



UKHSA Publications gateway number: GOV-16447

Diphtheria, tetanus, acellular pertussis, inactivated poliomyelitis, Haemophilus influenzae type b and hepatitis B vaccine (DTaP/IPV/Hib/HepB) Patient Group Direction (PGD)

This PGD is for the administration of diphtheria, tetanus, acellular pertussis, inactivated poliomyelitis, *Haemophilus influenzae* type b and hepatitis B (DTaP/IPV/Hib/HepB) vaccine to individuals from 6 weeks (routinely at 8 weeks) to under 10 years of age in accordance with the national immunisation programme or for the management of cases and contacts identified in an outbreak of polio in accordance with the [National polio guidelines: Local and regional services](#) and recommendations from the local health protection team.

This PGD is for use by registered healthcare practitioners identified in [Section 3](#), subject to any limitations to authorisation detailed in [Section 2](#).

Reference no: DTaP/IPV/Hib/HepB PGD
Version no: v5.00
Valid from: 24 July 2024
Review date: 24 May 2026
Expiry date: 24 November 2026

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

Those using this PGD must ensure that it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)¹. **The PGD is not legal or valid without signed authorisation in accordance with [HMR2012 Schedule 16 Part 2](#).**

Authorising organisations 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).

Sections 2 and 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 arrangement of the NHS organisation using the PGD. The fields in section 2 and 7 cannot be used to alter, amend or add to the clinical content. Such action will invalidate the UKHSA clinical content authorisation which is provided in accordance with the regulations.

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 25 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for the periods specified above.

¹This includes any relevant amendments to legislation

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 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.

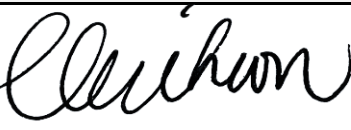


Enquiries relating to the availability of organisationally authorised PGDs and subsequent versions of this PGD should be directed to: england.swvast@nhs.net

Change history

Version number	Change details	Date
v1.00 and v2.00	See previous versions of this PGD for details of change history	3 July 2017 to 19 July 2019
v3.00	<p>PHE DTaP/IPV/Hib/HepB PGD reviewed and amended to:</p> <ul style="list-style-type: none"> include minor rewording, layout and formatting changes for clarity and consistency with other PHE PGDs and updated references addition of Vaxelis® suspension addition of stability data 	28 July 2021
v4.00	<p>UKHSA DTaP/IPV/Hib/HepB PGD reviewed and amended to:</p> <ul style="list-style-type: none"> include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs amend NHS England and NHS Improvement (NHSEI) to NHSE following completion of merger on 1 July 2022 add management of cases and contacts in an outbreak of polio in accordance with the national guidelines and recommendations from the local health protection teams add information for vaccinating individuals with family history of seizures as per Green Book Chapter 26 and SPCs in the special consideration and additional information section. 	25 July 2022
v5.00	<p>UKHSA DTaP/IPV/Hib/HepB amended to:</p> <ul style="list-style-type: none"> include updated information from the Infanrix®-hexa SPC, including that excipients include phenylalanine include updated SPC information on shelf life for Vaxelis® when stored outside of refrigerated conditions; increased from 150 hours to 228 hours recommend either Vaxelis® or Infanrix®-hexa for individuals with a bleeding disorder who require administration by the deep subcutaneous route (off-label) remove the recommendation to defer vaccination in individuals with a history of developing either encephalopathy or encephalitis with 7 days of receiving a vaccine containing diphtheria, polio, tetanus or pertussis and where resolution of symptoms took longer than 7 days, in line with Chapter 30 of the Green Book removal of the recommendation to defer vaccination in individuals with a history of seizures associated with fever, within 72 hours of vaccination. Vaccination should only be deferred where there is evidence of current neurological deterioration in children include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs reflect updated references 	6 June 2024

1. PGD development

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

Developed by	Name	Signature	Date
Pharmacist (Lead Author)	Christina Wilson Lead Pharmacist -Immunisation Programmes – Design, Implementation and Clinical Guidance Division, UKHSA		21 May 2024
Doctor	Dr Gayatri Amirthalingam Deputy Director for Immunisation and Vaccine Preventable Diseases and Consultant Medical Epidemiologist, Immunisation Programmes – Design, Implementation and Clinical Guidance Division, UKHSA		21 May 2024
Registered Nurse (Chair of Expert Panel)	David Green Nurse Consultant for Immunisations, Immunisation Programmes – Design, Implementation and Clinical Guidance Division, UKHSA		21 May 2024

