UK Health Security Agency

NHS

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Meningococcal Group B Vaccine for individuals in 2025/26 Year 13 (with a date of birth between 01/09/2007 and 31/08/2008) and those individuals born on or after 21/7/2001 and attending undergraduate Higher Education or living in residential Further Education accommodation settings (HERFE entrants) for the first time in Autumn 2026 Patient Group Direction (PGD)

This PGD is for the administration of meningococcal group B vaccine (rDNA, component, adsorbed) (4CMenB) for the prevention of meningococcal group B disease to individuals with a date of birth between 1 September 2007 and 31 August 2008 in Year 13 age group, in the academic year 2025/26 and those individuals born on or after 21 July 2001 who will be attending undergraduate Higher Education or living in residential Further Education (HEFRE entrants) accommodation or halls of residence for the first time in Autumn 2026 as defined in the NHSE/UKHSA (Bipartite) letter.

This PGD is for the administration of 4CMenB by registered healthcare practitioners identified in section 3, subject to any limitations to authorisation detailed in section 2.

Reference no:	4CMenB time-limited offer for Autumn 2026 PGD
Version no:	v1.0
Valid from:	24 June 2026
Expiry date:	31 March 2027

The UK Health Security Agency (UKHSA) has developed this PGD to facilitate the delivery of publicly funded immunisations in England in line with national recommendations.

NHS England and those providing services in accordance with this PGD must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition, authorising organisations must not alter section 3 (Characteristics of staff). Section 2 may be amended only by the person(s) authorising the PGD, in accordance with Human Medicines Regulations 2012[1] (HMR2012) Schedule 16 Part 2, on behalf of NHS England.

Section 7 can be edited within the designated editable fields provided, but only for the purposes for which these sections are provided, namely the responsibilities and governance arrangements of the NHS commissioned organisation using the PGD. Section 7 cannot be used to alter, amend to or add to the clinical content. Such action will invalidate the UKHSA clinical content authorisation which is provided in accordance with the regulations. Section 7 is to be completed by registered practitioners providing the service and their authorising manager.

Operation of this PGD is the responsibility of NHS England and service providers. The final authorised copy of this PGD should be kept by NHS England for 25 years after the PGD expires. This PGD should also be kept by the provider organisation for 8 years after the PGD

[1] This includes any relevant amendments to legislation

expires if the PGD relates to adults only and for 25 years after the PGD expires if the PGD relates to children only, or adults and children.

Individual registered practitioners must be authorised by name to work according to the current version of this PGD by signing section 7. A manager with the relevant level of authority should also provide a countersignature unless by exception there are arrangements for self-declaration. Providers are also reminded to ensure vaccination is in line with the contractual arrangements and limitations of service provision agreed with the service commissioner as well as the criteria for inclusion.

Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Current versions of the UKHSA PGD templates for authorisation can be found from:
Immunisation patient group direction (PGD) templates

Any concerns regarding the content of this PGD should be addressed to:
immunisation@ukhsa.gov.uk

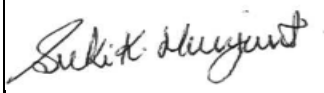
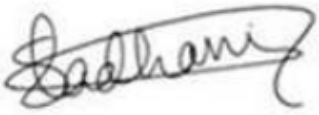
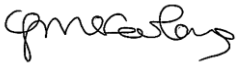
Enquiries relating to the availability of organisationally authorised PGDs and subsequent versions of this PGD should be directed to: Insert local contact details such as SIT inbox

Change history

Version number	Change details	Date
v1.0	New UKHSA MenB PGD Following the unprecedented MenB outbreak, primarily among University of Kent students in March 2026, and clusters in Weymouth and Reading, this PGD has been developed for a one-off, time-limited offer of MenB vaccination to be given to individuals with a date of birth between 01/09/2007 and 31/08/2008 (in Year 13 age group in the academic year 2025/26) and those individuals born on or after 21 July 2001 who will be attending undergraduate Higher Education or living in residential Further Education accommodation or halls of residence for the first time in Autumn 2026 time as defined in the Bipartite letter.	24 June 2026

