

## PATIENT GROUP DIRECTION


### For Administration of Hepatitis B Vaccine for Adults and Children

**Issue Date:** July 2010

**PGD expiry date:** July 2012

Please check with the clinical lead, medicines management team or PCT website [www.cambridgeshire.nhs.uk](http://www.cambridgeshire.nhs.uk) for the most recent version of the PGD before proceeding.

**Names and signatures of the multidisciplinary group which drew up this PGD**

NAME	DESIGNATION/TITLE	SIGNATURE	DATE
Dr Lincoln Sargeant	Consultant in Public Health	Signed by e-mail on	14/7/10
Val Shaw	Pharmacist	 HepB	8/7/10
Jan Gower	Practice Clinical Governance Lead Nurse	Signed by e-mail on	12/7/10

<b>Approved by</b>	NHS Cambridgeshire Commissioning Medication Clinical Safety Group	28/7/10
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**Signatures for Ratification**

NAME	DESIGNATION/TITLE	SIGNATURE	DATE
1. Sue Ashwell	Chief Pharmacist	Signed by e-mail on	20/7/10
2. Christine MacLeod	Medical Director	Signed by e-mail on	20/7/10

**Authorisation of Employer (if not employed by NHS Cambridgeshire)**

NAME	DESIGNATION/TITLE	SIGNATURE	DATE

Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed this version of the PGD and completed the agreement to practice form before attempting to work according to it

## Document Control Sheet

<b>Rationale</b>	A Patient Group Direction (PGD) is a specific, written instruction for the supply or administration of a named medicine in an identified clinical situation to patients who may not be individually identified before presentation for treatment.
<b>Documents replaced or superseded by this PGD.</b>	The following Patient Group Directions should no longer be used. Any signed-up copies should be archived: PGD For Administration of Hepatitis B Vaccine for Adults and Children: Cambridgeshire PCT Expiry May 2010
<b>Development &amp; Consultation:</b>	Updated by the multidisciplinary team from the previous PGD as listed above.
<b>Dissemination</b>	All General Practice Surgeries via Practice Managers for the attention of Practice Nurses. NHS Cambridgeshire website: <a href="http://www.cambridgeshire.nhs.uk">www.cambridgeshire.nhs.uk</a>
<b>Accessibility</b>	NHS Cambridgeshire website: <a href="http://www.cambridgeshire.nhs.uk">www.cambridgeshire.nhs.uk</a> Practice and other Nurses responsible for vaccinating people in the included groups Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed it and completed the Agreement to Practice form before attempting to work according to it. The current Immunisation Against Infectious Diseases, 'The Green Book', must be checked before each vaccination clinic to ensure the information in this PGD is correct, this is available online at: <a href="http://www.dh.gov.uk/greenbook">http://www.dh.gov.uk/greenbook</a> , any discrepancies must be reported to the Practice Clinical Governance Lead Nurse.
<b>Implementation</b>	Practice and other Nurses responsible for Hepatitis B vaccination. Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed it and completed the Agreement to Practice form before attempting to work according to it
<b>Training</b>	See PGD
<b>Audit</b>	See PGD
<b>Review</b>	Clinical lead responsible for ensuring review: Practice Clinical Governance Lead Nurse. Review should be initiated 3 months before the expiry date unless a review is required in response to a change to the medicine(s) covered by this PGD
<b>Equality and Diversity</b>	NHS Cambridgeshire Commissioning Medication Clinical Safety Group has carried out a Rapid Equality & Diversity Impact Assessment and concluded the document is compliant with the PCT Equality and Diversity Policy.