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

Expert Panel

Name	Designation
Nicholas Aigbogun	Consultant in Communicable Disease Control, Yorkshire and Humber Health Protection Team, UKHSA
Alison Campbell	Screening and Immunisation Coordinator, Clinical, NHSE Midlands
Rosie Furner	Specialist Pharmacist, Medicines Governance, Patient Group Directions and Medicines Mechanisms, NHS Specialist Pharmacy Service
Ed Gardner	Advanced Paramedic Practitioner / Emergency Care Practitioner, Primary Care Based, Southbourne Surgery
Gemma Hudspeth	Senior Health Protection Practitioner, North East Health Protection Team Regions Directorate, UKHSA
Michelle Jones	Principal Medicines Optimisation Pharmacist, NHS Bristol North Somerset and South Gloucestershire Integrated Care Board (ICB)
Jacqueline Lamberty	Medicines Governance Consultant Lead Pharmacist, UKHSA
Elizabeth Lockett	Senior Screening and Immunisation Manger, NHSE South West
Vanessa MacGregor	Consultant in Communicable Disease Control, East Midlands Health Protection Team, UKHSA
Lesley McFarlane	Lead Immunisation Nurse Specialist, Immunisation and Vaccine Preventable Diseases Division, UKHSA
Nikki Philbin	Screening and Immunisation Manager, Vaccination and Screening Programmes, NHSE Midlands
Tushar Shah	Lead Pharmacy Adviser, NHSE London


2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

NHS England (South West) authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisations and/or services
All NHS England commissioned immunisation services within <ul style="list-style-type: none"> • Bath & North East Somerset, Swindon, and Wiltshire • Bristol, North Somerset, and South Gloucestershire • Cornwall and the Isles of Scilly • Devon • Dorset • Gloucestershire • Somerset
Limitations to authorisation
This patient group direction (PGD) must only be used by the registered healthcare practitioners identified in Section 3 who have been named by their organisation to practice under it. The most recent in-date final version authorised by NHS England (South West) must be used.
This PGD includes vaccination of individuals across the national immunisation programme. 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 the groups they are commissioned to immunise.

Organisational approval (legal requirement)			
Role	Name	Sign	Date
Medical Director, System Improvement and Professional Standards, NHS England (South West)	Dr Kheelna Bavalia MRCGP MSc		11/06/2024

Additional signatories according to locally agreed policy			
Role	Name	Sign	Date

Local enquiries regarding the use of this PGD may be directed to england.swvast@nhs.net
 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

<p>Qualifications and professional registration</p>	<p>Registered professional with one of the following bodies:</p> <ul style="list-style-type: none"> nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) pharmacists currently registered with the General Pharmaceutical Council (GPhC) (Note: This PGD is not relevant to privately provided community pharmacy services) paramedics and physiotherapists currently registered with the Health and Care Professions Council (HCPC) <p>The practitioners above must also fulfil the Additional requirements detailed below.</p> <p>Check Section 2 (Limitations to authorisation) to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.</p>
<p>Additional requirements</p>	<p>Additionally, practitioners:</p> <ul style="list-style-type: none"> 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 Immunisation 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 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 <p>The individual practitioner must be authorised by name, under the current version of this PGD before working according to it.</p>
<p>Continued training requirements</p>	<p>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).</p> <p>Practitioners should be constantly alert to any subsequent recommendations from the UKHSA, NHSE and other sources of medicines information.</p> <p>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.</p>