1. PGD development

This PGD has been developed by the following health professionals on behalf of the UKHSA:

Developed by:	Name	Signature	Date
Pharmacist (Lead Author)	Suki Hunjunt Lead Pharmacist Immunisation Programmes, UKHSA		24 June 2026
Doctor	Professor Shamez Ladhani Consultant Medical Epidemiologist, Immunisation and Vaccine Preventable Diseases Division Public Health Programmes, UKHSA		24 June 2026
Registered Nurse (Chair of Expert Panel)	Lesley McFarlane Lead Immunisation Nurse Specialist, Immunisation Programmes Division, UKHSA		24 June 2026

This PGD has been peer reviewed by the UKHSA Immunisations PGD Expert Panel in accordance with the UKHSA PGD and Protocol Policy. It has been ratified by the UKHSA Medicines Governance Committee.

Expert Panel

Nicholas Aigbogun	Consultant in Communicable Disease Control, Yorkshire and Humber Health Protection Team, UKHSA
Gayatri Amrithalingam	Consultant Epidemiologist, Immunisation Programmes, UKHSA
Helen Beynon	Clinical Advisor, Immunisation Clinical Advice Response Service (CARS), NHSE London
Alison Campbell	Screening and Immunisation Coordinator, Public Health Commissioning NHS England (NHSE) Midlands
Laura Craig	Lead Immunisation Nurse Specialist, Immunisation Programmes Division, UKHSA
Jane Freeguard	Deputy Director of Vaccination – Medicines and Pharmacy NHS England
Rosie Furner	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacist Services (SPS)
Ed Gardner	Advanced Paramedic Practitioner/Emergency Care Practitioner, Medicines Manager, Proactive Care Lead
Shilan Ghafoor	Lead Pharmacist Medicines Governance, UKHSA
Gemma Hudspeth	Senior Health Protection Practitioner, for Health Protection in the Regions (North East), UKHSA
Sharif Ismail	Consultant Epidemiologist, Immunisation and Vaccine Preventable Diseases Division Public Health Programmes, UKHSA
Michelle Jones	Principal Medicines Optimisation Pharmacist [Inner City and East (ICE) and South Bristol Areas] NHS Bristol, North Somerset and South Gloucestershire
Elizabeth Luckett	Senior Screening and Immunisation Manager, NHSE South East
Briony Mason	Vaccination Manager, Professional Midwifery Advocate, Vaccination and Screening, NHS England, West Midlands

Vanessa MacGregor	Consultant in Communicable Disease Control, East Midlands Health Protection Team, UKHSA
Tushar Shah	Lead Pharmacy Adviser, NHSE London

2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation NHS England, completed below.

NHS England accepts responsibility for governance of this PGD. Any provider delivering the national 4CMenB time-limited offer Autumn 2026 vaccination programme under PGD must work strictly within the terms of this PGD and contractual arrangements with the Commissioner for the delivery of the national 4CMenB time-limited offer Autumn 2026 vaccination programme.

NHS England authorises this PGD for use by the services or providers delivering the national 4CMenB time-limited offer Autumn 2026 vaccination programme.

Organisational approval (legal requirement)			
Role	**Name**	**Signed**	**Date**
Director of Vaccination, NHS England	**Caroline Temmink**		24 June 2026

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

3. Characteristics of staff

Qualifications and professional registration	**All practitioners should only administer vaccination where it is within their clinical scope of practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the section below.** 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) • paramedics, physiotherapists, dieticians, podiatrists, and occupational therapists currently registered with the Health and Care Professions Council (HCPC) The practitioners above must also fulfil the additional requirements detailed below. Check Section 2 (Limitations to authorisation) 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/administration of medicines • 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 Vaccination Training • 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 • must be competent in intramuscular and subcutaneous injection techniques • must be competent in the recognition and management of anaphylaxis • 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 Continued over page	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).