## Standards for Better Health

(PGDs will continue to be measured against DH Standards for Better Health until the alternative set of standards based on the Care Quality Commission registration requirements has been evaluated)

<b>Domain</b>	<b>How?</b>
<b>Safety</b>	PGD documentation provides consistent approach to patient care This document sets out the information specified in law as that required for a Patient Group Direction.
<b>Clinical &amp; Cost Effectiveness</b>	PGDs are evidence based. They allow the patient to be treated by the most appropriate health professional at the first point of contact.
<b>Governance</b>	PGD ensures standardisation of care. PGDs are a legal requirement for healthcare professionals (who are not independent prescribers) to be able to administer or supply medicines without a prescription. Practitioners working under the PGD must sign up to it and keep the specified records, thus providing an audit trail and accountability.
<b>Patient Focus</b>	Healthcare professionals respond to patients' needs in an appropriate and timely manner. It is specified that all aspects of the patients treatment, including any medicines supplied or administered are discussed with the parent/ guardian Every patient is treated as an individual
<b>Accessible and Responsive Care</b>	Healthcare professionals respond to patients' needs in an appropriate and timely manner. The documentation allows specified healthcare professionals to supply or administer medicines without a prescription.
<b>Care Environment &amp; Amenities</b>	None
<b>Public Health</b>	Hepatitis B vaccination is part of the government's public health strategy. Health promotion is an integral part of the consultation

<b>1. Staff Authorised to administer the medicine under the Patient Group Direction (PGD).</b>	
<b>Professional qualification</b>	Registered Nurse (current registration with NMC)
<b>Specialist qualifications, training, experience and competence that must be achieved relevant to the clinical conditions and medicines used.</b>	<p>Training and competence in all aspects of immunisations including contraindications.</p> <p>In addition all authorised staff must demonstrate an appropriate level of understanding and knowledge with regards to:</p> <ul style="list-style-type: none"> <li>• Assessment of patient</li> <li>• The medication, therapeutic use, side-effects, interactions and storage and handling requirements</li> <li>• Have undertaken basic life support and anaphylaxis training and receive annual updates</li> <li>• Be familiar with the relevant NHSC and practice medicines policies</li> </ul>
<b>Continuing Professional Development Requirements (CPD)</b>	<ul style="list-style-type: none"> <li>• Be able to demonstrate annual Immunisation Training Updates have been undertaken.</li> <li>• All registered professionals are professionally accountable and must work within their competence.</li> <li>• A record of training and competence must be maintained in the individual's personal file.</li> <li>• The agreement to practice form for this PGD is kept in the individual's personal file and a copy retained by the clinical lead.</li> <li>• The practitioner must be aware of any changes to the recommendations for the medicine(s) listed and changes to national guidance.</li> <li>• It is the responsibility of the individual to maintain and improve their professional knowledge and skills in this area of practice.</li> </ul> <p>Continued updating of relevant knowledge from current web-based version of Immunisation against Infectious Disease (Green Book), this is available online at: <a href="http://www.dh.gov.uk/greenbook">http://www.dh.gov.uk/greenbook</a></p>
<b>Documents to be read in conjunction with this PGD</b>	<ul style="list-style-type: none"> <li>• NHS Cambridgeshire Patient Group Direction Policy</li> <li>• NHS Cambridgeshire/ Employing Practice's Anaphylaxis Policy</li> <li>• NHS Cambridgeshire/ Employing Practice's Cold Chain Policy</li> <li>• Relevant Practice Policies</li> <li>• Practitioners must check the current Department of Health 2006: Immunisation against Infectious Disease (the "Green Book") latest update before each vaccination clinic to ensure the information in this PGD is correct at: <a href="http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254">http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254</a></li> <li>• Emergency treatment of anaphylactic reactions – Guidelines for Healthcare Providers – Resuscitation Council (UK) available online at: <a href="http://www.resus.org.uk/pages/reaction.pdf">http://www.resus.org.uk/pages/reaction.pdf</a> with the following algorithm <a href="http://www.resus.org.uk/pages/anaalgo.pdf">http://www.resus.org.uk/pages/anaalgo.pdf</a></li> </ul> <p>Current SPC and BNF</p>

