Patient Group Direction (PGD) for

Patient Group Direction for the Administration of Measles, Mumps and Rubella (M-M-RVaxpro®/Priorix®) Vaccine to children aged from 6 months and adults by Registered Nurses Registered Nurses employed or commissioned by NHS Rotherham who have been certified after completing an agreed training plan.

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Key Words:	Measles, Mumps and Rubella (M-M-RVaxpro®, Priorix®) Vaccine , PGD, MMR
Date Uploaded & By Whom:	

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1. Clinical Condition

Drug: **Measles, Mumps & Rubella (M-M-RVaxpro®/Priorix®) Vaccine**

Clinical Indications	Immunisation against measles, mumps and rubella in line with the current UK National Immunisation Programme
Criteria for inclusion	▪ Valid, legal, parent/guardian consent given to receive vaccine. ▪ All children over the age of one year (and before school entry) as part of the UK routine childhood vaccination programme. ▪ Unimmunised or partially immunised children (of any age) whose parents request it. ▪ Unimmunised or partially immunised adolescent / young adults (16-23 years) who request it. (Refer to DoH MMR catch up programme). ▪ Children who have not received their first dose of MMR should be offered when they attend for their pre-school boosters of Diphtheria, Tetanus & Polio. ▪ Children too young to be included in the measles rubella campaign of 1994 & have already been given their pre-school boosters should be recalled and given MMR vaccine. ▪ Immigrants arriving after the age of school immunisation may require immunisation ▪ Children attending school leaving immunisations is an opportunity to check if MMR vaccine previously given. ▪ Children with personal or close family history of convulsions should be given MMR vaccine provided the parents understand that there may be a febrile response. ▪ Unimmunised children at particular risk from measles: - Children with chronic conditions such as cystic fibrosis, congenital heart or kidney disease, failure to thrive, Down's syndrome - Children from the age of one year upwards in residential or day care, including play groups and nursery schools. ▪ Susceptible contacts during measles outbreak, administered within three days of outbreak. ▪ Susceptible non-pregnant adolescent and adult females of child-bearing age ▪ HIV positive individuals in the absence of exclusion criteria ▪ Patients with egg allergy should receive MMR vaccination as routine procedure in primary care. If previous vaccination (MMR or other) resulted in a severe allergic reaction (any breathing problems or collapse) then a specialist allergy assessment is required prior to repeat – hospital based - MMR administration, in order to exclude allergy to specific vaccine components such as neomycin or gelatine.
Criteria for exclusion	▪ No valid, legal consent given by the patient/parent/guardian ▪ If parent has **any** concern about developmental delay in child ▪ Infants travelling to measles endemic areas or to an area where there is a current outbreak who are aged 6 months and over. Please refer to National Travel Health Network and Centre (NaTHNAC) – the link for which is http://www.nathnac.org/ds/map_world.aspx ▪ Current acute illness (minor infections without systemic upset or fever are not reasons to postpone immunisation).

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	▪ Active untreated tuberculosis ▪ Any febrile respiratory illness or other active or suspected infection ▪ Individual or family history of cerebral injury or other condition in which stress due to fever should be avoided. ▪ Previous severe reaction to immunisation ▪ Patients immunosuppressed due to disease of treatment. ▪ Patient suffering from an untreated malignant condition ▪ Hypersensitivity (allergy) to neomycin (see Summary of Product Characteristics), gelatin or any other vaccine component administration under controlled conditions. ▪ Pregnancy. ▪ Patients having immunoglobulins within 3 months ▪ Children who suffered ITP within six weeks of first dose of MMR (or component vaccines) require serological status evaluation at time second dose due. Live vaccines should be postponed until at least three months after stopping corticosteroids and six months after stopping chemotherapy. They should not be given to those suffering from malignant conditions such as leukaemia and tumours of reticulo-endothelial system.
Action if excluded	▪ If excluded because of valid legal consent, obtain legal consent ▪ Record in patient record ▪ Arrange for further appointment if needed. ▪ Notify Child Health if under 19 years of age. ▪ Inform the relevant Health Visiting Team. ▪ Referral to GP / seek specialist paediatric advice
Action if Parent/Legal Guardian declines Treatment	▪ Inform GP / seek specialist paediatric advice ▪ Information about protective effects of vaccine and complications of Mumps, Measles & Rubella infections ▪ Document action and advice given in patients clinical record
Notes for doctors / drug interactions	Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation should 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. MMR vaccine can be given to HIV positive patients without or with moderate immunosuppression. MMR vaccine can be given at the same time as other vaccines such as DTaP/ IPV, Hib/MenC, PCV and hepatitis B. The vaccine 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. If live vaccines cannot be administered simultaneously, a four-week interval is recommended. Four weeks should be left between giving MMR vaccine and carrying out tuberculin testing.

