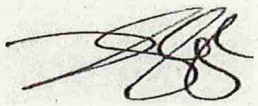
NHS Grampian NHS Shetland NHS Tayside

VACCINE GROUP DIRECTION (VGD)

For The Administration Of Pneumococcal Polysaccharide Conjugate Vaccine (PCV) Prevenar 20®
For use in NHS Grampian, Shetland And Tayside

This VGD has been authored by Public Health Scotland (PHS) and authorised by NOS PGD Group. PHS Publication date 11th November 2026, Version 1.0		**Approver on:** NoS PGD Group **Authorisation:** NHS Grampian
		Signature: 
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This VACCINE GROUP DIRECTION (VGD) has been authored by PHS and authorised by NoS PGD Group. This VGD is for use in NHS Grampian, NHS Shetland and NHS Tayside, as appropriate, to aid in the Pneumococcal Polysaccharide Conjugate vaccine (PCV) Prevenar 20® delivery programme.

Annex B and C must be completed to comply with the requirements of this VGD.

Uncontrolled when printed

Version 1.0

Insert Organisational logo

Public Health Scotland

Vaccine Group Direction: Administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®

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Version 1.0



Translations and other formats are available on request at:

phs.otherformats@phs.scot

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NoS Document History:

NoS VGD that has been superseded	New PHS Authored VGD, Version 1.0

Revision History for NoS:

Version	Date	Summary of changes
1.0	November 2026	Authorised for NHS Grampian, Shetland and Tayside only

PHS Most recent changes:

Version	Date	Summary of changes
1.0	November 2026	New VGD v1.0 created

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VGD

1. About The Vaccine Group Direction (VGD)

This VGD is for the administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20® in older adults and in individuals in a clinical risk group in accordance with the recommendations in The Green Book **Pneumococcal Chapter,** and/or in line with subsequent correspondence/publications from **Scottish Government**.

This VGD is for the administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20® by appropriately trained persons in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**.

Public Health Scotland, in the capacity of the Scottish public health agency, has produced and authored this VGD, for the purpose of providing protection against an infectious disease, namely pneumococcal disease, as part of a vaccination programme which has been approved by Scottish Ministers.

In accordance with regulation 235A, this VGD must be authorised by/on behalf of a senior manager of an NHS Board prior to use in said NHS Board and be in effect at the time at which the medicinal product is administered.

This VGD will facilitate the delivery of the national Pneumococcal Vaccination Programme in older adults and in individuals in a clinical risk group by Health Boards in Scotland and any organisation a Health Board makes arrangements with to deliver such services on its behalf, referred to as “the provider”. Please note that in the context of this VGD, “the provider” means:

a. a Health Board,
b. a Health Board working with Armed Forces staff where Armed Forces staff are working in Health Board settings, or
c. an organisation delivering services on behalf of a Health Board.

This VGD may be followed wholly from assessment of an individual through to post-vaccination by a single appropriately specified registered healthcare professional able to operate under Patient Group Directions, as specified in the relevant parts of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**. **Please note that nursing associates and operating department practitioners are not enabled to consent individuals under VGDs but may carry out non-registrant tasks provided they are supervised by a registered healthcare professional able to operate under Patient Group Directions.** Alternatively, obtaining consent from, and assessment of, an individual may be undertaken by a registered healthcare professional with the processes of vaccine preparation, administration and recording undertaken by a non-registered professional or a non-registered Armed Forces staff member under clinical supervision by a registered healthcare professional.

Where multiple person delivery models are used the provider must ensure that all elements of the VGD are complied with in the provision of the vaccination to each individual. **Please note that only the individual administering a vaccine may undertake reconstitution or dilution and stages 2 and 3 (preparation and administration) must be undertaken by the same individual. Vaccine preparation and administration cannot be separated.**

The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are authorised to provide under this VGD. As a minimum, competence requirements stipulated in the VGD under 'Characteristics of staff' must be adhered to.

The provider must identify a clinical supervisor who has overall responsibility for provision of vaccinations under the VGD at all times. This includes overall responsibility for the activities of any Armed Forces staff working under the VGD.

The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the VGD and provide clinical supervision for the overall provision of clinical care provided under the VGD.