Continued training requirements (continued)	Practitioners should be constantly alert to any subsequent recommendations from the UKHSA and/or NHS England 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 that are outside the criteria specified in this PGD.

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Indicated for the active immunisation against *Neisseria meningitidis* group B in accordance with the national recommendations (see Bipartite letter) for • individuals born between 1 September 2007 and 31 August 2008 (in Year 13 age group in the academic year 2025/26) • those born on or after 21/07/2001 who will be attending university as undergraduates for the first time in Autumn 2026 • those born on or after 21/07/2001 who will be starting in further education settings for the first time in Autumn 2026 **and** will be living in further education accommodation or halls of residence
Criteria for inclusion	Individuals who: • are born between 01/09/2007 and 31/08/2008 (in Year 13 age group in the academic year 2025/26) • are first time HERFE entrants in the academic year 2026-27, born on or after 21/07/2001and are: o attending university as undergraduates or o who will be starting in further education settings and will be living in further education accommodation or halls of residence **and** present acceptable evidence at their initial vaccination appointment that they are due to attend HERFE for the first time in the academic year 2026-27. Refer to the Bipartite letter for evidence required for eligibility. Those working under this PGD should consult the Bipartite letter for details of the residential further education settings for which students in England are eligible.
Criteria for exclusion[2] Continued over page	Individuals for whom no valid consent has been received. Individuals who: • are less than 25 years, who are not entering HERFE for the first time from the Autumn term 2026, and fall outside the Year 13 age group in the academic year 2025/26 as specified above • are postgraduate students who will, by definition, not be entering HERFE for the first time in the Autumn term 2026 as they will have completed undergraduate courses previously • have completed a 2-dose course of Bexsero® within the last 5 years • have completed a 2-dose course (provided those doses were given at least 6 months apart) or 3-dose course of Trumenba® within the last 5 years • have had a confirmed anaphylactic reaction to a previous dose of the vaccine or to any constituent or excipient of the vaccine including kanamycin

[2] Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required

Criteria for exclusion[3] (continued)	• require vaccination for occupational health reasons, travel or going to reside abroad (except individuals in the inclusion criteria) • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)
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. The immunogenicity of the vaccine could be reduced in individuals who are immunosuppressed and individuals with HIV. However, vaccination should proceed in accordance with national recommendations (see Chapter 22). 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. As fainting can occur following vaccination, individuals, where appropriate, should be advised not to drive or use machinery until symptoms have cleared.
Action to be taken if the patient is excluded	Individuals requiring vaccination for occupational health reasons should be referred to their occupational health service provider for vaccination. There are currently no recommendations for 4CMenB vaccination for individuals who are travelling or going to reside abroad. 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. Seek appropriate advice from the local Screening and Immunisation Team, local Health Protection Team or the individual's clinician as required. The risk of the individual 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 patient 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. Advise the individual/parent/carer about the protective effects of the vaccine, the risks of infection and potential complications of disease. Document advice given and the decision reached. Inform or refer to the GP or a prescriber as appropriate.

