MMR vaccination is lower than that following infection with measles disease and the absolute risk of febrile seizures remains low. Arthropathy (arthralgia or arthritis) has also been reported to occur rarely after MMR immunisation, probably due to the rubella component. If it is caused by the vaccine, it should occur between 14 and 21 days after immunisation. Where it occurs at other times, it is highly unlikely to have been caused by vaccination. The incidence rate is higher and the reaction more marked in adult females, though such reactions are generally well tolerated.
	
	ITP has occurred rarely following MMR vaccination, usually within 6 weeks of the first dose and resolves spontaneously. The risk of developing ITP after MMR vaccine is much less than the risk of developing it after infection with wild measles or rubella virus (see Cautions).
	
	Further details on adverse reactions following MMR vaccine can be found in the Green Book measles, mumps and rubella.
	A detailed list of adverse reactions is available in the product's SPC.

Reporting procedure of adverse reactions	Healthcare professionals and individuals, parents or carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) 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 a 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 PTHB Once for Wales Reporting System.
Written information to be given to individual, parent or carer	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. For resources in accessible formats and alternative languages, please visit Find Public Health resources. Where applicable, inform the individual, parent 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 in the product's SPC. NHS Wales: • MMR vaccine information Information for printing and website links suitable for patients can be found on NHS 111 Wales and Public Health Wales information resources. NHS UK: Immunisation promotional material may be provided as appropriate: • MMR for all • have you had your MMR vaccines? • measles- protect yourself, protect others • think measles - it's not just a kids problem • measles: information for schools and healthcare centres • measles outbreak resources • Off-label vaccines - an introductory guide for healthcare professionals
Advice and follow up treatment	Inform the individual, parent or carer of possible side effects and their management.

	Advise about likely timing of and subsequent management of a fever. Advise where relevant that pregnancy should be avoided for one month post vaccination. The individual, parent or carer should be advised to seek medical advice in the event of an adverse reaction and report this via the Yellow Card reporting scheme. When administration is postponed, advise the individual, parent or carer when to return for vaccination. Where applicable, advise the individual, parent or carer when the subsequent dose is due. Give appropriate advice if medication is used off-label. Off-label vaccines - an introductory guide for healthcare professionals
Special considerations and additional information	
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 name and address of 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 the health professional administering the medicine (if recording on paper). If recording directly on WIS or another digital system then name only, signature will be replaced by electronic logging of the user. • name and brand of vaccine • date and time of administration

	• dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if excluded or immunisation declined • details of any adverse drug reactions and actions taken • administered via PGD (include PGD title, version and number) Records should be signed and dated (or password-controlled 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. Where applicable, the local Child Health Information Systems (CHIS) team (Child Health Records Department) must be notified using the appropriate documentation or pathway as required by any local or contractual arrangement. If a vaccine is administered to a child up to 19 years of age, forward a notification of vaccination given to Child Health Department (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.

4. Key references

Key references	
	MMR vaccine • Immunisation Against Infectious Disease: the Green Book chapters on measles, mumps and rubella, Chapter 6 and Chapter 11 • Introduction of a routine varicella (MMRV) vaccination programme (NHS system letter), published 31 October 2025 https://www.gov.uk/government/publications/introduction-of-a-routine-varicella-mmrv-vaccination-programme • Summary of Product Characteristics for Priorix®, GlaxoSmithKline, last updated 15 August 2025 www.medicines.org.uk/emc/medicine/2054 • Summary of Product Characteristics for MMRVAXPRO®, MSD Ltd, last updated 2 September 2025 www.medicines.org.uk/emc/medicine/20968 • MSD Medical Information, Personal communication (via email), 13 December 2023 • UKHSA National measles guidelines, last updated 25 July 2024 https://www.gov.uk/government/publications/national-measles-guidelines • Vaccination of individuals with uncertain or incomplete immunisation status, UKHSA www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status • The National Society for Phenylketonuria (NSPKU) Medical Advisory Panel: Vaccines and PKU, issued 2 October 2024 https://nspku.org/download/vaccines-and-pku/ **General** • 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 • NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 7 March 2023 www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/

	• National Minimum Standards and Core Curriculum for Immunisation Training 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, last updated March 2017 www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions, updated January 2018 www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection www.gov.uk/government/collections/immunisation • Vaccine Incident Guidance, last updated July 2022 www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

Appendix A – Staff Accredited to use 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. *The authorising manager may wish to use the competency checklist (below).*

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, which will be requested for audit purposes. This list should be kept by PTHB (or the provider organisation adopting an authorised version of the PGD) for 25 years after the PGD expires.

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.

Appendix B: PGD indications for use for MMR, MMRV and monovalent varicella vaccine, in accordance with the individual's age.

	6 to 9 months of age	9 months to less than 12 months of age	12 months of age and over
Monovalent varicella vaccine (V) PGD	Not recommended	Recommended vaccine for pre and post exposure to varicella	Recommended vaccine for pre and post exposure to varicella, where the individual is not eligible for the MMRV programme
MMR PGD	Indications for PGD unchanged: • early vaccination for travel to a measles endemic area • post exposure prophylaxis for measles • measles outbreaks	Indications for PGD unchanged: • early vaccination for travel to a measles endemic area • post exposure prophylaxis for measles • measles outbreaks	The individual is ineligible for the MMRV programme and **either** MMR protection is required in line with vaccination of individuals with uncertain or incomplete immunisation status **or** for travel, post exposure or outbreak
MMRV PGD	Not recommended	Alternative option for varicella pre and post-exposure, where Varivax® or Varilrix® is not available **and** protection is urgently required	**Routine vaccination** at 12 and 18 months for children born on or after 1 January 2025 Individuals' ineligible for MMRV, when MMR or monovalent varicella vaccine is not available* and who require urgent protection against MMR or V, such as in managing post-exposure varicella or measles outbreaks or administering an opportunistic catch-up dose of MMR vaccine. Where an individual requires both varicella vaccine and MMR vaccine at the same time, even if they are not eligible for MMRV in the routine programme.

*MMR vaccine will be available for administration outside of the routine childhood programme (for example, for catching up older individuals, where date of birth is on or before 31 December 2019, who have not received 2 doses of MMR and are not eligible for MMRV). Therefore, after 1 January 2026, providers are expected to maintain stock of MMR vaccine for those ineligible for MMRV.