The clinical supervisor must be identifiable to individuals receiving vaccination. Whenever the VGD is used, the name of the clinical supervisor taking responsibility and all of the persons working under different activity stages of the VGD must be recorded for the session using the schedule in Annex C or maintaining an equivalent electronic record.

The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the VGD. Persons working under the VGD may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Persons working to the VGD must understand who the clinical supervisor for their practice is at any time and can only work under their authority. The clinical supervisor may withdraw this authority for all persons or individual persons at any time and has authority to stop and start service provision under the VGD as necessary. All members of staff have a responsibility to, and should, report immediately to the clinical supervisor any concerns they have about working under the VGD in general or about a specific individual, process, issue or event.

Individual practitioners must be designated by name to work to this VGD. Persons working in accordance with this VGD must ensure they meet the staff characteristics for the activity they are undertaking, make a declaration of competence and be authorised in writing by the provider. This can be done by completing Annex B of this VGD or maintaining an equivalent electronic record.

It is a Health Board's responsibility to adhere to this VGD. Where the Health Board is not the provider, it is the Health Board's responsibility to ensure that any organisation they make arrangements with to deliver services on their behalf adheres to this VGD. The final authorised copy of this VGD should be kept by Health Boards for 8 years after the VGD expires. Providers adopting authorised versions of this VGD should also retain copies, along with the details of those authorised to work under it, for 8 years after the VGD expires.

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Any provider administering pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20® under VGD must work strictly within the terms of this VGD. **Authorising organisations must not alter, amend or add to the clinical content of this document; such action will invalidate the clinical sign-off with which it is provided in accordance with the regulations. The legal validity of this VGD is contingent on those authorising section 2 and Annex B complying with the above.**

The national Pneumococcal Vaccination Programme may also be provided under patient group direction, or on a patient specific basis, by or on the directions of an appropriate prescriber. Administration in these instances is not related to this VGD. Providers must check that they are using the current version of this VGD. Amendments may become necessary prior to the published expiry date. Current versions of VGDs authored by Public Health Scotland in accordance with regulation 235A of the Human Medicines Regulation 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**, can be requested by emailing phs.vaccination@phs.scot Any concerns regarding the content of this VGD should also be sent to this email address.

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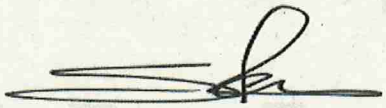
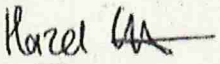
2. Approval and Clinical Authorisation

This VGD is not legally valid, in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**, until authored by Public Health Scotland and authorised by NHS Boards in Scotland.

On 04 November 2026 Public Health Scotland approved and authored this VGD in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**. Approval of clinical information in Annex A is via the Clinical Governance and Oversight Group of the Scottish Vaccination and Immunisation Programme on behalf of Public Health Scotland for the delivery of the national Pneumococcal Vaccination Programme, with defined limitations to authorisation that may be updated from time to time as may be required.

Clinical author signatories – Public Health Scotland			
Role	**Name**	**Signature**	**Date**
Medical	Sam Ghebrehewet		02 November 2026
Pharmacy	Hazel Close		02 November 2026
Nursing	Jill Madden		03 November 2026

Authorised for use by the following organisations and/or services
NoS Boards – NHS Grampian, Shetland and Tayside only
Limitations to authorisation
This authorisation applies to the administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®, only under the conditions set out in the authorisation license set out by the Medicines and Healthcare products Regulatory Agency.

Clinical authorisation acting as a senior manager for/on behalf of the NHS Board or commissioned service			
Role	**Name**	**Sign**	**Date**
Medical	Clare-Louise Walker	Clare Walker	16/11/2026
Pharmacy	Fiona Marion	Fmarion	12/11/2026
Nursing	Isabell MacInnes	I. MacInnes	12/11/2026
Authorised and Executive Approval For NoS – Chief Executive NHS Grampian	Laura Skaife-Knight	L Skaife	16/11/2026

Authorised & Approved by NoS PGD Group on behalf of NHS Grampian, Shetland and Tayside From 16th November 2026

3. Characteristics of staff

1. Characteristics of staff

The provider is responsible for the designation and authorisation of persons within the classes set out below permitted to administer medicinal products under this VGD. In doing so the provider must establish that those persons:

a) demonstrate appropriate knowledge and skills to work under the Vaccine Group Direction for the administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®.