2. The Vaccine

Drug:**Combined Measles, Mumps & Rubella (M-M-RVaxpro®/Priorix®) Vaccine**

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Name of vaccine	Measles, Mumps & Rubella (M-M-RVaxpro®/Priorix®) Vaccine (freeze dried live attenuated vaccine) is in the form of a powder/pellet-respectively- and solvent for suspension for injection in prefilled syringe.
Legal status	M-M-RVaxpro®-POM (Prescription Only Medicine) Priorix®-POM (Prescription Only Medicine)
Storage	Vaccines must be stored, transported and disposed according to manufacturers and the Department of Health guidelines and current legislation.
Dose	0.5ml
Route/ method	The manufacturer's instruction leaflet must be read fully prior to mixing/administration. IM into the deltoid muscle. **Bleeding disorders**-administration must be by deep subcutaneous injection. The site of administration must be documented in the patients care record.
Frequency	Two doses. First dose given within a month of the first birthday (between 12 and 13 months) and at three years four months to five years of age • Un-immunised children presenting for pre-school booster should be given 1st dose of MMR followed by 2nd dose 3 months later • The teenage (school-leaving) booster session or appointment is an opportunity to ensure that unimmunised or partially immunised children are given MMR. If two doses of MMR are required, then the second dose should be given one month after the first. Young adults receiving only single dose in childhood, second dose recommended to achieve full protection • Un-immunised or low immunity health workers exposed to Rubella and susceptible women – a single dose • Protection for susceptible contacts during a measles outbreak a single dose within three days of contact If a dose of MMR is given before the first birthday because of a local outbreak, then this dose should be ignored, and two further doses given at the recommended times between 12 and 13 months of age (i.e. within a month of the first birthday) and at three years four months to five years of age. Where protection against measles is urgently required, the second dose can be given one month after the first. If the child is given the second dose less than three months after the first dose and at less than18 months of age, then the routine pre-school dose (a third dose) should be given in order to ensure full protection.
Total dose number	See Frequency
Advice	• Temperature control • Management of local reactions. • If more severe reactions are experienced, eg. breathlessness, swelling, rash they must contact GP • Advise to seek medical advice should unexpected symptoms develop. • Inform Child Health Department that vaccination has been given.

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	Following immunisation/vaccination: The patient should be observed for an immediate adverse reaction, usually 5-10 minutes and should remain under observation until they have been seen to be in good health and not to be experiencing an immediate adverse reaction. Women should be advised to avoid becoming pregnant for **one** month after receiving rubella-containing vaccine. **Advise vaccination may not result in 100% protection.**

3. Records

In all cases manual records including the Personal Child Health Record (PCHR-red book), computerised records and data collection for Child Health Information Services (CHIS) should include:

- Complete Record of Attendance documentation and if appropriate enter on record 'Protocol fulfilled'
- Patient's name, address, date of birth and consent given
- Diagnosis
- Name of medication
- Dose given.
- Brand, Batch Number and Expiry Date (if supplied)
- Signature & name of staff who administered or supplied the medication, and also, if relevant, signature & name of staff who removed/discontinued the treatment
- Route and site of administration (record all sites of administration to allow any reactions to be related to the site of the injection
- Contact details of GP (if registered)
- Information & advice given to patient (including side effects)
- Details of any adverse drug reaction and actions taken, including documentation in the patient's medical record. Any adverse reaction must be notified to GP.
- Referral arrangements (including self care)
- Date administered / supplied
- Any serious adverse events that may be attributable to black triangled drugs ▼ should be reported via SUI trust procedure and then to the MHRA using the yellow card system.
- Any serious adverse event should be reported through local incident procedures

