

This document provides a notice of extension of the validity of the following PGD:

## **UKHSA Publications gateway number: GOV-14014**

Reference no: MenACWY Risk Groups PGD

Version no: v4.0

Valid from: 28 February 2023

Expiry date: 28 February 2025 (Extended to **31 August 2025**)

This PGD is extended and valid until 31 August 2025, pending anticipated revisions to the childhood immunisation <u>programme</u> and the withdrawal of Hib/MenC (Menitorix®) vaccine.

This extension is approved by the following health professionals on behalf of UKHSA:

Developed by:	Name	Signature	Date
Pharmacist (Lead Author)	Christina Wilson Lead Pharmacist – Immunisation Programmes Division, UKHSA	Cluchun	21 January 2025
Doctor	Professor Shamez Ladhani Paediatric Infectious Diseases consultant, St George's Hospital London, Professor of Paediatric Infections and Vaccinology, St George's University London and Consultant Medical Epidemiologist, Immunisation and Vaccine Preventable Diseases Division, UKHSA	Dadhani	21 January 2025
Registered Nurse (Chair of Expert Panel)	David Green  Nurse Consultant – Immunisation  Programmes Division, UKHSA	DGieen.	21 January 2025

This extension has been approved by the UKHSA Medicines Governance Committee.

NHS England North West authorises this extension and continued used of MenACWY Risk Groups PGD v4.0 during the assigned period by the services or providers listed below:

## Authorised for use by the following organisations and/or services

Immunisation services in Lancashire, South Cumbria, Cheshire and Merseyside commissioned by NHS England - North West

## Limitations to authorisation

Users of this PGD should note that where they are commissioned to immunise certain groups, this PGD does not constitute permission to offer immunisation beyond groups they are commissioned to immunise.

Organisational approval (legal requirement)					
Role	Name	Sign	Date		
Medical Director for Commissioning, NHS England - North West	Mr Simon Kendall	Ash I sin 3	28.01.2025		

Additional signatories according to locally agreed policy					
Role	Name	Sign	Date		
Adoption by Independent					
Contractor/Provider.					