2. Clinical condition or situation to which this Patient Group Direction applies	
Clinical condition/ situation	<ul style="list-style-type: none"> <li>Immunisation of non-immune individuals at high risk of exposure to Hepatitis B.</li> </ul>
Inclusion criteria	<ul style="list-style-type: none"> <li>Parenteral drug misusers, their sexual partners, and household contacts; other drug misusers who are likely to 'progress' to injecting</li> <li>Individuals who change sexual partners frequently</li> <li>Close family contacts of a case or individual with chronic hepatitis B infection</li> <li>Babies whose mothers have had acute hepatitis B during pregnancy or whose mothers are positive for hepatitis B surface antigen (regardless of e-antigen markers)</li> <li>Individuals with haemophilia, those receiving regular blood transfusions or blood products, and carers responsible for the administration of such products.</li> <li>Chronic renal failure, including those on haemodialysis and carers of dialysis patients</li> <li>Chronic liver disease</li> <li>All healthcare personnel who have direct contact with blood or blood-stained body fluids or with patients' tissues</li> <li>Others at occupational risk, such as morticians and embalmers</li> <li>Laboratory staff who handle material that may contain the virus</li> <li>Staff and patients of day-care or residential accommodation for those with severe learning difficulties</li> <li>Staff and inmates of custodial institutions</li> <li>Persons who are accidentally inoculated or contaminated</li> <li>Families adopting children from countries with a high or intermediate prevalence of hepatitis B</li> <li>Foster carers and their families</li> </ul> <p><b>N.B. Post-exposure prophylaxis may also require hepatitis B immunoglobulin, as may babies as above (see current BNF for inclusion criteria)</b></p>
Exclusion criteria	<ul style="list-style-type: none"> <li>Travellers to areas of high or intermediate prevalence who are at increased risk or who plan to remain there for lengthy periods (vaccine can be used for this indication but cannot use this PGD for administration as this is <b>not</b> an NHS funded indication (see page 13), this must be offered as a travel vaccine and appropriate charge made)</li> </ul> <p>NB: Details of destinations where hepatitis B vaccine is required or advisable, can be found at <a href="http://www.nathnac.org">www.nathnac.org</a> or the Travax website: (access using Username : DWELL93747 Password: 908-463) <a href="http://www.travax.scot.nhs.uk">www.travax.scot.nhs.uk</a></p> <ul style="list-style-type: none"> <li>Current acute febrile illness- minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness by wrongly attributing any signs or symptoms to the adverse effects of the vaccine.</li> <li>Pregnancy – except if high risk of infection</li> <li>A confirmed anaphylactic reaction to a previous dose of a hepatitis B-containing vaccine</li> <li>A confirmed anaphylactic reaction to any component of the vaccine</li> <li>Person known to be Hepatitis B surface antigen positive</li> </ul>
Actions to be taken regarding care of excluded patients	<ul style="list-style-type: none"> <li>Reschedule or refer to General Practitioner as clinically indicated</li> <li>Discuss with patient/ parent/ guardian and document the reasons for exclusion from treatment under the PGD.</li> </ul> <p>Specialist advice must be sought on the vaccines and circumstances under</p>

	which they could be given. The risk to the individual of not being immunised must be taken into account.
<b>Consent</b>	<ul style="list-style-type: none"> <li>The proposed treatment including the risks, benefits and side effects must be explained to the patient/ parent/ guardian and verbal consent obtained and recorded in the notes.</li> </ul>
<b>Actions for patients who do not wish to receive care under this PGD</b>	<ul style="list-style-type: none"> <li>Advise about protective effects of the vaccine and the risks of infection and disease complications.</li> <li>Document advice given.</li> <li>Document refusal in notes.</li> <li>Seek medical advice if necessary</li> </ul>
<b>Reasons for referral or for seeking medical advice</b>	<ul style="list-style-type: none"> <li>Exclusions or patient/ parent/ guardian preference as above</li> <li>If there are any concerns or cautions/interactions relating to the medicine to be given, practitioners should seek medical advice or refer/transfer to the appropriate prescriber/ service if necessary</li> </ul>

