Notice of extension of Patient Group Direction validity

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

**UKHSA publications gateway number: GOV-11415**

Reference no: Hepatitis A and typhoid vaccine PGD

Version no: v3.00

Valid from: 1 March 2022

Review date: 1 September 2023

Expiry date: 29 February 2024 (Extended to 31 May 2024)

This PGD is extended and valid until 31 May 2024, reflecting the longest-dated stock of ViATIM®, following its withdrawal from the UK market in Autumn 2022.

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

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| **Developed by:** | **Name** | **Signature** | **Date** |
| **Pharmacist**  (Reviewing Author) | Christina Wilson  Lead Pharmacist -Immunisation Services, Immunisation and Vaccine Preventable Disease Division, UKHSA | Text  Description automatically generated | 1 November 2023 |
| **Doctor** | Mary Ramsay  Director of Public Health Programmes and Consultant Epidemiologist- Immunisation and Vaccine Preventable Disease Division, UKHSA |  | 1 November 2023 |
| **Registered Nurse**  (Chair of Expert Panel) | David Green  Nurse Consultant for Immunisation, Immunisation and Vaccine Preventable Diseases Division, UKHSA |  | 1 November 2023 |

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

Insert authorising body nameauthorises this extension and continued used of Hep A and Typhoid PGD v3.00 during the assigned period by the services or providers listed below:

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| **Authorised for use by the following organisations 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 authorise the use of this PGD by …. |

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| **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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