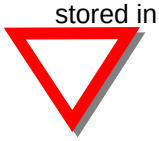
A computer or manual record of all individuals receiving immunisation under this Patient Group Direction should also be kept for audit purposes

Vaccine Audit Trail Data Collection

- A record of all individuals receiving treatment under this Patient Group Direction should also be kept for audit purposes within each practice/service.
- Vaccines must be stored and transported according to manufacturer guidelines and trust procedures/guidelines (including cold chain policy)

Reconciliation: Stock balances should be reconcilable with Receipts, Administration, Records and Disposals on a patient by patient basis

Storage: Standards must be consistent with the Summary of Product Characteristics. All medication must be stored in a secure locked environment away from the direct patient care area



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4. Anaphylaxis - Emergency Treatment

Before administering any medication the possibility of anaphylaxis must be discussed and documented with the patient/carer prior to administration of any medication, which may produce an anaphylactic reaction.
When giving any medication the following should always be readily available:

- Access to the patients notes
- Adrenaline (Epinephrine) 1 in 1000 for intramuscular (i.m.) injection for use in emergency (NB: **check expiry dates** regularly)
- Syringes and needles of **suitable size** and capacity for dose.
- Patient Group Direction for the Administration of Adrenaline (Epinephrine) 1 in 1000.
- Access to a telephone

PLEASE BE AWARE OF RESUSCITATION COUNCIL GUIDELINE CHANGES.

Adrenaline (Epinephrine) 1 in1000 (1mg/ml)	**For intramuscular injection**	
Age	Dose	Volume
Children under 6 years	150 micrograms	0.15ml
Children 6 – 12 years	300 micrograms	0.3ml
Adults and adolescents 12-18 years	500 micrograms	0.5ml
These doses may be repeated if necessary at 5-minute intervals according to blood pressure, pulse and respiratory function.		
Special cautions: see BNF 3.4.3	Epinephrine/ Adrenaline	

BNF (64th edition) section 3.4.3 page 202-205. (Updated Jan 2008)

5. Professional Responsibility - All practitioners

- The practitioner will ensure he/she has the relevant training and is competent, including contra-indications. He/she will attend training updates as appropriate. Details of the competency programme developed for use with this PGD must be attached (see PGD process above).
- The practitioner will have due regard for their Professional Conduct and Guidelines for the Administration of Medicines
- It is the responsibility of the individual practitioner to ensure that he/she has appropriate knowledge of the product prior to proceeding. Refer to the Summary of Product Characteristics (SPC) or current BNF for further details on the product.
- Must have access to a current copy of the BNF and *Immunisation against infectious disease* ('Green book') and comply with its recommendations (available on DH website – www.dh.gov.uk/greenbook)
- Each individual must have received a personal copy of the PGD and signed on the list of individual professionals who may work within this PGD (kept with master copy of this PGD)
- Must be competent in the recognition and management of anaphylaxis.
- Must have access to all relevant DH advice, including the relevant CMO letters or training and competent in all aspects of immunisation including contraindications and recognition and treatment of anaphylaxis.
- Annual attendance at NHS Rotherham's or workplace update on resuscitation skills and the management of anaphylaxis within the community.
- Maintenance of own level of updating with evidence of continued professional development (PREP requirements)
- Regular updates in immunisation, vaccination, anaphylaxis and cardiopulmonary resuscitation
- To reinforce and update knowledge and skills in this area of practice, including basic resuscitation and anaphylaxis training, with particular reference to changes and national directives.