b) have met the requirements of the relevant Public Service Delivery (PSD) Scotland Proficiency document as appropriate at https://learn.nes.nhs.scot/82079

Classes of persons permitted to administer medicinal products under this VGD		
This VGD may be adhered to wholly from assessment through to post-vaccination by a single appropriately specified registered healthcare professional. Alternatively, multiple persons may undertake specific activity stages in the vaccination pathway in accordance with this VGD under the supervision of the appropriately specified registered healthcare professional[1]. Activity stages of the vaccination pathway under this VGD:		
Stage 1	a) Assessment of the individual presenting for vaccination b) Provide information and obtain informed consent c) Provide advice to the individual, including written information.	Registered Healthcare Professionals Only

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Stage 2	Vaccine Preparation **Delegation of this stage must be to the same practitioner as stage 3*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff
Stage 3	Vaccine Administration **Delegation of this stage must be to the same practitioner as stage 2*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff
Stage 4	Record keeping	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff

***From 1 April 2026, only the person administering a vaccine may carry out reconstitution or dilution. Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under stage 1.**

Providers are responsible for assessing the competency of, designating and recording the names of, all those persons permitted to administer under this VGD.

[1]The following specified registered healthcare professionals are permitted to operate under the VGD stages 1 to 4, subject to the requirements set out below:

- 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

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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 currently registered with the General Dental Council.
- Optometrists currently registered with the General Optical Council.

The following professionals (who are in the main non-registered) are permitted to administer under the VGD, with appropriate supervision as set out below, subject to the requirements set out below:

- Healthcare support workers
- Pre-registration pharmacists and other pharmacy support practitioners
- Retired clinical practitioners such as doctors, dentists, pharmacists, nurses, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists,orthotists/prosthetists, paramedics, pharmacy technicians, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
- Student doctors, dentists, pharmacists, nurses, midwives, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
- Healthcare Scientists
- Dental nurses
- Physician's assistants
- Nursing associates
- Operating department practitioners
- Scottish Ambulance Service Ambulance Technicians

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The following non-registered Armed Forces staff are permitted to administer under the VGD with appropriate supervision as set out below, subject to the requirements set out below:

- Combat Medical Technician – Class 1,2 &3 (CMT)
- Royal Navy Medical Assistant (RN MA)
- Royal Air Forces Medic
- Defence Medic
- Healthcare Assistant (HCA)
- Military General Duties Vaccinators

Requirements

All those working under this VGD must have undertaken training, be assessed as competent and receive supervision appropriate to the stage of activity they are undertaking. Where multiple person delivery models are used, the provider must ensure that all elements of the VGD are complied with in the provision of vaccination to each individual. The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are employed to provide under this VGD. As a minimum, competence requirements stipulated in the VGD must be adhered to.

All persons must be designated by name by the provider as an approved person under the current terms of this VGD before working to it, and listed on the practitioner authorisation sheet in Annex B. All staff listed on the sheet will be covered by NHS indemnity extended by the Health Board who is responsible for the Pneumococcal Vaccination Programme in that locality. VGDs do not remove inherent obligations or accountability.

All practitioners operating under this VGD must work within their terms of employment at all times; registered healthcare professionals should also abide by their professional code of conduct.

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There are three underpinning principles to which every person undertaking activities under the remit of this VGD must adhere.

Training

- They must have undertaken training appropriate to this VGD and relevant to their role, as required by local policy and health board standard operating procedures and in line with the training recommendations for persons vaccinating for pneumococcal disease.
- They must have met the requirements set out in the relevant Public Service Delivery (PSD) Scotland Vaccination Proficiency document.