<b>3. Medicine to be administered under this Patient Group Direction</b>										
<b>Name, strength and form of medicine(s)</b>	<p>Hepatitis B vaccine e.g. :</p> <p><b>Adults</b></p> <p>Engerix B® 20microgram in 1ml  HBvaxPRO® 10microgram in 1ml  Fendrix® 20microgram in 0.5ml (licensed only for renal insufficiency including pre-haemodialysis and haemodialysis patients)  HBvaxPRO® 40microgram in 1ml (for dialysis or pre-dialysis patients only)</p> <p><b>Children</b></p> <p>Engerix B®Paediatric 10microgram in 0.5ml  HBvaxPRO® Paediatric 5microgram in 0.5ml</p>									
<b>Legal Status</b>	POM									
<b>▼ Black triangle</b>	<p>None of the brands above carry a black triangle</p> <p>Black triangle drugs (see BNF) are newly licensed medicines that are closely monitored by the MHRA. All suspected reactions should be reported using yellow cards (see below Adverse Drug Reactions)</p>									
<b>PGD covering use outside terms of Summary of Product Characteristics (SPC)?</b>	<p>The use of the “very rapid schedule” of Engerix B® (see “Frequency” section) is not licensed for people below 18 years of age. However, the current Green Book states that it can be used in those aged 16 to 18 years where it is important to provide rapid protection and to maximise compliance:</p> <p><a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf</a></p> <p>Explain to patient that advice differs from patient information leaflet and the reason for this.</p>									
<b>Route /Method of administration</b>	<p><b>Intramuscular injection</b></p> <p>The deltoid muscle is the preferred site in adults and older children  Anterolateral thigh is preferred site in neonates, infants and young children</p> <p>Not to be injected into the buttock (reduced efficacy)</p> <p>The subcutaneous route may be used for patients with bleeding disorders</p>									
<b>Dose</b>	<p><b>Adults:</b></p> <table> <tr> <td>Engerix B®</td> <td>16 years or over</td> <td>20microgram (1ml)</td> </tr> <tr> <td>HBvaxPRO®</td> <td>16 years or over</td> <td>10microgram (1ml)</td> </tr> <tr> <td>Fendrix®</td> <td>Renal insufficiency, 15yrs+</td> <td>20microgram (0.5ml)</td> </tr> </table>	Engerix B®	16 years or over	20microgram (1ml)	HBvaxPRO®	16 years or over	10microgram (1ml)	Fendrix®	Renal insufficiency, 15yrs+	20microgram (0.5ml)
Engerix B®	16 years or over	20microgram (1ml)								
HBvaxPRO®	16 years or over	10microgram (1ml)								
Fendrix®	Renal insufficiency, 15yrs+	20microgram (0.5ml)								

HBvaxPRO® Adult dialysis/ predialysis	40microgram (1ml)
Engerix B® Renal insufficiency, 16yrs+	40microgram (2x1ml)
<b>Children:</b>	
Engerix B® paediatric 0- 15 years*	10microgram (0.5ml)
HBvaxPRO® paediatric 0- 15 years	5 microgram (0.5ml)
*20microgram of Engerix B® can be given to children 11-15 years of age if using the two-dose schedule (see below)	

<p><b>Frequency (Primary Course)</b></p> <p>For information regarding booster doses see “Follow up” section below</p>	<p>See current Green Book:  <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf</a></p> <p><b>Basic regime:</b> 3 doses given at 0, 1 and 6 months</p> <p><b>Accelerated schedule:</b> 4 doses given at 0, 1, 2 and 12 months (for pre-exposure prophylaxis in groups at high risk and post-exposure prophylaxis, including neonates born to hepatitis B surface antigen-positive mother)</p> <p><b>Alternative schedule (Engerix B®) for children 11- 15 years</b>  2 doses of 20microgram given at 0 and 6 months  (not suitable if high risk of infection between doses, or if compliance with second dose uncertain)</p> <p><b>Exceptional circumstances in adults (Very rapid schedule)</b> (e.g. travellers leaving within 1 month): 4 doses of Engerix B® given at 0, 7 and 21 days, and at 12 months.</p> <p><b>Renal insufficiency</b>  Schedules vary between brands, and according to the age of the patient, check current SPC or BNF for details</p> <p><b>Babies born to mothers infected with hepatitis B</b>  4 doses given at birth, 1, 2 and 12 months of age.  Testing for HBsAg at 12 months of age will identify babies for whom this intervention has not been successful and who have become chronically infected with hepatitis B. They should be referred to a specialist. This testing can be carried out at the same time as the fourth dose is given.</p>
<b>Cautions</b>	No additional cautions
<b>Interactions with other medicines</b> See also any interactions listed as exclusions	The immunogenicity of the vaccine may be reduced by immunosuppressive treatment or immunodeficiency See SPC or current BNF Appendix 1
<b>Potential adverse reactions/ side effects</b>	<ul style="list-style-type: none"> <li>Local reactions – redness, swelling</li> <li>Rarely, anaphylaxis</li> </ul>
<b>Instructions on identifying and managing Adverse Drug Reactions</b>	<ul style="list-style-type: none"> <li>Advise patient/ parent/ guardian on management of the adverse effect</li> <li>Report any suspected ADR to a medical practitioner as soon as possible if clinically relevant.</li> </ul> <p>Use the Yellow Card System to report adverse drug reactions directly to the Committee on Safety of Medicines (MHRA). Guidance on the use of the Yellow Card System and Yellow Cards are available in the current BNF</p>
<b>Advice to parent/ guardian/ client</b>	<ul style="list-style-type: none"> <li>Inform of possible side effects and their management.</li> <li>Individuals must be given enough information to enable them to make a decision before they consent to treatment under this PGD.</li> <li>Provide the manufacturer’s Patient Information Leaflet if possible and</li> </ul>