4. Clinical condition or situation to which this PGD applies

<p>Clinical condition or situation to which this PGD applies</p>	<p>Indicated for:</p> <ul style="list-style-type: none"> the active immunisation of individuals from 6 weeks (routinely 8 weeks) to under 10 years of age for the prevention of diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b and hepatitis B in accordance with the national immunisation programme and recommendations given in Chapter 15, Chapter 16, Chapter 18, Chapter 24, Chapter 26, and Chapter 30 of Immunisation Against Infectious Disease: the Green Book. individuals who require immunisation in response to an outbreak of polio in accordance with the National polio guidelines: Local and regional services guidelines and recommendations from the local health protection team.
<p>Criteria for inclusion</p>	<p>Individuals from 6 weeks to under 10 years of age who:</p> <ul style="list-style-type: none"> require a primary course of immunisation against diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b and hepatitis B (including those who do not have a complete or reliable vaccination history, see Special considerations and additional information section) have a tetanus-prone injury and primary immunisation is considered incomplete or immunisation status is not known or uncertain (see the Green Book Chapter 30) require vaccination in line with the management of cases and contacts of polio in an outbreak in accordance with the National polio guidelines: Local and regional services guidelines and recommendations from the local health protection team
<p>Criteria for exclusion²</p>	<p>Individuals who have not given valid consent (or for whom a best-interests decision in accordance with the Mental Capacity Act 2005, has not been obtained). For further information on consent, see Chapter 2 of the Green Book). Several resources are available to inform consent (see written information to be given to individual, parent or carer section).</p> <p>Individuals who:</p> <ul style="list-style-type: none"> are less than 6 weeks of age are aged 10 years and over have had a confirmed anaphylactic reaction to a previous dose of diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b or hepatitis B containing vaccine, including any conjugate vaccines where diphtheria or tetanus toxoid is used in the conjugate have had a confirmed anaphylactic reaction to any component of the vaccine or residual products from the manufacturing process, including para-aminobenzoic acid, which may cause bronchospasm (see Name, strength and formulation of drug plus relevant SPC) are suffering from acute severe febrile illness. The presence of a minor infection is not a contraindication for immunisation
<p>Cautions including any relevant action to be taken</p> <p>(continued over page)</p>	<p>Facilities for management of anaphylaxis should be available at all vaccination premises (see Chapter 8 of the Green Book and advice issued by the Resuscitation Council UK).</p> <p>The presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be</p>

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.

<p>Cautions including any relevant action to be taken (continued)</p>	<p>balanced against the risk of preventable infection. Vaccination should be promptly given once either the diagnosis or expected course of the condition (or both) becomes clear.</p> <p>If the child has not been investigated by a specialist, then immunisation should be deferred until a specialist opinion is obtained.</p> <p>If a seizure associated with a fever occurred within 72 hours of a previous immunisation with any component of the vaccine, immunisation should continue as recommended except where a child has evidence of current neurological deterioration, as outlined above (see also special considerations and addition information section).</p> <p>The immunogenicity of the vaccine could be reduced in immunosuppressed subjects; however, vaccination is still recommended.</p> <p>Premature infants should be vaccinated in accordance with the national routine immunisation schedule according to their chronological age. Very premature infants (born ≤ 28 weeks of gestation) who are in hospital should have respiratory monitoring for 48 to 72 hours when given their first immunisation, particularly those with a previous history of respiratory immaturity. If the child has apnoea, bradycardia or desaturations after the first immunisation, the second immunisation should also be given in hospital, with respiratory monitoring for 48 to 72 hours.</p> <p>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.</p> <p>Infanrix[®]-hexa contains a source of phenylalanine. Though phenylalanine may be harmful to individuals with phenylketonuria (PKU), the parent or carer of the individual will be well versed as to the amounts of phenylalanine tolerable in their diet. The National Society for Phenylketonuria (NSPKU) advise the amount of phenylalanine contained in vaccines is negligible and therefore strongly advise individuals with PKU to take up the offer of immunisation.</p>
<p>Action to be taken if the individual is excluded</p> <p>(continued over page)</p>	<p>If aged less than 6 weeks, advise the parent or carer to return for routine immunisation when the infant is 8 weeks of age or over and give an appropriate appointment. Immunisation can be administered to infants from 6 weeks of age if required, for instance if travelling to an endemic country or if there is an increased risk of contracting hepatitis B virus and a dose of HepB vaccine is due.</p> <p>If aged 10 years or over, assess for immunisation with Td/IPV as appropriate (see the Td/IPV PGD).</p> <p>Individuals who have had a confirmed anaphylactic reaction to a previous dose of hexavalent vaccine or any components of the vaccine should be referred to a clinician for specialist advice and appropriate management.</p> <p>Individuals suffering from 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.</p> <p>Seek appropriate advice from the local Screening and Immunisation Team, local Health Protection Team or the individual's clinician when a vaccine is indicated outside the remit of this PGD, rather than delay immunisation.</p> <p>The risk to the individual of not being immunised must be taken into account.</p>