Competency

- Those providing clinical supervision to those administering the vaccine must be competent to assess individuals for suitability for vaccination, identify any contraindications / exclusions or precautions, discuss issues related to vaccination and obtain informed consent from the individuals being vaccinated. All persons must be one of above noted registered professionals.
- Those that are not registered professionals, and those returning to immunisation after a prolonged interval (more than 12 months), should be assessed and signed off as meeting the requirements of the relevant Public Service Delivery (PSD) Scotland Vaccination Proficiency document. They should be observed preparing and administering the vaccine until both they, and their supervisor or trainer, feel confident that they have the necessary knowledge and skills to prepare and administer vaccines safely and competently.
- Experienced persons should use the relevant PSD Scotland Vaccination Proficiency document to self-assess that they are able to meet all the competencies listed and confirm that they have the knowledge and skills necessary to administer pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®. They must have completed local Infection Prevention and Control (IPC) training and comply with the vaccination guidance.

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In addition and where indicated as relevant to the role:

- They must be familiar with the vaccine product and alert to any changes in the manufacturers summary of product characteristics (SmPC) and familiar with the national recommendations for the use of this vaccine.
- They must be familiar with, and alert to changes in relevant chapters of **The Green Book Chapter.**
- They must be familiar with, and alert to changes in the relevant provider's standard operating procedures (SOPs) and provider's arrangements for the national Pneumococcal Vaccination Programme.
- They must be competent in the correct handling and storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine.
- They must be competent in the recognition and management of anaphylaxis, have completed applicable basic life support training and be able to respond appropriately to immediate adverse reactions.
- They must have access to the provider's VGDs and relevant Pneumococcal Vaccination Programme online resources.
- For those preparing and administering the vaccine, they must be competent in the handling of the vaccine product and use of the correct technique for preparing the correct dose.
- For those preparing and administering the vaccine, they must be competent in the intramuscular injection technique, this should include a practical element.
- For those in record keeping roles, they must understand the importance of making sure vaccine information is recorded on the vaccination management app.
- They should fulfil any additional requirements defined by local policies developed in accordance with any national guidance.

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Supervision

- A period of supervised practice to allow observation of, and development of skills in vaccine administration and application of knowledge to practice is essential.
- Supervision for new immunisers and support for all immunisers is critical to the safe and successful delivery of the Pneumococcal Vaccination Programme.
- Non-registered professionals and non-registered Armed Forces staff must be supervised and supported by a registered healthcare professional at all times.
- The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the VGD and provide clinical supervision for the overall provision of clinical care provided under the VGD.

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4. Annex A: Clinical Information

This Annex provides information about the clinical situation or condition and treatment in relation to the Vaccine Group Direction.

4.1 Clinical condition or situation to which this Vaccine Group Direction applies

Category	Description
Inclusion Criteria	Active immunisation against invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, 33F. Pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20® vaccine should be offered to individuals invited, or eligible in accordance with the recommendations in The Green Book **Pneumococcal Chapter,** and/or in line with subsequent correspondence/publications from **Scottish Government**. National policy must be followed in relation to the priority groups eligible for vaccination at a particular point in time. The eligible groups are the following: • Adults aged 65 years and over **not** in a clinical risk group as defined in **The Green Book Pneumococcal Chapter** Table 2 and **not** previously vaccinated with PCV20 or PPV23. • Individuals aged 16 years and over experiencing homelessness in accordance with **The Chief Medical Officer (CMO) letter**. This includes people sleeping rough, those living in emergency accommodation, and individuals who have recently experienced homelessness.

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	• Individuals aged 18 years and over and have a medical condition included in the clinical risk groups defined in **The Green Book Pneumococcal Chapter**, Table 2.* • Individuals aged 18 years and over with asplenia, splenic dysfunction, or chronic kidney disease who require a pneumococcal vaccine booster (see **The Green Book Pneumococcal Chapter**). • Individuals aged 18 years and over who are recommended vaccination by the local Health Protection Team for the public health management of pneumococcal disease in accordance with **Guidelines for the public health management of clusters of severe pneumococcal disease in closed settings.** • Individuals aged 18 years and over who have received a haematopoietic stem cell transplant or CAR-T therapy and who require revaccination, in accordance with the **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment** guidance. Valid consent has been given to receive the vaccine. * This includes a single vaccination for individuals 18 years of age and over with coeliac disease without known splenic dysfunction.
Exclusion criteria	Individuals who: • are under 18 years of age (this does not include individuals experiencing homelessness who may be vaccinated from age 16 years and over in accordance with **The Chief Medical Officer (CMO) letter**.)