	<p>national information leaflets. Explain treatment and any further instructions to aid compliance/ concordance</p> <p>Advise parent/ guardian to seek medical advice in case of severe or unexpected adverse effects</p>
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<b>Follow up</b>	<p><b>Reinforcing immunisation:</b></p> <ul style="list-style-type: none"> <li>• One <b>single</b> booster after 5 years</li> </ul> <p>Children born to hepatitis B infected mothers should be given a single booster dose with the pre-school booster for other childhood immunisations.</p> <p><b>Testing for antibody titres is only recommended for those at occupational risk and patients with renal failure</b></p> <p>a) <b>Those at occupational risk</b> should be checked one to four months after completion of primary course.</p> <ul style="list-style-type: none"> <li>• Good response (anti-HBs levels 100mIU/ml or greater) One <b>single</b> booster after 5 years</li> <li>• Poor response (anti-HBs levels 10 – 100mIU/ml) One additional dose of vaccine at this time, followed by a booster after 5 years.</li> </ul> <p>Immunocompetent individuals require no further assessment of antibody levels.</p> <ul style="list-style-type: none"> <li>• Non-response (anti-HBs levels below 10mIU/ml) Repeat course and retest one to four months after the second course. Those at continued risk of exposure who still have anti-HBs levels below 10mIU/ml and who have no markers of current or past infection will require HBIG.</li> </ul> <p>b) <b>Patients with renal failure</b> should be monitored annually. If antibody levels fall below 10mIU/ml, a booster dose should be given to patients who have previously responded to the vaccine.</p>
<b>Storage and Handling</b>	<p>+2°C to +8°C in a refrigerator</p> <p>Do not freeze.</p> <p>Discard if frozen.</p> <p>Shake well before use.</p>
<b>Advice on concurrent medication</b>	<p>Other vaccines given at the same time should be given at a different site using separate needles and syringes. Hepatitis B-containing vaccines can be given at the same time as other vaccines such as DTaP/IPV/Hib, hepatitis A, MMR, MenC, Td/IPV and other travel vaccines. The vaccines should be given at a separate site, preferably in a different limb. If given in the same limb, they should be given at least 2.5cm apart</p> <p>Drugs which suppress the immune system may reduce the immune response</p>

**Please note:**

Listed above are the interactions with commonly used medicines and the main side effects. If the patient/client is taking a medicine not listed above or reports other possible side effects refer to the current BNF, Patient Information Leaflet or electronic medicines compendium <http://www.medicines.org> or seek advice from the Health Protection Agency, the product manufacturer or local medicines information department.

