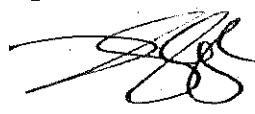


Patient Group Direction For The Administration Of Meningococcal Group B Vaccine (Bexsero®) To Prevent Meningitis B Disease In Young People By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Lead Author: Adapted from Public Health Scotland Administration Of Meningococcal Group B Vaccine (Bexsero®) To Prevent Meningitis B Disease In Young People Patient Group Direction (PGD) Template, Version 1.0 – PHS Received 23 rd June 2025		Approver: NoS PGD Group Authorisation: NHS Grampian
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NoS PGD Group		Signature: 
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NoS Identifier: NoS/PGD/MenBYP/1819	Review Date: March 2027 Expiry Date: March 2027	Date Approved by NoS: 26 th June 2026
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NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1.0

Revision History for NoS:

NoS PGD that has been superseded	N/A New PGD
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Most recent changes NoS

Version	Date of change	Summary of Changes	Section heading
1.0	23 June 2026	Reference to NoS Appendix 1 and 2.	Authorisation
		Training requirements for NoS.	Continuing education and training

PHS recent changes

Version	Date	Summary of changes
1.0	22 June 2026	New PGD to support time limited meningococcal B vaccination programme.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

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Authorisation

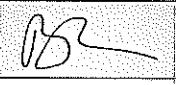
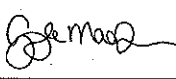
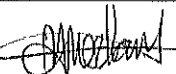
This specimen Patient Group Direction (PGD) template has been produced by Public Health Scotland and adapted by North of Scotland PGD Group (NoS) to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may administer vaccine under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the manufacturer's product information/Summary of Product Characteristics (SmPC) for all vaccines administered in accordance with this PGD.

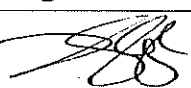
NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Administration of the vaccine has to be by the same practitioner who has assessed the patient under the PGD.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD ([Appendix 1](#)).


A Certificate of Authorisation ([Appendix 2](#)) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.

This PGD has been produced for NoS by:					
Doctor	Dr Paul Treon	Signature		Date Signed	25/06/2026
Pharmacist	Gayle Macdonald	Signature		Date Signed	25/06/2026
Nurse	Pauline Merchant	Signature		Date Signed	24/06/2026

Approved for use within NoS by:

NoS Group Chair	Signature	Date Signed
Lesley Coyle		26/06/2026

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	Signature	Date Signed
Laura Skaife-Knight		26/06/2026

Version 1.0 – Approved for NoS from 26th June 2026

1. Clinical Situation

1.1. Indication

Immunisation against invasive meningococcal disease caused by *Neisseria meningitidis* group B.

1.2. Inclusion Criteria

Individuals eligible for meningococcal B vaccination programme in accordance with the [Chief Medical Officer \(CMO\) letter](#).

Please note this is a time-limited offer (with first doses offered until 31st December 2026 and second doses offered until 31st March 2027), to facilitate provision of two doses for eligible individuals.

The eligible groups are the following:

- **School-age cohort:** Young people born between 1 March 2008 and 28 February 2009, and others who were in S6 during the academic year 2025/26, regardless of future education plans.
- **University entrants:** Any undergraduate under 25 years of age* starting university for the first time in academic year 2026/27, including international students.
- **College entrants:** Anyone under 25 years of age* starting college for the first time in academic year 2026/27, **while living away from home in shared student accommodation**. This includes international students.
- *Individuals who turn 25 years of age between 06/07/2026 and 31/12/26 are eligible.

Valid consent has been given to receive the vaccine.

1.3. Exclusion Criteria

Individuals who:

- have a confirmed anaphylactic reaction to a previous dose of meningococcal group B vaccine.
- have a confirmed anaphylactic reaction to any constituent or excipient of meningococcal group B vaccine. Practitioners must check the marketing authorisation holder's ([SmPC](#)) for details of vaccine components.
- 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 a history of severe (i.e. anaphylactic) reaction to latex where the vaccine is not latex free, including syringe, tip and plunger. Please note the tip cap of the Bexsero® pre-filled syringe may be made with natural rubber latex.
- have acute severe febrile illness – postpone immunisation until patient has fully recovered.