<p>Action to be taken if the individual is excluded (continued)</p>	<p>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.</p>
<p>Action to be taken if the individual, parent or carer declines treatment</p>	<p>Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained for each administration and recorded appropriately. Where an individual lacks the capacity, in accordance with the Mental Capacity Act 2005, a decision to vaccinate may be made in the individual's best interests. For further information on consent, see Chapter 2 of the Green Book.</p> <p>Advise the individual, parent or carer about the protective effects of the vaccine, the risks of infection and potential complications of disease.</p> <p>Document advice given and the decision reached.</p> <p>Inform or refer to the GP as appropriate.</p>
<p>Arrangements for referral for medical advice</p>	<p>As per local policy</p>

<p>Off-label use (continued)</p>	<p>Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual, parent or carer that the vaccine is being offered outside of product licence but in accordance with national guidance.</p>
<p>Route and method of administration</p>	<p>Infanrix[®]-hexa is presented in 2 parts, as DTaP/IPV/HepB suspension for injection and Hib powder, which must be reconstituted in accordance with the manufacturer's instructions prior to administration.</p> <p>Vaxelis[®] is presented as a suspension for injection in a pre-filled syringe.</p> <p>Administer by intramuscular injection, preferably into the anterolateral aspect of the thigh in infants under one year of age. The deltoid muscle of the upper arm may be used in individuals over one year of age.</p> <p>When administering at the same time as other vaccines, care should be taken to ensure the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given 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.</p> <p>Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or other treatment is administered. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual, parent or carer should be informed about the risk of haematoma from the injection.</p> <p>If the intramuscular route is not considered suitable, the individual may be offered either Infanrix[®]-hexa or Vaxelis[®] for administration by deep subcutaneous injection instead (see Off-label use).</p> <p>Infanrix[®]-hexa</p> <p>Before reconstitution, the pre-filled syringe may contain a clear liquid with a white deposit, which should be well shaken to obtain a homogenous turbid white suspension. The powder in the vial is reconstituted with the entire contents of the pre-filled syringe, which should be well shaken until the powder has dissolved. The reconstituted vaccine appears as a cloudier suspension than the liquid component alone.</p> <p>The vaccine should be visually inspected for foreign particulate matter and other variation of expected appearance prior to preparation and administration. Should either occur, discard the vaccine in accordance with local procedures.</p> <p>Vaxelis[®]</p> <p>Shake the pre-filled syringe gently prior to administration to obtain a homogeneous, whitish, cloudy suspension. The suspension should be inspected prior to preparation and administration, for foreign particulate matter and other variation of expected appearance . Should either occur, discard the pre-filled syringe in accordance with local procedures.</p> <p>Further guidance on preparation and administration of either vaccine may be found in the respective SPC.</p>

Dose and frequency of administration

Single 0.5ml dose per administration

Routine Childhood Immunisation Schedule

The national recommendation for infants is for a 3 dose primary course of DTaP/IPV/Hib/HepB.

DTaP/IPV/Hib/HepB 0.5ml should ideally be given at:

- first primary immunisation visit (usually at age 8 weeks*)
- second primary immunisation visit (usually at age 12 weeks)
- third primary immunisation visit (usually at age 16 weeks)

*Note: immunisation may be brought forward to commence no earlier than 6 weeks of age and an interval of not less than 3 weeks (for one dose only) when required, for instance due to impending travel to an endemic country. A 4 week interval is otherwise advised between all primary doses.

Other diphtheria, tetanus, pertussis and polio-containing vaccines are recommended for subsequent routine boosters to complete immunisation in accordance with national recommendations.

Vaccination of individuals with incomplete immunisation status

When primary vaccination has been delayed, the individual should be immunised at the earliest opportunity. If the primary course is interrupted it should be resumed but not repeated, allowing an interval of 4 weeks between remaining doses. If a course was commenced but not completed with pentavalent vaccine (DTaP/IPV/Hib), it can be completed with hexavalent vaccine (DTaP/IPV/Hib/HepB).

DTaP/IPV/Hib/HepB can be given to eligible individuals until 10 years of age in accordance with the [vaccination of individuals with uncertain or incomplete immunisation status](#) guidance.

Management of tetanus-prone wounds

Individuals with incomplete or uncertain history of tetanus immunisation should be vaccinated in accordance with the recommendations in the Green Book [Chapter 30](#), Table 30.1.

Individuals may also require human tetanus immunoglobulin (see the Green Book [Chapter 30](#)). This PGD does not cover the administration of immunoglobulin.