4. Facilities and supplies that must be available	
<b>Medicine to be stocked</b>	<p>Hepatitis B vaccine e.g :</p> <p><b>Adults</b>  Engerix B® 20microgram in 1ml  HBvaxPRO® 10microgram in 1ml  Fendrix® 20microgram in 0.5ml (Licensed only for renal insufficiency)  HBvaxPRO® 40microgram in 1ml for dialysis or pre-dialysis patients only</p> <p><b>Children</b>  Engerix B® Paediatric 10microgram in 0.5ml  HBvaxPRO® Paediatric 5microgram in 0.5ml</p>
<b>Storage</b>	<ul style="list-style-type: none"> <li>• Lockable refrigerator maintained at +2 to +8°C</li> <li>• Maintain cold chain as described in the “Green Book”</li> </ul>
<b>Reporting incidents</b>	<ul style="list-style-type: none"> <li>• Incidents and near misses must be reported using the NHS Cambridgeshire incident reporting form (DATIX) as soon as possible AND/OR</li> <li>• via employer’s critical incident reporting system.</li> </ul>
<b>Other requirements</b>	<ul style="list-style-type: none"> <li>• Anaphylaxis policy</li> <li>• Immediate access to adrenaline 1:1000 (1mg/1ml) injection</li> <li>• Current BNF</li> <li>• National guidance - Immunisation Against Infectious Disease <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf</a></li> <li>• Supplies of relevant Patient Information Leaflets</li> <li>• Syringes – latex free</li> <li>• Needles</li> </ul>

5. Records to be kept for audit purposes	
<b>Patient details</b>	<ul style="list-style-type: none"> <li>• Patient identifiers</li> <li>• Allergies</li> <li>• Any reason for exclusion and action taken</li> <li>• Document parent/ guardian consent or refusal</li> <li>• Advice sought from medical/specialist service</li> <li>• Details of any adverse reactions experienced by the patient and action taken</li> <li>• Verbal and written advice given to parent/ guardian</li> <li>• Follow up and referral details</li> </ul>
<b>Records of administration</b>	<ul style="list-style-type: none"> <li>• Name of medicine.</li> <li>• Administration, date, time, route (including site of injection) and dose administered</li> <li>• Full name, signature and registration of practitioner administering dose, or record in patient’s notes on clinical system</li> <li>• Batch number</li> <li>• Expiry date</li> </ul>

<b>Audit</b>	<ul style="list-style-type: none"> <li>• Annual audit must be carried out by the clinical lead</li> <li>• Records of patients who have received treatment under the PGD must be accessible for audit purposes</li> <li>• Regulations require that there is a secure system for recording and monitoring medicines use from which it should be possible to reconcile incoming stock and out-goings on a patient-by-patient basis.</li> </ul> <p>Audit may include evidence of authorised practitioners signatures, appropriate supply, standards of documentation, follow up arrangements, advice and information given to patients/ parents/ guardians, reporting of adverse effects and incidents.</p>
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## 6. References

- <http://emc.medicines.org.uk/> Summary of Product Characteristics, Engerix B; GlaxoSmithKline UK, last updated May 2009 (accessed 8 July 2010)
- <http://emc.medicines.org.uk/> Summary of Product Characteristics, HBVAXPRO 5mcg; SanofiPasteur MSD Ltd, last updated November 2008 (accessed 8 July 2010)
- <http://emc.medicines.org.uk/> Summary of Product Characteristics, HBVAXPRO 10mcg; SanofiPasteur MSD Ltd, last updated February 2010 (accessed 8 July 2010)
- <http://emc.medicines.org.uk/> Summary of Product Characteristics, HBVAXPRO 40mcg; SanofiPasteur MSD Ltd, last updated November 2008 (accessed 8 July 2010)
- <http://emc.medicines.org.uk/> Summary of Product Characteristics, Fendrix; GlaxoSmithKline UK, last updated May 2010 (accessed 8 July 2010)
- Department of Health 2006: Immunisation against Infectious Disease, Chapter 18 updated November 2009 (accessed 8 July 2010) available at [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_108820.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108820.pdf)
- Health Protection Agency 2005: National Minimum Standards for Immunisation Training
- Martin J Ed. British National Formulary No 59 March 2010. BMA and RPSGB Pharmaceutical Press (accessed 8 July 2010)
- HSC 2000/026, 9<sup>th</sup> August 2000 Patient Group Directions (England)



**AGREEMENT BY HEALTH PROFESSIONAL TO ACT UNDER THE PATIENT GROUP DIRECTION**

I have read and fully understand the following documents:

The Patient Group Direction: Hepatitis B Vaccine for Adults and Children

Dated: ..... Expiry date: .....