1.4. Cautions/Need For Further Advice/ Circumstances When Further Advice Should Be Sought From A Doctor

The Green Book advises that there are very few individuals who cannot receive Meningococcal group B vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

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 balanced against the risk of the preventable infection, and vaccination should be promptly given once the diagnosis and/or the expected course of the condition becomes clear.

Individuals with immunosuppression and human immunodeficiency virus (HIV) infection (regardless of CD4 count) should be given meningococcal vaccines in accordance with national recommendations. These individuals may not make a full antibody response. Re-immunisation should be considered after treatment is finished and recovery has occurred. Specialist advice may be required.

Further guidance for the immunisation of HIV-infected individuals is provided by the British HIV Association ([BHIVA](#)) Guidelines on the use of vaccines in HIV-positive adults, and the Children's HIV Association ([CHIVA](#)) Guidelines on Vaccination of Children Living with HIV.

Co-administration with other vaccines

Meningococcal vaccines can be given at the same time as any other vaccines required including MenACWY, MMR and HPV.

The vaccines should be given at a separate site, preferably into a different limb. If the vaccine is given in the same limb as other vaccines, 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.

Syncope

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.

Pregnancy and breastfeeding

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.

1.5. Action If Excluded

Specialist advice must be sought on the vaccine and circumstances under which it could be given. Immunisation using a patient specific direction may be indicated. The risk to the individual of not being immunised must be taken into account.

Document the reason for exclusion and any action taken in accordance with local procedures.

Provide information on meningitis symptoms and advise of need to seek urgent medical attention. [Symptoms of meningitis](#) develop suddenly and can include:

- a high temperature (fever) over 38°C (100.4°F)
- being sick
- a headache
- a blotchy rash that doesn't fade when a glass is rolled over it (this won't always develop)
- a stiff neck
- a dislike of bright lights
- drowsiness or unresponsiveness
- seizures (fits).

These symptoms can appear in any order and some may not appear.

Inform or refer to the clinician in charge at the clinic.

Temporary exclusion

In case of postponement due to acute severe febrile illness, arrange a future date for immunisation.

1.6. Action If Patient Declines

Advise the individual about the protective effects of the vaccine, the risks of infection and potential complications of disease.

Advise how future immunisation may be accessed if they subsequently decide to receive the vaccine.

Provide information on meningitis symptoms and advise of need to seek urgent medical attention. [Symptoms of meningitis](#) develop suddenly and can include:

- a high temperature (fever) over 38°C (100.4°F)
- being sick
- a headache
- a blotchy rash that doesn't fade when a glass is rolled over it (this won't always develop)
- a stiff neck
- a dislike of bright lights

- drowsiness or unresponsiveness
- seizures (fits).

These symptoms can appear in any order and some may not appear.

Document advice given and decision reached.

In NHS clinic setting, inform or refer to the clinician in charge.

2. Description Of Treatment

Meningococcal group B vaccine (Bexsero®).

2.1. Name Of Medicine/Form/Strength

Meningococcal group B vaccine (Bexsero®).

Suspension for injection in pre-filled syringe.

2.2. Route Of Administration

The vaccine is given intramuscularly preferably into the deltoid muscle region of the upper arm. The intramuscular route is routinely used because localised reactions are more common when vaccines are given subcutaneously. However, for individuals with a bleeding disorder, vaccines may alternatively be given by deep subcutaneous injection to reduce the risk of bleeding.

Upon storage a fine off-white deposit may be observed in the prefilled syringe containing the suspension. Before use, the pre-filled syringe should be well shaken in order to form a homogeneous suspension.

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.

2.3. Dosage

0.5mL

2.4. Frequency

Administer a course of two doses of Bexsero® (0.5mL), at least four weeks apart.

There is no maximum time interval limit between the two vaccine doses. There is no need to recommence the immunisation schedule even after a prolonged interval between the two doses.

[Table 1](#) below summarises recommendations regarding administration of vaccination to individuals with incomplete or previous meningococcal B vaccination, depending on the number of prior doses received, and of which specific vaccine product.