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	• have had an anaphylactic reaction to a previous dose of PCV20 or any component of the vaccine. • have a history of severe (i.e. anaphylactic reaction) to latex where the vaccine is not latex free. • are in a clinical risk group who have previously received PPV23 or PCV20 except individuals with asplenia, splenic dysfunction, complement disorder, severe immunocompromise or chronic kidney disease (see **The Green Book Pneumococcal Chapter**) or those recommended for vaccination in the **Guidelines for the public health management of clusters of severe pneumococcal disease in closed settings**. • have received a pneumococcal polysaccharide or conjugate vaccine of any valency in the preceding 4 weeks. • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).
Cautions/ need for further advice/ circumstances when further advice should be sought	**The Green Book Pneumococcal chapter** advises that there are very few individuals who cannot receive PCV20 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

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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.

Those requiring splenectomy or commencing immunosuppressive treatment should be vaccinated according to the age-specific advice in **The Green Book Pneumococcal chapter**. Ideally, the vaccines should be given 4-6 weeks before elective splenectomy or initiation of treatment such as chemotherapy or radiotherapy. Where this is not possible, it can be given up to two weeks before treatment. If it is not possible to vaccinate beforehand, splenectomy, chemotherapy or radiotherapy should never be delayed.

If it is not practicable to vaccinate two weeks before splenectomy, immunisation should be delayed until at least two weeks after the operation because functional antibody responses may be better from this time. If it is not practicable to vaccinate two weeks before starting chemotherapy/radiotherapy, immunisation should be delayed until at least three months after completion of therapy to maximise vaccine response. Immunisation of these patients should not be delayed if this is likely to result in a failure to vaccinate.

Co-administration with other vaccines

Pneumococcal vaccines can be given at the same time as other vaccines such as DTaP/IPV/Hib/HepB, meningococcal B vaccines, MMRV, meningococcal ACWY, rotavirus and influenza.

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	When administering at the same time as other vaccines care should be taken to ensure that 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. **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** Pneumococcal vaccines may be given to pregnant women when the need for protection is required without delay. There is no evidence of risk from vaccinating pregnant women or those who are breast-feeding with inactivated viral or bacterial vaccines or toxoids.
Action if excluded	Specialist advice should be sought on the vaccine and circumstances under which it could be given as vaccination using a patient specific direction or patient group 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.

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	If PCV20 or PPV23 has previously been received over the age of 2 years in a clinical risk group **and** the individual does **not** have asplenia, splenic dysfunction or chronic kidney disease **or** the individual is **not** recommended vaccination for the **public health management of clusters of severe serious pneumococcal disease in closed settings**, additional doses of PCV20 are **not** indicated. For individuals younger than 18 years of age with a medical condition included in the clinical risk groups defined in The Green Book Pneumococcal Chapter, Table 2, refer to the PCV20 patient group direction (this does not apply to individuals experiencing homelessness who may be vaccinated from 16 years of age under this VGD). For those individuals who have received a pneumococcal conjugate vaccine of any valency in the preceding 4 weeks postpone immunisation until 4 weeks has elapsed. **Temporary exclusion** In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated and ensure another appointment is arranged.
Action if person 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.

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4.2 Description of treatment

Category	Description
Name of medicine	20-valent pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20® suspension for injection. Pneumococcal polysaccharide conjugate vaccine 0.5ml suspension for injection in a pre-filled syringe, with each 0.5ml dose containing each of the following 20 pneumococcal polysaccharide serotypes conjugated to CRM_{197} carrier protein: 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, 33F.
Form	Pre-filled syringe
Route of administration	Administer by intramuscular (IM) injection, preferably into the deltoid muscle of the upper arm. For individuals with an unstable bleeding disorder (or where intramuscular injection is otherwise not considered suitable), vaccines normally given by the intramuscular route should be given by deep subcutaneous injection, in accordance with the recommendations in **The Green Book Immunisation Procedures chapter (4)**. The vaccine should be shaken vigorously to obtain a homogenous white suspension and should be inspected visually for any particulate matter and/or variation of physical aspect prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine.
Dosage	0.5ml

