NHS Grampian | NHS Highland | NHS Orkney | NHS Shetland | NHS Tayside | NHS Eileanan Siar Western Isles

Patient Group Direction for the Administration of Measles, Mumps, Rubella and Varicella (MMRV) Vaccine by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Lead Author: Adapted from Public Health Scotland Administration of measles, mumps, rubella and varicella (MMRV) vaccine, Version 1.1 – PHS Publication date 15th December 2025		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Grampian Medicines Management NoS PGD Group		**Signature:**
NoS Identifier: NoS/PGD/MMRV/1742	**Review Date:** 31st December 2028 **Expiry Date:** 31st December 2028	**Date Approved by NoS:** Valid From 1st January 2026

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 1.1 (Updated December 2025)

Revision History for NoS:

NoS PGD that has been superseded	PGD adapted from Public Health Scotland Administration of measles, mumps, rubella and varicella (MMRV) vaccine, Version 1.1 (Version 1.0 unpublished)

Most recent changes NoS

Version	Date of change	Summary of Changes	Section heading
1.0 (Version 1.0 unpublished)	11th December 2025	Reference to NoS Appendix 1 and 2	Authorisation
		Training requirements for NoS	Continuing education and training
		Minor typo amended	1.3
		Renumbering of PHS Appendix 1 to Appendix 3	Appendix 1 – PGD indications for MMR, MMRV
1.1	17th December 2025	Amendments as per PHS v1.1 applied to sections 1.3 and Appendix 3	As below
		Document control changed to V1.1	Throughout

PHS recent changes

Version	Date	Summary of changes
1.1	15th December 2025	The following changes have been made to V1.0 of this PGD: • Section 1.3 Exclusion criteria, removal of detailed information relating to long and moderate term corticosteroids • Appendix 1 - typographical error amended in relation to Varivax

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.

Contents Page **Page No.**

Authorisation

PGD measles, mumps, rubella and varicella (MMRV) vaccine.

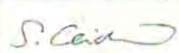
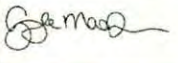
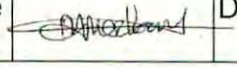
This specimen Patient Group Direction (PGD) template has been produced by Public Health Scotland and adapted by North of Scotland PGD Group (NoS) to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

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).

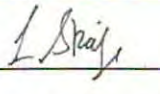
A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.

This PGD has been produced for NoS by:					
Doctor	Dr Susan Laidlaw	Signature		Date Signed	18/12/2025
Pharmacist	Gayle Macdonald	Signature		Date Signed	18/12/2025
Nurse	Pauline Merchant	Signature		Date Signed	18/12/2025

Approved for use within NoS by:

NoS Group Chair	Signature	Date Signed
Lesley Coyle		18/12/2025

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	Signature	Date Signed
Laura Skaife-Knight		18/12/2025

Version 1.1 – Approved for NoS from 1st January 2026

1. Clinical situation

1.1. Indication

Immunisation against measles, mumps, rubella and/or varicella disease.

1.2. Inclusion criteria

- Individuals from one year of age (on or after their first birthday) or older as part of the Scottish childhood immunisation programme and/or in line with correspondence/publications from Scottish Government.
- Individuals eligible for the Selective MMRV catch-up programme aged from 3 years 4 months to under 6 years on 31st December 2025 (DOB on or after 1st January 2020 up to and including 31st August 2022) without a history of:
  - Varicella (chickenpox), or
  - 2 doses of varicella vaccine.
- Individuals who are eligible for MMRV vaccination as part of the routine childhood vaccination programme where protection is indicated as part of a response to a measles outbreak or for travel to a measles endemic area.
- Individuals aged 9 months of age and over requiring urgent protection against either varicella or measles, such as during an outbreak, who are eligible for vaccination with the varicella vaccine or for vaccination with MMR vaccine but no stock of either is available. **There is no upper age limit for this criterion.**
- Individuals aged 9 months of age and over **not** eligible for MMRV vaccination programme requiring an opportunistic dose of MMR-containing vaccine to bring their vaccination history up to date where there is no stock of the MMR vaccine available.
- Individuals with uncertain or incomplete immunisation status in accordance with the vaccination of individuals with uncertain or incomplete immunisation status flow chart.

Valid consent has been given to receive the vaccine.

