



Patient Group Direction for Combined Diphtheria, Tetanus  
Acellular Pertussis & Inactivated Polio vaccine (Repevax ® or  
Infanrix IPV ®) Vaccine

Version: dTaP/IPV & DTap/IPV-2016.1

Start Date: 1<sup>st</sup> June 2016

Expiry Date: 31<sup>st</sup> May 2019

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THIS PATIENT GROUP DIRECTION HAS BEEN AGREED BY THE FOLLOWING  
ORGANISATIONS:

**BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION  
TRUST**

**CALDERSTONES PARTNERSHIP NHS FOUNDATION TRUST**

**CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST**

**EAST LANCASHIRE HOSPITALS NHS TRUST**

**LANCASHIRE CARE NHS FOUNDATION TRUST**

**NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST**

**UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS  
FOUNDATION TRUST**

**CLINICAL COMMISSIONING GROUPS:**

**BLACKBURN WITH DARWEN**

**BLACKPOOL**

**CHORLEY AND SOUTH RIBBLE**

**EAST LANCASHIRE**

**FYLDE AND WYRE**

**GREATER PRESTON**

**LANCASHIRE NORTH**

**WEST LANCASHIRE**

Change history

Version number	Change details	Date
dTaP/IPV & DTap/IPV-2012.1	Review	April 2014
dTaP/IPV & DTap/IPV-2014.1	Review	April 2016

# CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR COMBINED DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS & INACTIVATED POLIO VACCINE (Repevax ® or Infanrix IPV ®)

VERSION: dTaP/IPV & DTaP/IPV-2016 .1 (Page 1 of 4)

## Patient Group Direction Details

Date comes into effect	1 <sup>st</sup> June 2016
Date of expiry + review	31 <sup>st</sup> May 2019 or sooner in the light of significant changes in best practice
Staff characteristics	<p>Registered nurse or Pharmacist employed by the NHS organisations overleaf or independent contractors within them, who has completed immunisation and vaccination training (theoretical and practical) as per local policy, training in the recognition and treatment of anaphylaxis, including practical training in Basic Life Support (annual practice update session to be undertaken) and working under PGDs. Access to adrenaline and access to the complete updated relevant chapters in the current edition of the "Green Book" Immunisation against Infectious Disease.</p> <p><a href="https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book">https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book</a></p> <p><b>&gt;&gt; YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION &lt;&lt; &gt;&gt; OF THIS PGD BEFORE WORKING UNDER IT &lt;&lt;</b></p>

## Clinical Details

Indication	<p><b>This PGD is to be followed by all nurses and pharmacists who carry out immunisations in hospitals, clinics, schools, surgeries, patients' homes or other locations. Facilities for treating anaphylaxis must be available.</b></p> <p>Booster Immunisation against Diphtheria, Tetanus, Pertussis &amp; Polio up to 10 years of age.</p>
Inclusion criteria	Children aged 3 years and 4 months to 10 years.
Exclusion criteria	<ul style="list-style-type: none"> <li>Confirmed anaphylactic reaction to any component or excipient of a preceding dose of Diphtheria, Tetanus acellular Pertussis &amp; inactivated Polio vaccine.</li> <li><b>Check the manufacturers' information prior to administration of any vaccine/immunoglobulin re its latex content.</b> If latex is a component of the vaccine/immunoglobulin or the administration system (e.g. vial or syringe etc.) then a latex-free alternative must be offered to patients with latex sensitivity.</li> <li>Absence of valid consent</li> <li>Persons aged under 3 years 4 months or over the age of 10 years.</li> <li>Current acute illness.</li> <li>Any unstable or evolving neurological condition.</li> <li>Neurological complications following an earlier dose of diphtheria, pertussis, tetanus or polio vaccine where no underlying cause is found and recovery is not complete within 7 days.</li> <li>Seizure associated with fever occurring within 72 hrs of immunisation where no underlying cause is found and recovery is not complete within 24 hours.</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>Immunisation must be postponed in patients with acute febrile illness/infection.</li> <li>Recommended time intervals between primary immunisation and first booster dose must be observed:-</li> </ul> <p>-12 month gap must elapse between completion of primaries and booster dose.</p> <p>-Additional boosters given under the age of three should be discounted (often given abroad). Please see <a href="http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156">http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156</a> for guidance.</p>
Management of excluded patients	Give information about when the vaccine may/may not be given or give a further appointment to attend for vaccination, or in the case of a previous severe allergic reaction be referred to the appropriate medical officer, e.g. CMO, GP
Action for patients not wishing/unable to receive care under this PGD	<p>Make patient aware of alternative, risks and potential consequences of not being vaccinated. Document refusal.</p> <p>Give advice about avoidance of infections. Advise importance of medical advice if has contact with, or have symptoms of infection, or if sustains tetanus prone wound.</p>

# CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR COMBINED DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS & INACTIVATED POLIO VACCINE (Repevax ® or Infanrix IPV ®)