Immunisation of infants at risk of hepatitis B

Infants born to women with hepatitis B infection should receive monovalent hepatitis B (HepB) vaccine (see [HepB PGD](#)) at birth and at 4 weeks of age, followed by 3 doses of DTaP/IPV/Hib/HepB vaccine at 8, 12 and 16 weeks of age. They should receive a booster dose of monovalent HepB vaccine (see [HepB PGD](#), Table 2, Schedule 1) at 12 months of age, at which time they should also have a blood test to check for hepatitis B infection.

Where such infants have received doses of monovalent hepatitis B vaccine scheduled for 0 and 4 weeks late, but before 6 weeks of age, routine primary immunisations should still continue to be scheduled at 8 weeks of age, irrespective of the timing of the late monovalent hepatitis B vaccine dose. This is necessary in order not to delay protection against the other infections.

If an infant born to a woman with hepatitis B infection attends after the age of 6 weeks for their first or second dose of hepatitis B vaccine, DTaP/IPV/Hib/HepB should be administered along with the primary immunisation series, with subsequent immunisation visits scheduled at 4-week intervals. In this situation

(continued over page)

<p>Dose and frequency of administration (continued)</p>	<p>it is very important that the child is tested, at 12 months of age, to check whether they were infected early in life as they missed an early dose of HepB vaccine.</p> <p>Management of cases and contacts of polio outbreak</p> <p>Cases and contacts of polio should be managed in accordance with National polio guidelines: Local and regional services guidelines and recommendations from the local health protection team.</p> <p>Management will depend on the level of exposure but may include the administration of a single dose of IPV-containing vaccine, regardless of vaccine history.</p>
<p>Duration of treatment</p>	<p>See Dose and frequency of administration</p>
<p>Quantity to be supplied and administered</p>	<p>Single 0.5ml dose per administration.</p>
<p>Supplies</p>	<p>Centrally purchased vaccines for the national immunisation programme for the NHS can only be ordered via ImmForm. Vaccines for use for the national immunisation programme are provided free of charge.</p> <p>Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see Green Book Chapter 3).</p>
<p>Storage</p>	<p>Store at +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze.</p> <p>From a microbiological point of view, vaccines should be used as soon as practicably possible once opened and prepared for administration. For Infanrix[®]-hexa, stability has been demonstrated for up to 8 hours at 21°C.</p> <p>Where the contents have remained unopened throughout, data indicates that for Infanrix[®]-hexa the vaccine components are stable at temperatures up to 25°C for 72 hours. For Vaxelis[®], data indicates the vaccine is stable at temperatures up to 25°C for up to 228 hours. By the end of these periods, the vaccines must be used immediately or discarded. These data are only intended to guide healthcare professionals in case of temporary inadvertent temperature excursions.</p> <p>In the event of an inadvertent or unavoidable deviation of these conditions, vaccines that have been stored outside the conditions stated above should be quarantined and risk assessed on a case-by-case basis for suitability of continued off-label use or appropriate disposal. Refer to Vaccine Incident Guidance.</p> <p>Contact the vaccine manufacturer where more specific advice is required about managing a temperature excursion.</p>
<p>Disposal</p>	<p>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 NHSE guidance (HTM 07-01: safe and sustainable management of healthcare waste).</p>