1.3. Exclusion criteria

Individuals who:

- Have had a confirmed anaphylactic reaction to a previous dose of any measles, mumps, rubella or varicella containing vaccine or to any components of the vaccine, these may include neomycin, gelatine or sorbitol (refer to relevant SmPC).
- Are under 9 months of age.
- Have a history of severe (i.e. anaphylactic reaction) to latex where the vaccine is not latex-free.
- Are known to be pregnant.
- Have a primary or acquired immunodeficiency state (see the Green Book Contraindications and special considerations Chapter (6) for more detail).

- Are on current or recent high dose immunosuppressive or biological therapy (see the Green Book, Contraindications and special considerations Chapter (6) for more detail).
- Have received varicella or yellow fever vaccine in the preceding 4 weeks, unless protection against measles is required rapidly (see Cautions section and the Green Book, UK immunisation schedule chapter (11), Recommended time intervals when giving more than one live attenuated vaccine table 11.4).
- Have received blood products, such as immunoglobulins, in the preceding 3 months, unless protection against measles is required rapidly (see the Green Book Measles and/or Varicella chapters).
- Are awaiting reading of a tuberculin (Mantoux) skin test, unless protection against measles is required rapidly (see Cautions section and the Green Book UK immunisation schedule chapter (11), Recommended time intervals when giving more than one live attenuated vaccine table 11.4).
- Have known active untreated tuberculosis.
- Are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).
- Have received 2 valid doses of MMRV vaccine at an appropriate age to be effective.

1.4. Cautions/need for further advice/ circumstances when further advice should be sought from a doctor

The Green Book advises there are very few individuals who cannot receive MMRV vaccine. When there is doubt, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

If idiopathic thrombocytopenic purpura (ITP) has occurred within six weeks of the first dose of MMRV, then blood should be taken and tested for measles antibodies before a second dose is given. If the results suggest a lack of immunity against measles, then a second dose of MMRV is recommended. Seek specialist advice.

MMRV vaccine is not recommended for patients with severe immunosuppression (see the Green Book Contraindications and special considerations Chapter (6)). MMRV vaccine can be given to people living with HIV who are not immunosuppressed or those with moderate immunosuppression (as defined in the Green Book Measles Chapter (21), Table 1). Specialist advice must be sought on the vaccine and circumstances under which it could be given. A PSD would be required.

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 become clear. If there is a risk of exposure, however, it may be more appropriate to counsel the patient about the benefits of protection rather than deferring. There will be very few occasions when deferral of immunisation is required. Deferral leaves the child unprotected and so the

period of deferral should be minimised, with immunisation commencing as soon as possible. If a specialist recommends deferral, this should be clearly communicated to the individual's primary care provider and he or she must be informed as soon as the child is fit for immunisation. Children with a personal or close family history of seizures should still be given MMRV vaccine.

Aspirin and systemic salicylates should not be given to children under 16 years of age, except under medical supervision, because of the risk of Reye's syndrome, which has been reported in children treated with aspirin during natural varicella infection. However, there is no need to avoid salicylates before or after receiving a varicella-containing vaccine, if needed. The benefit is likely to outweigh any possible risk of Reye's syndrome after vaccination. In addition, there are no reports of an association between Reye's syndrome and varicella vaccination.

Do not give immunoglobulin (Ig) or Varicella-Zoster Immune Globulin (VZIG) concomitantly with MMRV.

ProQuad® and Priorix® Tetra vaccines contain a source of phenylalanine. 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.

Co-administration with other vaccines

MMRV vaccine can be given at the same time as other vaccines such as DTaP/ IPV/Hib/HepB, pneumococcal, and meningococcal B vaccines. If the MMRV vaccine cannot be given at the same time as an **inactivated** vaccine, it can be given at any interval before or after. Vaccines administered at the same time should preferably be given in a separate limb, but if this is not possible, they should be given at least 2.5cm apart. The site at which each vaccine is given should be noted in the child's record.

Advice on intervals between live vaccines is based upon specific evidence of interference between vaccines. The current advice is detailed in the Green Book **UK immunisation schedule chapter (11), Recommended time intervals when giving more than one live attenuated vaccine**.

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

Individuals who are pregnant should be advised to avoid contact with known or suspected cases of measles, mumps, rubella, or varicella infection and report any rash illness or contact with rash illness to their GP and/or midwife. Women who are lacking two documented doses of MMR should be immunised after their pregnancy, at the earliest opportunity and before any further pregnancies.

Note: MMRV can be given to breast-feeding mothers without any risk to their baby. If there is any doubt as to whether an infant due to receive a live attenuated vaccine may be immunosuppressed due to the mother's therapy e.g. exposure to immunosuppressive biological medication through in-utero exposure or breast-feeding, specialist advice should be sought.

Pregnancy should be avoided for one month following vaccination.