[3] Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required

Arrangements for referral for medical advice	As per local policy

5. Description of treatment

Name, strength and formulation of drug	Meningococcal group B Vaccine (rDNA, component, adsorbed), 4CMenB: Bexsero® suspension for injection, 0.5ml, in a pre-filled syringe One dose of 0.5ml suspension contains: Recombinant Neisseria meningitidis group B NHBA fusion protein — 50micrograms Recombinant Neisseria meningitidis group B NadA protein — 50micrograms Recombinant Neisseria meningitidis group B fHbp fusion protein — 50micrograms Outer membrane vesicles (OMV) from Neisseria meningitidis group B strain NZ98/254 measured as amount of total protein containing the PorA P1.4 — 25micrograms For full details of the formulation see SPC.
Legal category	Prescription only medicine (POM)
Black triangle▼	No
Off-label use	Administration by deep subcutaneous injection to individuals with a bleeding disorder is off label, however, it is in line with the advice given in Chapter 4 of 'The Green Book'. Vaccine should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation 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/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.
Route and method of administration	Bexsero® is given as a 0.5ml dose by intramuscular injection in the deltoid muscle of the upper arm (or anterolateral aspect of the thigh where the deltoid cannot be used). If another vaccine needs to be administered 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. The vaccine must not be injected intravenously or intradermally and must not be mixed with other vaccines in the same syringe. The vaccine must not be given subcutaneously except to individuals with a bleeding disorder when vaccines normally given by an IM route should be given by deep subcutaneous injection to reduce the risk of bleeding (see Green Book Chapter 4). The vaccine is a white opalescent liquid suspension. Upon storage a fine off-white deposit may be observed in the pre-filled syringe containing the suspension. Before use, the pre-filled syringe should be well shaken in order to form a homogeneous suspension.

Continued over page

<table>
<tr><td>Route and method of administration
(continued)</td><td>The vaccine should be visually inspected for particulate matter and discoloration prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine. The vaccine's SPC provides further guidance on administration and is available from the electronic Medicines Compendium website.</td></tr>
<tr><td>Dose and frequency of administration

Continued over page</td><td>
Immunisation Schedule

Bexsero® should be administered as a two-dose course, with a minimum 4-week interval between doses.

For individuals who have previously received some doses of MenB vaccine, Table 1 below provides detailed dosing information depending on their vaccination status at the time of first attendance.

This is a time-limited offer (with first doses offered until 31 December 2026 and second doses offered until 31 March 2027), to enable late attendees, and international students who arrive in the UK after the summer months, to accept the offer of two doses. First doses should preferably be offered as early as possible from when the programme commences on 20th July 2026 to ensure completion of the course prior to the start of the 2026/27 academic year.

Table 1: Dosing schedule of Bexsero® in relation to the vaccination status of the individual at the time of first attendance
<table>
<tr><th>Vaccination status</th><th>Dosing</th><th>Guidance</th></tr>
<tr><td>1 dose Bexsero® (irrespective of timing of that prior dose)</td><td>1 dose of Bexsero® now</td><td>Where individuals have received one prior dose of Bexsero®, a further dose should be given, a minimum of 28 days after the first dose, to complete the full course of 2 Bexsero® doses.</td></tr>
<tr><td>2 doses of Bexsero® less than 5 years ago</td><td>No further doses now</td><td>Where individuals have previously completed a two-dose course of Bexsero® within the last 5 years, no further vaccination is required.</td></tr>
<tr><td>2 doses of Bexsero® 5 or more years ago</td><td>1 dose Bexsero® now</td><td>Where individuals have previously completed a two-dose course of Bexsero® 5 or more years ago then a single dose should be offered.</td></tr>
<tr><td>2 or 3 doses of Trumenba® (complete course) less than 5 years ago</td><td>No further doses now</td><td>Where individuals have previously completed a course of Trumenba® within the last 5 years, no further vaccination is required. Two doses at least 6 months apart are considered equivalent to receipt of 3 doses.</td></tr>
</table>
</td></tr>
</table>

Dose and frequency of administration (continued)	**2- or 3-dose Trumenba® (complete course) 5 or more years ago**	Full, 2-dose course of Bexsero®, starting now	Two doses at least 6 months apart are considered equivalent to receipt of 3 doses. Trumenba® and Bexsero® MenB vaccines are not interchangeable. Where individuals have previously completed a course of Trumenba® 5 or more years ago, they should be offered to restart a two-dose course with Bexsero®.
	1 dose of Trumenba®, or 2 doses delivered less than 6 months apart (partial course)	Start Bexsero® now, 2 doses (or they can choose to complete the Trumenba® schedule but not via the national programme)	Where individuals have had a partial course of Trumenba® (defined as one prior dose, or 2 doses delivered less than 6 months apart), they may complete their vaccination course of that vaccination. Alternatively, they can be offered a two-dose course of Bexsero®. There is no specific information on the best interval between Trumenba® and Bexsero®, however from first principles an interval of at least 4 weeks is advised.