Table 1

Meningococcal B vaccination status	Schedule	Additional detail
One dose of Bexsero® (irrespective of timing of that prior dose)	One dose of Bexsero®	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 two Bexsero® doses.
Two doses of Bexsero® less than 5 years ago	No further doses	Where individuals have previously completed a two dose course of Bexsero® within the last 5 years, no further vaccination is required.
Two doses of Bexsero® 5 or more years ago	One dose of Bexsero®	Where individuals have previously completed a two dose course of Bexsero® 5 or more years ago then a single dose should be offered.
Two or three doses of Trumenba® (complete course) 5 or more years ago	A course of two doses of Bexsero® administered at least 4 weeks apart	Two doses of Trumenba® at least 6 months apart are considered equivalent to receipt of three 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®. 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.
Two or three doses of Trumenba® (complete course) less than 5 years ago	No further doses	Where individuals have previously completed a course of Trumenba® within the last 5 years, no further vaccination is required.
One dose of Trumenba®, or two doses delivered less than 6 months apart (partial course)	A course of two doses of Bexsero® administered at least 4 weeks apart (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 two 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®.

Where an eligible individual is uncertain about their vaccination history and is unable to produce any evidence of prior vaccination when they present, a two 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.

2.5. Duration Of Treatment

See Frequency section.

2.6. Maximum Or Minimum Treatment Period

See Frequency section.

2.7. Quantity To Supply/Administer

See Frequency section.

2.8. ▼ Black Triangle Medicines

No.

2.9. Legal Category

Prescription only medicine (POM).

2.10. Is The Use Outwith The SmPC?

Yes.

Administration by deep subcutaneous injection to individuals with a bleeding disorder is off-label administration in line with advice in The Green Book [Chapter 4](#).

There is no specific information on the best interval between Trumenba[®] and Bexsero[®]. Based on official recommendations, an interval of at least 4 weeks is advised, as specified in the [CMO](#) letter.

Vaccine should be stored according to the conditions detailed below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS Board guidance on storage and handling of vaccines or National Incident Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this PGD is allowed.

2.11. Storage Requirements

Vaccine should be stored at a temperature of +2° to +8°C.

Store in the original packaging to protect from light.

Do not freeze.

NHS Board guidance on Storage and Handling of vaccines should be observed.

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.

2.12. Additional Information

Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation.

If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.

3. Adverse Reactions

3.1. Warnings Including Possible Adverse Reactions And Management Of These

In adolescents and adults the most common local and systemic adverse reactions observed were pain at the injection site, malaise and headache.

For full details/information on possible side effects, refer to the marketing authorisation holder's SmPC.

As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available.

In the event of severe adverse reaction individual should be advised to seek medical advice.

3.2. Reporting Procedure For Adverse Reactions

Healthcare professionals and individuals/carers should report all suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on <http://www.mhra.gov.uk/yellowcard>

Any adverse reaction to a vaccine should be documented in accordance with locally agreed procedures in the individual's record and the individual's GP should be informed.

3.3. Advice To Patient Or Carer Including Written Information

Manufacturer's patient information leaflet (PIL) provided with vaccine.

Supply immunisation promotional material as appropriate.

Inform of possible side effects and their management.

Give advice regarding normal reaction to the injection, e.g. sore limb is possible.

Advise individual to seek medical advice in case of severe adverse reaction.

Two doses are essential to protect against most types of meningitis and sepsis caused by meningococcal group B bacteria, as a single dose does not provide protection.

Protective immunity develops around two weeks after the second dose.

The second dose should be offered a minimum of 28 days after the first dose, with first doses offered as early as possible to ensure completion of the course prior to the start of the 2026/27 academic year, where possible.

Recipients must be made aware of the importance of the second dose and supported to return for it.

Provide information on meningitis symptoms and advise of need to seek urgent medical attention. [Symptoms of meningitis](#) develop suddenly and can include:

- a high temperature (fever) over 38°C (100.4°F)
- being sick
- a headache
- a blotchy rash that doesn't fade when a glass is rolled over it (this won't always develop)
- a stiff neck
- a dislike of bright lights
- drowsiness or unresponsiveness
- seizures (fits).

These symptoms can appear in any order and some may not appear.

3.4. Observation Following Vaccination

As syncope (fainting) can occur following vaccination, where relevant, all vaccinees should either be driven by someone else or should not drive for 15 minutes after vaccination.

Following immunisation, patients remain under observation in line with NHS Board policy.

3.5. Follow Up

As above.

3.6. Additional Facilities

A protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever vaccines are given.

Immediate treatment should include early treatment with intramuscular adrenaline, with an early call for help and further IM adrenaline every 5 minutes.