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.

Inform or refer to the clinician in charge.

In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated and ensure another appointment is arranged.

Individuals who have had a confirmed anaphylactic reaction to a previous dose of MMRV vaccine or any components of the vaccine should be referred to a clinician for specialist advice and appropriate management.

Individuals who have been immunised against varicella, MMR, or yellow fever within the last 4 weeks, or received blood products in the preceding 3 months, and do **not** require rapid protection against MMRV, defer immunisation until appropriate interval (see the Green Book, UK immunisation schedule chapter (11), Recommended time intervals when giving more than one live attenuated vaccine table 11.4).

Individuals who are awaiting reading of a tuberculin (Mantoux) test, should delay MMRV vaccination until the skin test has been read unless protection against measles is required urgently.

Individuals with known active untreated tuberculosis may be eligible for vaccination on initiation of appropriate therapy and following specialist advice.

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.

Document advice given and decision reached.

Inform or refer to the clinician in charge.

2. Description of treatment

2.1. Name of medicine/form/strength

Measles, mumps, rubella and varicella vaccine (live):

- ProQuad® powder and solvent for suspension for injection in a pre-filled syringe
- Priorix® Tetra Powder and solvent for solution for injection in pre-filled syringe

2.2. Route of administration

Administer by intramuscular injection. The preferred site is the deltoid region of the upper arm or the anterolateral aspect of the thigh for infants one year and under.

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.

Both MMRV vaccines are licensed to be given subcutaneously, therefore a healthcare professional may determine this is a preferred route of administration for an individual with a bleeding disorder. Note fewer injection site reactions were reported with the intramuscular route compared with the subcutaneous route following administration of ProQuad®.

The vaccine must be reconstituted in accordance with the manufacturer's instructions prior to administration.

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

Routine childhood immunisation schedule

For the routine childhood immunisation schedule the first dose should routinely be given at 1 year of age (on or after the first birthday).

The second dose should routinely be given at 18 months of age.

Table 1: MMRV vaccination eligibility by date of birth

Date of birth	Age on 01/01/2026	New Programme from 01 January 2026
01/01/2025 or later	1 year or under	One dose MMRV at 12m and 18m (new routine schedule)
01/07/2024 to 31/12/2024	>1y to 18m	One dose of MMRV at 18m and 3y4m*
01/09/2022 to 30/06/2024	>18m to 3y4m	One dose of MMRV at 3y4m **
01/01/2020 to 31/08/2022	>3y4m to <6y	Selective one dose catch up*** from 1 Nov-2026 to 31 Mar-2028 for those without a history of chickenpox infection or 2 doses of varicella vaccine

*The majority of this cohort will have had MMR at 12 months prior to 1 January 2026 (and therefore will have 3 doses of an MMR containing vaccine). However, there may be some individuals who may not have attended for their 12-month appointment until after 1 January 2026. These individuals should receive one dose of MMRV at 12 months and another at 18 months, and it will not be necessary for them to receive a 3rd MMRV dose at 3 years 4 months.

**If a child in this age cohort had not attended for any MMR doses by 1 January 2026, they would be offered both doses as MMRV.

***Those children will only get 1 dose MMRV (unless earlier doses of MMR are still due as above).

Incomplete immunisation history

Those individuals with uncertain or incomplete immunisation status should be vaccinated in accordance with the vaccination of individuals with uncertain or incomplete immunisation status flow chart and Guidance for MMRV vaccination: information for healthcare professionals.

Individuals from 1 year of age who have not received an MMRV vaccine should receive a dose and be brought up to date at the earliest opportunity.

Children who present late to a 12 month appointment (and present on or after 1 January 2026), should be offered MMRV instead of first dose of MMR. Thereafter a second MMRV dose would be offered at the 18 month appointment. In this case the child does not need a third dose at 3 years 4 months. There should be at least a 4 week gap between the two MMRV vaccinations. There is no clinical concern if the child receives a third MMRV vaccine at their 3 years 4 months appointment.

Early vaccination due to travel, outbreak or contact with a probable or confirmed case of measles or varicella

The MMRV vaccine can be given from 9 months of age when early protection is required against varicella. MMRV should **not** be given to individuals below 9 months of age. Vaccination for travel or measles outbreaks in this age group should be with MMR (see appendix 3).

If a dose of MMR/MMRV is given before the first birthday (6-12 months of age for MMR, or 9-12 months of age for MMRV), either because of travel to an endemic country, or because of a local outbreak, then this dose should **not** be counted, and two further doses (as MMRV) should be given at the recommended times between 12 and 13 months of age (i.e. within a month of the first birthday) and at 18 months of age.