**VERSION: dTaP/IPV & DTaP/IPV-2016 .1 (Page 2 of 4)**

Description of Treatment	
<b>Name of medicine</b>	<b>Repevax ® or Infanrix IPV ®</b>
<b>Formulation and route</b>	For individuals with a bleeding disorder vaccines normally given by the IM route should be given by deep subcutaneous injection to reduce the risk of bleeding  Prepare as per manufacturers' instructions.
<b>Strength</b>	Not applicable
<b>Dosage</b>	0.5ml
<b>Repeated dose instructions</b>	A single booster. No repeated dose necessary.
<b>Duration of treatment</b>	As above
<b>Quantity to supply</b>	See above
<b>Legal status</b>	Prescription only medicine (POM)
<b>Adverse effects</b>	<ul style="list-style-type: none"> <li>The most common reactions are;</li> <li>Redness, soreness and swelling at the site of injection.</li> <li>Gastrointestinal upset</li> <li>Fatigue and Fever</li> <li></li> </ul> <p><b>This list is not exhaustive. Refer to BNF and SPC for complete list.</b></p> <p>If noted, complete &amp; submit a Yellow Card via <a href="http://www.mhra.gov.uk/yellowcard">www.mhra.gov.uk/yellowcard</a> For up to date SPCs and PILs <a href="http://www.medicines.org.uk/emc">www.medicines.org.uk/emc</a></p>
<b>Advice necessary</b>	<ul style="list-style-type: none"> <li>Ensure that the patient information leaflet is available &amp; offered to every patient/parent/guardian.</li> <li>Advice on the prevention and management of fever and local reactions and other adverse effects.</li> <li>Common post-vaccination adverse effects.</li> <li>Date of next vaccination as required.</li> </ul>

Records and Follow Up	
<b>Referral arrangements</b>	Prior to vaccinating, any health professional administering a vaccination must be able to identify and contact an appropriate medical officer, e.g. CMO, consultant paediatrician, GP, as necessary, e.g. in the case of an immunocompromised child.
<b>Records to be kept</b>	As per local documentation requirements. Record the brand name of the vaccine given, date and time and route of administration, batch number, expiry date and immunisation site, supply/administration under PGD. Document any reaction in patient's medical notes.
<b>Follow up</b>	Subsequent vaccination as required as per UK schedule

**Patient Group Direction, organisation and individual authorisation signatures can be found on the managerial content sheet along with other non-clinical details relating to this patient group direction.**

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**VERSION: dTaP/IPV & DTaP/IPV-2016 .1 (Page 3 of 4)**


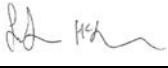
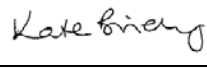


## Patient Group Direction Owner

<b>Details of Patient Group Direction owner</b>	Name: Martin Samangaya Position: Screening and Immunisation Manager Contact Address: Public Health England, Lancashire Area Team Contact Telephone: 01138 254802 Contact Email: <a href="mailto:msamangaya@nhs.net">msamangaya@nhs.net</a>
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## Patient Group Direction Details

<b>Date comes into effect</b>	1 <sup>st</sup> June 2016
<b>Date of expiry + review</b>	31 <sup>st</sup> May 2019 or sooner in the light of significant changes in best practice
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## Patient Group Direction Authorisation

<b>Lead Doctor</b>	Name: Dr John Astbury Position: Consultant in Health Protection, PHE NW  Signature:  Date: 6/5/2016
<b>Lead Pharmacist</b>	Name: Susan McKernan Position: Senior Medicines Performance Pharmacist, Midland and Lancashire CSU  Signature:  Date: 6/5/2016
<b>Lead Nurse</b>	Name: Kate Brierley Position: Interim Head of Health Protection (C&L), PHE NW  Signature:  Date: 6/5/2016
<b>Organisational Authorisation for Lancashire CCGs by</b>	Name: Dr Raj Patel Position: Medical Director, NHS England, North (Lancashire & Greater Manchester)  Signature:  Date: 11/5/2016
<b>Organisational Authorisation by</b>	Name: Karen O'Brien Position: Controlled Drugs Accountable Officer, NHS England, North (Lancashire & Greater Manchester)  Signature:  Date: 11/5/2016
<b>Organisational Authorisation by</b>	Name: Position:  Signature: Date:
<b>Authorisation by Independent Contractor</b> (for PGDs being used by the staff of Independent Contractors only)	Name: Position:  Signature: Date:

## Patient Group Direction Peer Reviewed By

Name	Position	Signature	Date
Cumbria and Lancashire Vaccine PGD Sub-Group	(on behalf of group)		6/5/2016

# CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR COMBINED DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS & INACTIVATED POLIO VACCINE (Repevax ® or Infanrix IPV ®)

VERSION: dTaP/IPV & DTaP/IPV-2016 .1 (Page 4 of 4)

## Individual Authorisation

BY SIGNING THIS PATIENT GROUP DIRECTION 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 PRACTICE ONLY WITHIN THE BOUNDS OF THEIR  
OWN COMPETENCE

IF THIS IS AN UPDATED OR REPLACEMENT PGD ENSURE THAT ALL OLDER VERSIONS ARE WITHDRAWN  
FROM USE WITH IMMEDIATE EFFECT

IT IS YOUR RESPONSIBILITY TO MAKE SURE YOU ARE USING THE CURRENT VERSION

STAFF MUST ALSO HAVE READ AND BE FAMILIAR WITH ANY ORGANISATIONAL PROCEDURES IN RELATION  
TO PGDs

**NOTE TO AUTHORISING MANAGERS: AUTHORISED STAFF SHOULD BE PROVIDED WITH AN INDIVIDUAL  
COPY OF THE CLINICAL CONTENT OF THE PGD AND A PHOTOCOPY OF THE AUTHORISATION SHEET  
SHOWING THEIR AUTHORISATION**

Name of Professional	Signature	Authorising Manager	Date

## References:

Immunisation against infectious disease: Green Book: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Infanrix – IPV: <https://www.medicines.org.uk/emc/medicine/14555>

Repevax SPC: <https://www.medicines.org.uk/emc/medicine/15256>