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Frequency	Single 0.5ml dose. A minimum interval of 4 weeks should be observed between any 2 doses of any pneumococcal vaccine (regardless of the valency). **Adults aged 65 years and over not in a clinical risk group** • a single dose of 0.5ml of PCV20 If an individual has already received PPV23 or PCV20 because they are in a **clinical risk group**, they do **not** require another dose of PCV20 at 65 years of age and over, irrespective of the interval since they received PPV23 or PCV20. **Individuals aged 16 years and over experiencing homelessness (who are not otherwise eligible for pneumococcal vaccination)** • a single dose of 0.5ml of PCV20 **All clinical risk groups aged 18 years or over (except severely immunocompromised)** • a single dose of 0.5ml of PCV20. **Individuals aged 18 years or over who become severely immunocompromised** (please refer to **The Green Book Pneumococcal Chapter**, Table 3b)**:** Examples of severe immunocompromise include patients with acute and chronic leukaemia, multiple myeloma or genetic disorders affecting the immune system (such as IRAK-4, NEMO) (see **The Green Book Pneumococcal Chapter**). Individuals who became severely immunocompromised before reaching 18 years of age who did not receive the recommended vaccination at that time may be vaccinated under this VGD.

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- An initial dose of PCV20.
- A booster dose of PCV20 should be administered with an interval of at least 4 weeks after the last PCV dose.

5 yearly booster doses

Individuals with asplenia, splenic dysfunction (including sickle cell disease), or chronic kidney disease should be revaccinated every 5 years with PCV20. Booster doses are covered under this VGD.

Revaccination with PCV20 is currently **not** recommended for any other clinical risk groups or age groups. This includes those individuals aged 18 years of age and over with coeliac disease without known splenic dysfunction.

Testing of antibody levels prior to vaccination is **not** required for these or any other risk groups.

Revaccination of individuals who have received a haemopoietic stem cell transplant

In accordance with the **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment** guidance, all outstanding pneumococcal vaccine doses should be PCV20. Replacing previously indicated PCV13 and/or PPV23 doses which are outstanding are authorised under this VGD.

Management of a pneumococcal disease clusters and outbreaks

In accordance with advice from local Health Protection Team and informed by **Guidelines for the public health**

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	management of clusters of severe serious pneumococcal disease in closed settings.
Duration of treatment	See frequency section.
Maximum or minimum treatment period	See frequency section.
Quantity to administer	See frequency section.
▼ black triangle medicines	Yes.
Legal category	Prescription Only Medicine (POM)
Is the use out with the SPC?	Yes. The SmPC recommends that individuals who receive a first dose of PCV20 complete the vaccination course with PCV20, however, the vaccine can be interchanged in accordance with the national guidance, see **The Green Book Pneumococcal Chapter**. Where the SmPC states that an 8 week interval from the last pneumococcal conjugate vaccination should be observed, the vaccine can be given at a minimum 4-week interval in accordance with **The Green Book Pneumococcal Chapter.** Administration of a further dose of PCV20 to high-risk individuals who have already received a dose of PCV20 more than 12 months previously is off-label but may be recommended

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	by the local Health Protection Team in accordance with the **Guidelines for the public health management of clusters of severe pneumococcal disease in closed settings** and **The Green Book Pneumococcal Chapter**. Revaccination of individuals following haematopoietic stem cell transplant or CAR-T treatment is considered off-label but is in accordance with the **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment** guidance. 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 VGD 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 outside of product licence but in accordance with national guidance.
Storage requirements	**General requirements** Vaccine should be stored at a temperature of +2° to +8°C. Pre-filled syringes should be stored in the refrigerator horizontally to minimise the resuspension time. Store in the original packaging to protect from light. Do not freeze.

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	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 use or appropriate disposal.
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.

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4.3 Adverse reactions

Category	Description
Warnings including possible adverse reactions	In adults, the most commonly reported reactions were pain at the injection site, muscle pain, fatigue, headache and joint pain. 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 the individual should be advised to seek medical advice.
Management of adverse reactions	Anaphylaxis is a very rare, recognised side effect of most vaccines and suspected cases should be reported via the MHRA Yellow Card Scheme. The Green Book **Vaccine safety and adverse events following immunisation chapter (8)** gives detailed guidance on distinguishing between faints, panic attacks and the signs and symptoms of anaphylaxis. If a case of suspected anaphylaxis meets the clinical features described in The Green Book **Vaccine safety and adverse events following immunisation chapter (8)** , this should be reported via the Yellow Card Scheme as a case of 'anaphylaxis' (or if appropriate 'anaphylactoid reaction'). Cases of less severe allergic reactions (i.e. not including the clinical features of anaphylaxis) should not be reported as anaphylaxis but as 'allergic reaction'.
Reporting procedure for adverse reactions	Healthcare professionals and individuals/carers should reportsuspected adverse reactions to the Medicines and Healthcareproducts Regulatory Agency (MHRA) using the