Note:

Trumenba® is not used in the routine UK national immunisation programme. However, it is available in the UK, and individuals may have been given the vaccine by private healthcare providers or travel clinics or if they were contacts of a case. Individuals from overseas may have received Trumenba® vaccine outside of the UK. Therefore, individuals may present having already received a partial or completed course of Trumenba®.

Individuals with unknown or incomplete vaccination history

Vaccination courses delivered to individuals as part of the Canterbury, Weymouth and Reading MenB responses, or as part of the gonorrhoea vaccination programme, may mean that some individuals present to clinics having already received at least one dose of MenB (Bexsero®) vaccination. It is also likely that a proportion of the eligible cohort will have taken up at least one dose via the private providers and international students may have received a dose or course of vaccination outside of the UK.

Where an eligible individual is uncertain about their vaccination history and is unable to produce any evidence of prior vaccination when they present, a 2-dose course of Bexsero® should commence rather than risk leaving them unprotected. In clinical trials, no increase in the incidence or severity of the adverse reactions to Bexsero® vaccination (commonly pain at the injection site, malaise and headache) was seen with the administration of further doses.

Continued over page

Dose and frequency of administration (continued)	For further information see Bipartite letter.
Duration of treatment	See dose and frequency section above
Quantity to be supplied and administered	Single dose of 0.5ml per administration
Supplies	Providers should order via the NHSE Supply Chain using the Federated Data Platform (FDP). Bexsero® vaccine is provided in packs of 10 doses with no needles. Providers will need to source their own needles. Vaccines provided for use for this national immunisation programme are provided free of charge. Vaccines for private prescriptions, occupational health use or travel or for individuals going to reside abroad (except the individuals in the inclusion criteria) are NOT provided free of charge and should be ordered by the provider from the manufacturer or wholesalers. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see Green Book Chapter 3).
Storage	Store between +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze. 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.
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 NHS England guidance (HTM 07-01): safe and sustainable management of healthcare waste.
Drug interactions	Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic disorder, or other causes, may have reduced antibody response to active immunisation. Vaccination is recommended even if the antibody response may be limited. Bexsero® can be given at the same time or at any interval from other vaccines.
Identification and management of adverse reactions	The most common local and systemic adverse reactions observed in in adolescents and adults after administration of Bexsero® are injection site reactions (including pain, swelling, induration and erythema) malaise, myalgia, arthralgia, nausea and headache. A detailed list of adverse reactions is available in the vaccine's SPC, which is available from the electronic Medicines Compendium website

Reporting procedure of adverse reactions	As with all vaccines, healthcare professionals and individuals/parents/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme or search 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 clinician should be informed.
Written information to be given to patient or carer	Offer marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. For resources in accessible formats and alternative languages, please visit Home - Health Publications. Where applicable, inform the individual/parent/carer that the PIL with large print, Braille or audio CD can be ordered from the manufacturer (see electronic medicines compendium) Immunisation promotional material may be provided as appropriate: Available from: www.gov.uk/government/collections/immunisation • A guide to the meningococcal B vaccines leaflet A guide to the meningococcal B vaccines leaflet • MenB vaccines record card MenB vaccination card • MenB vaccines consent form MenB programme consent form
Patient advice and follow up treatment	Bexsero® is not expected to provide protection against all circulating meningococcal group B strains. Individuals should continue to seek prompt medical attention at the first signs of possible meningitis or septicaemia. Advise the individual/parent/carer that it takes at least 2 weeks from their second dose of vaccine for their body to produce antibodies to give them a good level of protection. It is important to get both doses in before the autumn, particularly before starting university or HERFE. Inform individuals who are immunosuppressed or individuals with HIV that the immunogenicity of the vaccine could be reduced. As fainting can occur following vaccination, individuals, where appropriate, should be advised not to drive or use machinery until symptoms have cleared (see Cautions). Inform individual/parent/carer of possible side effects and their management. Most symptoms should disappear after one or two days. Over the counter pain medication such as paracetamol can be taken to manage these symptoms if needed. The individual/parent/carer should be advised to seek medical advice in the event of an adverse reaction or if they are concerned and are unwell at any time. Following the first dose, advise the individual/parent/carer when the subsequent vaccine dose is due. When administration is postponed advise the individual/parent/carer when to return for vaccination.

