## This document provides a notice of extension of the validity of the following PGD:

**UKHSA Publications gateway number: GOV-15000**

Reference no: Zostavax® PGD

Version no: v11.00

Valid from: 1 September 2023

Expiry date: 30 June 2024 (Extended to **31 October 2024**)

This PGD is extended and valid until 31 October 2024, reflecting the longest-dated shelf life of centrally supplied stock of Zostavax®, following its phasing out from the shingles vaccination programme.

This extension is approved by the following health professionals on behalf of UKHSA:

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| **Developed by:** | **Name** | **Signature** | **Date** |
| Pharmacist(Lead Author) | Christina Wilson Lead Pharmacist – Immunisation Services, Immunisation and Vaccine Preventable Diseases Division, UKHSA  |  | 2 November 2023 |
| Doctor | Dr Gayatri AmirthalingamDeputy Director of Public Health Programmes and Consultant Medical Epidemiologist, Immunisation and Vaccine Preventable Diseases Division, UKHSA |  | 2 November 2023 |
| Registered Nurse(Chair of Expert Panel) | David GreenNurse Consultant – Immunisation and Vaccine Preventable Diseases Division, UKHSA |  | 2 November 2023 |

This extension has been approved by the UKHSA Medicines Governance Committee.

Insert authorising body name authorises this extension and continued used of Zostavax® PGD v11.00 during the assigned period by the services or providers listed below:

|  |
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| Authorised for use by the following organisations and/or services |
| For instance, all NHS England commissioned immunisation services or NHS Trusts providing immunisation services. |
| Limitations to authorisation  |
| For instance, any local limitations the authorising organisation feels they need to apply in line with the way services are commissioned locally. This organisation does not authorize the use of this PGD by… |
| Organisational approval (legal requirement)  |
| Role | Name  | Sign | Date |
| For instance, NHS England Governance Lead, Medical Director  |   |   |   |

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| **Additional signatories according to locally agreed policy** |
| **Role** | **Name**  | **Sign** | **Date** |
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