<p>Drug interactions</p>	<p>Immunological response may be diminished in those receiving immunosuppressive treatment. Vaccination is recommended for eligible individuals, even if the antibody response may be limited and is not a reason to withhold vaccination. The individual, parent or carer should be advised of this.</p> <p>May be given at the same time as other vaccines – see Identification and management of adverse reactions below.</p> <p>A detailed list of interactions associated with the infant hexavalent vaccine is available from the product's SPC.</p>
<p>Identification and management of adverse reactions</p>	<p>When hepatitis B vaccine is added to DTaP/IPV/Hib vaccine, the frequency and type of adverse reactions experienced remain similar.</p> <p>Prophylactic paracetamol is routinely recommended with co-administered infant doses of DTaP/IPV/Hib/HepB and 4CMenB (see the information about MenB vaccine and paracetamol and the What to expect after vaccinations leaflet on the Immunisation collection webpage for more information).</p> <p>Increased reporting rates of convulsions (with or without fever) and hypotonic hyporesponsive episode (HHE) were observed with concomitant administration of DTaP/IPV/Hib/HepB and PCV13.</p> <p>Prophylactic administration of paracetamol is not routinely recommended where PCV13 and DTaP/IPV/Hib/HepB are co-administered in the absence of 4CMenB. Administration of paracetamol concomitantly with PCV13 vaccination may reduce the immune response to some pneumococcal serotypes in PCV13 in infancy, although this reduction is unlikely to be clinically significant; this effect is not seen when also co-administered with the 4CMenB vaccine. If post immunisation fever does occur after any vaccination visit, then symptoms may be managed with paracetamol.</p> <p>Local reactions following vaccination are very common such as pain, bruising, induration, swelling or redness at the injection site. A small painless nodule may form at the injection site.</p> <p>Other common adverse reactions include fever, abnormal crying, irritability, restlessness, appetite loss, fatigue, diarrhoea, vomiting and nervousness.</p> <p>Hypersensitivity reactions, such as bronchospasm, angioedema, rash, dyspnoea, erythema multiforme, urticaria, and anaphylaxis reaction (such as urticaria, angioedema, oedema, face oedema, shock) can occur but are very rare. A detailed list of adverse reactions is available from the product's SPCs.</p>
<p>Reporting procedure of adverse reactions</p>	<p>Healthcare professionals and individuals, parents and carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme or by searching for MHRA Yellow Card in the Google Play or Apple App Store.</p> <p>Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed.</p>
<p>Written information to be given to individual, parent or carer</p> <p>(continued over page)</p>	<p>Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine.</p> <p>Immunisation promotional material may be provided as appropriate:</p> <ul style="list-style-type: none"> • A guide to immunisations for babies up to 13 months of age • A quick guide to childhood immunisation for the parents of premature babies • What to expect after vaccinations • Using paracetamol to prevent and treat fever after MenB vaccination

<p>Special considerations and additional information</p> <p>(continued)</p>	<p>human tetanus immunoglobulin which is not covered by this PGD (see the Green Book Chapter 30).</p>
<p>Records</p>	<p>The practitioner must ensure the following is recorded:</p> <ul style="list-style-type: none"> • 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 • anatomical site of vaccination • advice given, including advice given if the individual is excluded or declines immunisation • details of any adverse drug reactions and actions taken • supplied via PGD <p>Records should be signed and dated (or password-controlled on e-records).</p> <p>All records should be clear, legible and contemporaneous.</p> <p>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.</p> <p>The local Child Health Information Systems team (Child Health Records Department) must be notified using the appropriate documentation or pathway as required by any local or contractual arrangement.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>

6. Key references

Key references	<p>DTaP/IPV/Hib/HepB vaccine</p> <ul style="list-style-type: none">• Immunisation Against Infectious Disease: The Green Book Chapter 15, Chapter 16 and Chapter 26 last updated 19 April 2013; Chapter 30, last updated 6 June 2022, Chapter 24, last updated 7 April 2016 and Chapter 18, last updated 25 April 2024 www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book• Summary of Product Characteristic for Infanrix[®]-hexa, GlaxoSmithKline, last updated 4 September 2023 www.medicines.org.uk/emc/product/2586/smpc• Summary of Product Characteristics for Vaxelis[®], last updated 19 March 2024 www.medicines.org.uk/emc/product/12264• Personal communication. Sanofi UK and Ireland Medical Information, received 16 April 2024• The hexavalent DTaP/IPV/Hib/HepB combination vaccine information for healthcare practitioners, updated 18 May 2023 www.gov.uk/government/publications/hexavalent-combination-vaccine-programme-guidance• Vaccination of individuals with uncertain or incomplete immunisation status, updated 6 September 2023 www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status• The National Society for Phenylketonuria (NSPKU) Medical Advisory Panel: Vaccines and PKU, issued 31 January 2023 https://nspku.org/download/vaccines-and-pku/• National polio guidelines: Local and regional services, updated 26 September 2019 assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833211/National_polio_guidelines_2019.pdf <p>General</p> <ul style="list-style-type: none">• NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste. NHS England. Updated 7 March 2023 www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/• National Minimum Standards and Core Curriculum for Immunisation Training. Published 7 February 2018. 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 27 March 2017. www.nice.org.uk/guidance/mpg2• NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated 4 January 2018 www.nice.org.uk/guidance/mpg2/resources• Immunisation Collection www.gov.uk/government/collections/immunisation• Vaccine Incident Guidance www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors
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7. Practitioner authorisation sheet

DTaP/IPV/Hib/HepB PGD v5.00

Valid from: 24 July 2024 Expiry: 24 November 2026

Before signing this PGD, check that the document has had the necessary authorisations in section 2. 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.