The health professionals overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of a patient with anaphylaxis.

4. Characteristics Of Staff Authorised Under The PGD

4.1. Professional Qualifications

The following classes of registered healthcare practitioners are permitted to administer this vaccine:

- nurses and midwives currently registered with the Nursing and Midwifery Council (NMC)
- pharmacists currently registered with the General Pharmaceutical Council (GPhC)
- pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC)
- chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC)
- dental hygienists and dental therapists registered with the General Dental Council
- optometrists registered with the General Optical Council.

4.2. Specialist Competencies Or Qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD

- must be authorised by name by their employer as an approved person under the current terms of this PGD before working to it
- must be familiar with the vaccine product and alert to changes in the manufacturer's product information/summary of product information
- must be competent to undertake immunisation and to discuss issues related to immunisation to assess patients for vaccination and obtain consent
- must be competent in the correct storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine
- must be competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions

- must have access to the PGD and associated online resources
- should fulfil any additional requirements defined by local policy.

Employer

The employer is responsible for ensuring that persons have the required knowledge and skills to safely deliver the activity they are employed to provide under this PGD.

As a minimum, competence requirements stipulated in the PGD must be adhered to.

4.3. Continuing Education And Training

All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of vaccines included.

If any training needs are identified these should be discussed with the individuals in the organisation responsible for authorising individuals to act under this PGD.

- Have undertaken NoS PGD module training on [TURAS](#) Learn
- Have attended basic life support training either face to face or online and updated in-line with individual Board requirements
- Have undertaken immunisation training where available
- Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis updated in-line with individual Board requirements
- Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct.

5. Audit Trail

Record the following information:

- valid informed consent was given
- name of individual, address, date of birth and GP with whom the individual is registered if possible
- name of person that undertook assessment of individual's clinical suitability and subsequently administered the vaccine
- name and brand of vaccine
- date of administration
- dose, form and route of administration of vaccine
- batch number
- where possible expiry date
- anatomical site of vaccination
- advice given, including advice given if excluded or declines immunisation
- details of any adverse drug reactions and actions taken
- administered under PGD.

Records should be kept in line with local procedures.

Local policy should be followed to encourage information sharing with the individual's General Practice.

All records should be clear, legible and contemporaneous and in an easily retrievable format.

6. Additional References

Practitioners operating the PGD must be familiar with:

- [Immunisation against Infectious Disease \[Green Book\]](#)
- [Immunisation against Infectious Disease \[Green Book\] Meningococcal chapter](#)
- [Prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy.](#)
- [Professional guidance to support prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy.](#)
- [All relevant JCVI statements](#)
- All relevant Scottish Government Health Directorate advice including the relevant [CMO letter\(s\)](#)
- [Current edition of British National Formulary.](#)
- [Marketing authorisation holder's Summary of Product Characteristics](#)
- [Educational resources for registered professionals produced by Public Services Delivery Scotland](#), formerly NES.
- [Meningitis | NHS inform.](#)
- [Meningococcal B \(MenB\) vaccine for young people | NHS inform](#)

7. PHS Version History

Version	Date	Summary of changes
1.0	22 June 2026	New PGD to support time limited meningococcal B vaccination programme.

Version history NoS

Version	Date of change	Summary of Changes	Section heading
1.0	23 June 2026	Reference to NoS Appendix 1 and 2.	Authorisation
		Training requirements for NoS.	Continuing education and training



**Appendix 1 - Healthcare Professional Agreement to Administer
Medicine(s) Under Patient Group Direction**

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to administer the medicine(s) contained within the following Patient Group Direction:

**Patient Group Direction For The Administration Of Meningococcal
Group B Vaccine (Bexsero®) To Prevent Meningitis B Disease In Young
People By Approved Healthcare Professionals Working Within NHS
Grampian, Highland, Orkney, Shetland, Tayside And Western Isles,
Version 1.0**

I have completed the appropriate training to my professional standards enabling me to administer the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration
number/PIN: _____



Appendix 2 - Healthcare Professionals Authorisation to Administer Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

The Senior Nurse/Professional who approves a healthcare professional to administer the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.

The Healthcare Professional that is approved to administer the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.

Patient Group Direction For The Administration Of Meningococcal Group B Vaccine (Bexsero®) To Prevent Meningitis B Disease In Young People By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 1.0

Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