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	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. Programmatic Adverse Events should be recorded in line with local procedures and where appropriate escalated in accordance with the national framework.
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:** • Individuals at especially increased risk of serious pneumococcal infection (such as those with asplenia or those who have received immunosuppressive therapy for any reason), should be advised regarding the possible need for early antimicrobial treatment in the event of severe, sudden febrile illness. • 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. • Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: **http://yellowcard.mhra.gov.uk.**

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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 individuals remain under observation in line with NHS Board policy.
Follow up	As above
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 professional overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of an individual with anaphylaxis.

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5. Audit Trail/Records

Name	Description
Record/ audit trail	Record: • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of person that undertook assessment of individual's clinical suitability • name of person that 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 vaccine group direction. 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 contemporaneousand in an easily retrievable format.

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6. References

Name	Description
Additional references	• **Immunisation against Infectious Disease [The Green Book].** • **The Green Book Pneumococcal Chapter** • **Immunisation against Infectious Disease [The Green Book], Immunisation of individuals with underlying medical conditions chapter (7).** • **Guidelines for the public health management of clusters of severe pneumococcal disease in closed settings.** • **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment.** • 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).** • **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**.

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	• **Educational resources for registered professionals produced by Public Services Delivery Scotland.** • **UKHSA Guidance - Pneumococcal vaccination for older adults and for individuals in a clinical risk group: Information for healthcare practitioners.** • **Scottish Government Section 47 certificate of incapacity** • **PSDS adults with incapacity**

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7. Annex B: Practitioner authorisation sheet

Vaccine Group Direction: Administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®

Valid from: 16th November 2026

Expiry: October 2029

Before signing this VGD, check that the document has had the necessary authorisations. Without these, this VGD is not lawfully valid.

Practitioner

By signing this VGD you are indicating that you agree to its contents and that **you will work within it.**

VGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each practitioner to practice only within the bounds of their own competence and any appropriate professional code of conduct.

I confirm that I have read and understood the content of this VGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

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Person authorising on behalf of the Provider

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

Note to person authorising on behalf of Provider

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 VGD.

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8. Annex C: Clinical Supervision sheet

Vaccine Group Direction: Administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®

Valid from: 16th November 2026

Expiry: October 2029

This sheet must record the name of the clinical supervisor taking responsibility and all of the people working under different activity stages of the VGD.

Activity stages of the vaccination pathway under this VGD:

Stage 1	a) Assessment of the individual presenting for vaccination b) Provide information and obtain informed consent c) Provide advice to the individual, including written information	Registered Healthcare Professionals Only
Stage 2	Vaccine Preparation **Delegation of this stage must be to the same practitioner as stage 3*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 3	Vaccine Administration **Delegation of this stage must be to the same practitioner as stage 2*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

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Stage 4	Record Keeping	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

***From 1 April 2026, only the person administering a vaccine may carry out reconstitution or dilution. Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under stage 1.**

The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the VGD. Persons working under the VGD may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Before signing this VGD, check that the document has had the necessary authorisations. Without these, this VGD is not lawfully valid.

Clinical Supervisor

Name	Designation	Signature	Date

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Practitioner(s) and Activity Stages

Name	Activity Stage(s)	Signature	Date	Clinical Supervisor Initials

Note to Clinical Supervisor

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 clinical supervision arrangements for those working under this VGD.

9. PHS Version history

Version	Date	Summary of changes
1.0	11 November 2026	New VGD v1.0 created

NoS version History

Version	Date	Summary of changes
1.0	12 November 2026	New Vaccine Group Direction (VGD) to support the 2026/27 Administration of pneumococcal polysaccharide conjugate vaccine (PCV) Prevenar 20®