Current BNF and SPC monographs for all drugs included in this PGD.  
The NHS Cambridgeshire Patient Group Direction Policy

**I agree to act within the terms of the Patient Group Direction and administer and/or supply medicines in accordance with the documents listed above.**

**I understand that my employer e.g. GP practice or NHS Cambridgeshire is vicariously liable for acts and omissions by me during my employment with them.**

**I understand that failure to comply with the terms and conditions of the PGD, including the expiry date and limitations on practitioners, patients, drugs and indications may render me liable to disciplinary action by my employer e.g. GP practice or NHS Cambridgeshire under their performance and conduct arrangements.**

**NAME:** *(block capitals)* ..... (Health Professional)

**SIGNATURE:** ..... (Health Professional)

**POSITION:** .....

**EMPLOYER:** .....

**SITE/ PRACTICE:** .....

**DATE SIGNED:** .....

The original must be filed in the health professional's personal file and a copy held by their manager or employer for the purposes of ensuring practice occurs only in accordance with the PGD and is only undertaken by approved practitioners.

# TRAVEL SERVICES QUICK REFERENCE GUIDE FOR GP PRACTICE

## TRAVEL SERVICE PROVISION

Part of GP surgeries global sum is payment for providing basic travel health services for their registered patients. Consequently, if surgeries wish, they can opt out of providing this service. The PCT must be informed and this will result in a reduction in their global sum.

### VACCINATIONS FOR TRAVEL (See table below)

#### NHS Vaccinations

Within the basic travel service provision are vaccinations for Hepatitis A (all doses in the course) typhoid, tetanus, diphtheria and polio plus all combination vaccines with any of these antigens are provided under the NHS.

**PAYMENT** - These vaccines can be claimed for by submitting prescriptions to the PPA for reimbursement (FP10 or FP34D). However, it is important to remember prescriptions cannot be submitted for Revaxis, used for school leavers boosters, as these are supplied centrally.

#### Non NHS Vaccinations

All remaining travel immunisations are NOT provided as part of NHS services and therefore a private fee is chargeable.

**PAYMENT**- The total fee charged incorporates the cost of the vaccine and administering the vaccine. Charges are set by individual practices.

- You cannot charge for advice as this is part of the provision paid for in the global sum.
- If you opt out of providing NHS travel services, you can set up a private travel clinic BUT you cannot charge your own NHS patients for the vaccines available under the NHS.
- For occupational health requests please refer to the CPCT Hep B flow chart previously circulated.

This chart is for reference and relates to travel alone. It is not exhaustive.

Vaccine	FP10	NHS PGD	Private charge	Comments
<b>Cholera</b>	No	No	Yes	Except those working in disaster zones
<b>Dip, Tet, Polio</b>	Yes	Yes	No	Td/IPV
<b>Hepatitis A</b>	Yes	Yes	No	
<b>Combined Hep A &amp; B</b>	Yes	Yes	No	
<b>Combined Hep A &amp; Typhoid</b>	Yes	Yes	No	
<b>Hepatitis B</b>	No	No	Yes	
<b>Meningitis ACWY</b>	No	No	Yes	
<b>Polio</b>	Yes	Yes	No	Only if Td/IPV contraindicated
<b>Typhoid</b>	Yes	Yes	No	
<b>Yellow Fever</b>	No	No	Yes	Registered centres only
<b>Rabies</b>	No	No	Yes	Except those at occupational risk
<b>Japanese B Encephalitis</b>	No	No	Yes	
<b>Tick Borne Encephalitis</b>	No	No	Yes	
<b>Tuberculosis</b>				Refer to Private Clinic

PGD's do not cover vaccinations given privately, however PCT guidelines are available at [www.cambridgeshire.nhs.uk](http://www.cambridgeshire.nhs.uk).