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- Such practitioners that meet the above criteria for training have NHS Rotherham approval to administer **measles mumps and rubella vaccine** (**M-M-RVaxpro®**/**Priorix®**) in accordance with this PGD without a doctor's prescription, and with the patient's informed consent.

Sources:

- HSC 200/026 Patient Group Directions;
- Refer to NHS Rotherham Procedure N1 Procedure for Emergency Treatment of Anaphylactic Reactions in the Community (link http://websrv.rotherhampct.nhs.uk/?FileID=9575)
- Department of Health (2006-web version only): Immunisation against infectious disease. The 'Green book' chapter 21 Measles; 23 Mumps; 28 Rubella www.dh.gov.uk/greenbook.
- www.immunisation.nhs.uk
- Current edition of BNF www.bnf.org.uk
- Summary Product Characteristics **M-M-RVaxpro®**/**Priorix®** available http://www.medicines.org.uk.
- NMC 2007 Standards for Medicine Management.
- NMC Code of Professional Conduct (2008).
- Resuscitation Council (UK) Emergency Medical Treatment of anaphylactic reaction by first medical responders and community nurses www.resus.org.uk/siteindx.htm.
- Patient Group Direction' National Prescribing Centre 2004 www.npc.co.uk/publications/pgd.pdf.
- DH The MMR vaccination catch-up programme http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_086837

6. Management of patient group direction

This patient group direction is to be read, agreed to and signed by all health professionals to whom it applies. One copy should be given to each nurse with the original signed with a copy being kept by the nominated doctor with responsibility for PGDs within the organisation.

Adapted from DH template

Developed by:-	**Name & Title** *in block capitals*	***Signature***	***Date***
Advice sought from	Suzanna Matthew		
Lead pharmacist	Lisa Murray		
Lead health professional from group who will administer/supply medicine			
Health Protection and Infection Prevention Manager	Kathy Wakefield		

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This Patient Group Direction for use in NHS Rotherham is authorised by us			
Job Title	**Name**	**Signed**	**Date**
Director of Public Health	Dr John Radford		
NHS Rotherham GP prescribing Lead	Dr Jason Page		
Head of Medicines Management	Stuart Lakin		
Senior Partner (or delegate) - for GP employed nurses only			

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The registered nurses named below, being employees of

NHS Rotherham based at…….*Clinic

OR GP Employer Name* ……..……..
***delete/complete as appropriate**

are authorised to administer MEASLES, MUMPS AND RUBELLA (MMRVAXPRO®/Priorix®) Vaccine
as specified under this Patient Group Direction

Register of Staff trained and assessed to administer this vaccine: (additional sheets may be attached)

"I confirm that I have read and understood the content of this patient group direction and that I am willing and competent to work under it within my professional code of conduct".				
Name of authorised practitioner	**Signature of authorised practitioner**	**Clinical manager or GP**	**Signature of clinical manager or GP**	**Date**

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MEASLES, MUMPS AND RUBELLA IMMUNISATION

.

Full Name……

Date of Birth……. Sex…… (Male / Female)

Address……

Tel:…….. Family Doctor……

Please answer the following questions:

1. Are you fit and well today? ..... **YES / NO**
2. Do you have any serious medical condition? ..... **YES / NO**

   If yes. Please give details ……
3. Have you had any recent injections? ..... **YES / NO**
4. Do you have any known allergies? ..... **YES / NO**

   If yes. Please give details ……
5. Have you had any serious reaction to any immunisations in the past? ..... **YES / NO**

   If yes, please give details …….
6. Have you been immunised against MMR before? ..... **YES / NO**

   If yes, where and date given ……
7. Are you currently taking any medication? ..... **YES / NO**

   If yes, please list……
8. Is there any chance that you may be pregnant? ..... **YES / NO**

I have received and understand the information given to me and I consent to the administration of the MEASLES, MUMPS AND RUBELLA IMMUNISATION

Patients signature…….Date…….

FOR OFFICAL USE ONLY

Date	Vaccine	Batch / Lot No.	Expiry Date	Signature	Print name
	Measles/Mumps & Rubella				

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