There should be a minimum interval of 4 weeks between doses.

If the second dose of MMR/MMRV is given before 15 months of age, a further dose of MMRV vaccine from 18 months of age is required.

In cases of post-exposure measles or varicella vaccination, the dose should ideally be given within 3 days of exposure to maximise vaccine efficacy.

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?

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 Vaccine Incident Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this PGD is allowed.

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 in accordance with national guidance but outside of product licence.

The SmPCs for both vaccines recommend that salicylates are avoided for 6 weeks following MMRV vaccination. Individuals may continue with their salicylate treatment before and after MMRV vaccination in accordance with the Green Book Varicella Chapter (34).

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.

ProQuad® – After reconstitution, the vaccine should be used immediately. However, in-use stability has been demonstrated for 30 minutes when stored between 20°C and 25°C.

Priorix® Tetra - After reconstitution, the vaccine should be administered promptly or kept in the refrigerator (2° - 8°C). If it is not used within 24 hours, it should be discarded.

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.

All children with egg allergy should receive the MMRV vaccination as a routine procedure. Monovalent varicella vaccines and the varicella component of MMRV are not manufactured using eggs or egg-derived products. Although MMR-containing vaccines use egg-derived products in the manufacturing process, they are not used in the vaccine itself.

ProQuad® contains porcine gelatine. Priorix® Tetra (GSK) does not contain porcine gelatine and can be offered as an alternative to ProQuad®. Health professionals should be aware of the need to order Priorix® Tetra when running clinics for relevant communities. Please refer to published training resources and patient information materials to support patients and parents/carers to make informed decisions on specific vaccines in relation to their individual beliefs.

MMRV vaccine is recommended when protection against measles, mumps, rubella and/or varicella is required. MMRV vaccine can be given irrespective of a history of measles, mumps, rubella or varicella infection or vaccination. There are no ill effects from vaccinating those who are already immune. If there is doubt about an individual's MMRV immune status, MMRV vaccine should still be given.

Immunological response may be diminished in those receiving immunosuppressive treatment.

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these

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 individuals should be advised to seek medical advice.

Adverse reaction rates with ProQuad® are either similar to or less common after a second dose than after the first dose; incidence and severity of adverse reactions following a second dose with Priorix® Tetra are broadly similar. Adverse reactions are attributed to effective replication of the vaccine viruses, with subsequent mild illness. Events due to the measles component occur 6 to 11 days after vaccination. Events due to the mumps and rubella components usually occur 2 to 3 weeks after vaccination but may occur up to 6 weeks after vaccination. Adverse events due to the varicella component may occur up to a month following vaccination. Individuals with vaccine-associated symptoms are not infectious to others, although any varicella-type rash round the injection site should be covered. Transmission of varicella vaccine virus from immunocompetent vaccinees to immunocompromised close contacts has occasionally been documented, though the risk is low. Consider

giving post-exposure prophylaxis to immunosuppressed contacts where the vaccinee has a disseminated rash (see the Green Book Varicella chapter (34)).

The most common adverse reactions are fever and injection site reactions including pain, swelling and erythema. Rash (including a measles-type and varicella-type rash) is also commonly reported. Malaise, fever or a rash (or a combination of these) most commonly occur about a week after immunisation, lasting around 2 to 3 days. Hypersensitivity reactions and anaphylaxis can occur but are very rare.

Rare and more serious events

Febrile seizures are the most commonly reported neurological event following immunisation with MMRV and more commonly after the first compared to the second dose. Seizures occur between day 5 and 12 following vaccination in around 1 in 1000 children vaccinated with MMRV. The absolute risk of febrile seizures remains low.

Encephalitis has been reported during post-marketing use of MMRV vaccines. In a few cases, fatal outcomes have been observed, especially in patients who were immunocompromised. Individuals, parents or carers should be instructed to seek prompt medical attention if they or their child experience symptoms suggestive of encephalitis such as loss or reduced levels of consciousness, convulsions or ataxia accompanied by fever and headache.

Arthropathy (arthralgia or arthritis) has also been reported to occur rarely after MMR/MMRV immunisation, probably due to the rubella component. If it is caused by the vaccine, it occurs between 14 and 21 days after immunisation. Where it occurs at other times, it is highly unlikely to have been caused by vaccination.

ITP has occurred rarely following MMR/MMRV vaccination, usually within six weeks of the first dose and resolves spontaneously. The risk of developing ITP after MMR/MMRV vaccine is much less than the risk of developing it after infection with wild measles or rubella virus.