Special considerations and additional information	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a telephone at the time of vaccination. Meningococcal vaccines may be given to pregnant women when clinically indicated. There is no evidence of risk from vaccinating pregnant women or those who are breast-feeding with inactivated bacterial vaccines. **Immunosuppression and HIV infection** Individuals with immunosuppression and human immunodeficiency virus (HIV) infection (regardless of CD4 count) should be given meningococcal vaccines in accordance with the national recommendations (see Cautions). Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic disorder, or other causes, may have reduced antibody response to active immunisation. Individuals at increased risk of invasive meningococcal infection with asplenia, splenic dysfunction or complement disorders (including those on complement inhibitor treatment such as eculizumab) should be vaccinated in accordance with the recommended schedules in Chapter 7 and Chapter 22 of 'The Green Book' (see Meningococcal Group B Vaccine Risk Groups PGD). **Inadvertent early administration of the second dose** Any adverse events should be documented in the patient's notes and local clinical governance guidelines should be followed for reporting and handling the incident. The recommended schedule for Bexsero® vaccine is 2 doses, with the second dose given a minimum of four weeks after the first dose. Vaccinators should adhere to the recommended four-week interval. If the second dose is inadvertently given from 21 days after the first dose, this will count as a valid dose and is off label. Administration of the second dose at 21 days is not covered by this PGD. However, if the second dose is inadvertently given earlier than 21 days after the first dose, this dose should be discounted as this may lead to a reduced immune response. The dose should be repeated, ensuring an interval of at least four weeks from the dose that was inadvertently given early. Vaccination with Bexsero® may not protect all vaccine recipients. Bexsero® is not expected to provide protection against all circulating meningococcal group B strains. For detailed information see the vaccine's SPC electronic Medicines Compendium website.
Records Continued over page	Record: • that valid informed consent was given or a decision to vaccinate made in the individual's best interests in accordance with the Mental Capacity Act 2005 • name of individual, address, date of birth and GP with whom the individual is registered • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date

Records (continued)	• anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • supplied via PGD Records should be signed and dated (or a password-controlled immuniser's record 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. The local Child Health Information Systems team (Child Health Records Department) must be notified using the appropriate documentation/pathway as required by any local or contractual arrangement. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

6. Key references

Key references	**Meningococcal B Vaccination** • Immunisation Against Infectious Disease: The Green Book, Chapter 4, Chapter 7 and Chapter 22 (updated 30 July 2025) • Bexsero® Summary of Product Characteristics, GlaxoSmithKline UK. Updated 14 March 2025. Bexsero Meningococcal Group B vaccine for injection in pre-filled syringe - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) • Meningococcal B (MenB) time limited vaccination offer letter Meningococcal B (MenB) time limited vaccination offer letter • Bipartite Letter Annex A: detailed information, guidance and resources for healthcare professionals Annex A: detailed information, guidance and resources for healthcare professionals **General** • Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste. NHS England 2024 www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/ • National Minimum Standards and Core Curriculum for Vaccination Training updated 31 July 2025 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. Published March 2017. www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated March 2017 www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection www.gov.uk/government/collections/immunisation • Vaccine Incident Guidance www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

7. Practitioner authorisation sheet

4CMenB PGD time-limited offer Autumn 2026 v1.0
Valid from 24 June 2026 Expiry: 31 March 2027

Before signing this patient group direction (PGD), check that the document has had the necessary authorisations in section two. Without these, this PGD is not lawfully valid.

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 PGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of insert name of organisation for the above named health care professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.