Further details on adverse reactions following MMRV vaccine can be found in the relevant Green Book Measles, Mumps, Rubella and Varicella chapters and SmPCs.

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

Written information to be given to individual:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) provided with the vaccine.
- Supply immunisation promotional material as appropriate.

Individual advice/follow-up treatment:

- Inform the individual/carer of possible side effects and their management.
- The individual should be advised to seek medical advice in the event of a severe adverse reaction.
- Advise the individual that pregnancy should be avoided for one month after the vaccination.
- Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: http://www.mhra.gov.uk/yellowcard

3.4. Observation following vaccination

As syncope (fainting) can occur following vaccination, 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

Not applicable.

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.

All practitioners should:

- 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 Boards requirements.
- Maintain their skills, knowledge and their own professional level of competency 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

- Immunisation against Infectious Disease [The Green Book]
- Immunisation against Infectious Disease [The Green Book] UK Immunisation Schedule chapter (11)
- Immunisation against Infectious Disease [The Green Book] Measles chapter (21)
- Immunisation against Infectious Disease [The Green Book] Mumps chapter (23)
- Immunisation against Infectious Disease [The Green Book] Rubella chapter (28)
- Immunisation against Infectious Disease [The Green Book] Varicella chapter (34)
- Current edition of British National Formulary
- Marketing authorisation holder's Summary of Product Characteristics
- All relevant Scottish Government Health Directorate advice including the relevant CMO letter(s)
- Professional Guidance on the Administration of Medicines in Healthcare Settings 2019
- Professional Guidance on the Safe and Secure Handling of Medicines.
- UKHSA National measles guidelines
- NES training materials
- UKHSA - Vaccination of individuals with uncertain or incomplete immunisation status
- UKHSA - Guidance for MMRV vaccination: information for healthcare professionals

7. Version history

Version history PHS

Version	Date	Summary of changes
1.0	8th December 2025	• New PGD created
1.1	15 December 2025	The following changes have been made to V1.0 of this PGD: • Section 1.3 Exclusion criteria, removal of detailed information relating to long and moderate term corticosteroids • Appendix 1 - typographical error amended in relation to Varivax

Version history NoS

Version	Date of change	Summary of Changes	Section heading
1.0	11th December 2025	Reference to NoS Appendix 1 and 2	Authorisation
		Training requirements for NoS	Continuing education and training
		Minor typo amended	1.3
		Renumbering of PHS Appendix 1 to Appendix 3	Appendix 1 – PGD indications for MMR, MMRV
1.1	17th December 2025	Amendments as per PHS v1.1 applied	As below
		Document control changed to V1.1	Throughout

Appendix 1 - Healthcare Professional Agreement to Administration 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 Measles, Mumps, Rubella and Varicella (MMRV) Vaccine by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles, Version 1.1

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: _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

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 Measles, Mumps, Rubella and Varicella (MMRV) Vaccine by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles, Version 1.1
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

Patient Group Direction for the Administration of Measles, Mumps, Rubella and Varicella (MMRV) Vaccine by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles, Version 1.1

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Appendix 3 - PGD indications for use of MMR, MMRV and monovalent varicella vaccine, in accordance with the individual's age.

	6 to 9 months of age	9 months to less than 12 months of age	12 months of age and over
Monovalent varicella vaccine (V) PGD	Not recommended	Recommended vaccine for pre and post exposure to varicella	Recommended vaccine for pre and post exposure to varicella, where the individual is not eligible for the MMRV programme
MMR PGD	Indications for PGD unchanged: • early vaccination for travel to a measles endemic area • post exposure prophylaxis for measles • measles outbreaks	Indications for PGD unchanged: • early vaccination for travel to a measles endemic area • post exposure prophylaxis for measles • measles outbreaks	The individual is ineligible for the MMRV programme **and either** MMR protection is required in line with the vaccination of individuals with uncertain or incomplete immunisation algorithm **or** for travel, post exposure or outbreak
MMRV PGD	Not recommended	Alternative option for varicella pre and post-exposure, where Varivax® or Varilrix® is not available **and** protection is urgently required	**Routine vaccination** at 12 and 18 months for children born on or after 1 January 2025. Individuals ineligible for MMRV, when MMR or monovalent varicella vaccine is not available and who require urgent protection against MMR or V, such as in managing post-exposure varicella or measles outbreaks or administering an opportunistic catch-up dose of MMR vaccine. Where an individual requires both varicella vaccine and MMR vaccine at the same time, even if they are not eligible for MMRV in the routine programme.