Meningococcal Group B Vaccine for individuals attending undergraduate higher education or living in residential further education accommodation for the first time in Autumn 2026 Patient Group Direction (PGD)

This PGD is for the administration of meningococcal group B vaccine (rDNA, component, adsorbed) (4CMenB) for the prevention of meningococcal group B disease to individuals with a date of birth between 2 July 2007 and 1 July 2008 (the 2025/26 Year 14 cohort) and those aged up to and including 25 years of age (between 21 July and 31 December 2026) who will be attending undergraduate Higher Education or living in residential Further Education (HEFRE entrants) accommodation or halls of residence for the first time in Autumn 2026 as defined in the CMO letter.

This PGD is for the administration of 4CMenB by registered healthcare practitioners identified in Section 3, subject to any limitations to authorisation detailed in Section 2.

Reference no:	4CMenB time-limited offer for Autumn 2026 PGD
Version no:	v01.00
Valid from:	31 July 2026
Expiry date:	31 March 2027

The Public Health Agency (PHA) and the Strategic Planning and Performance Group (SPPG) have adapted the UK Health Security Agency (UKHSA) **4CMenB time-limited offer for Autumn 2026 PGD v01.00** (**publications gateway number: GOV-21250**) for use in Northern Ireland. This PGD can be used to facilitate the delivery of immunisations in the HSC in line with national recommendations.

Trust staff using this PGD must ensure that it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Primary Care/Trusts must not alter, amend or add to the clinical content of this document (Sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition, authorising organisations must not alter Section 3 'Characteristics of staff'. Only Sections 2 and 7 can be amended within the designated editable fields provided.

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 25 years after the PGD expires[2].Provider organisations adopting authorised versions of this PGD should also retain copies for the period specified above.

INDIVIDUAL REGISTERED PRACTITIONERS MUST BE AUTHORISED BY NAME, TO WORK ACCORDING TO THE CURRENT VERSION OF THIS PGD, BY SIGNING SECTION 7. A COUNTER SIGNATURE MUST ALSO BE PROVIDED BY A MANAGER WITH THE RELEVANT LEVEL OF AUTHORITY, BY SIGNING SECTION 7.

[1] This includes any relevant amendments to legislation (e.g. 2013 No. 235, 2015 No. 178 and 2015 No. 323).
[2] Department of Health, Good Management, Good Records, Disposal Schedule - Section G part 2, G84.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Current versions of PGD templates can be found on:

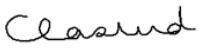
- Trust Intranet or
- Primary Care Intranet

Any concerns regarding the content of this PGD should be addressed to: pha.immunisation@hscni.net

Change history

Version number	Change details	Date
v1.0	New MenB PGD Following the unprecedented MenB outbreak, primarily among University of Kent students in March 2026, and clusters in Weymouth and Reading, this PGD has been developed for a one-off, time-limited offer of MenB vaccination to be given to individuals as described in CMO letter.	26 June 2026

1. PGD template development

	Name	Signature	Date
Pharmacist	Christina Eastwood Pharmacist SPPG		10th July 2026
Doctor	Laura McCartney, Specialty Doctor in Health Protection, PHA		16th July 2026
Nurse	Louise Graham Health Protection Nurse, PHA		17th July 2026

Second Check

	Name	Date
Pharmacist	Helen Parr	20th July 2026

2. Organisational authorisations

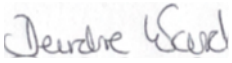
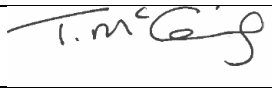
a) Primary Care Authorisation

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD. Any provider delivering the national 4CMenB time-limited offer Autumn 2026 vaccination programme under PGD must work strictly within the terms of this PGD.

SPPG and PHA authorise this PGD for use by the services or providers listed below:

Authorised for use by the following organisations and/or services
HSC Primary Care commissioned services
Limitations to authorisation

Primary Care approval			
Role	**Name**	**Sign**	**Date**
Consultant in Service Development, PHA	Louise Herron		21/7/26
Interim Head of Pharmacy and Medicines Management, Directorate of Primary Care, SPPG	Kathryn Turner		20/7/26
Interim Assistant Director Strategic Public Health Starting Well, PHA	Deirdre Ward		20/7/26
Interim Chief Operating Officer, SPPG, Department of Health	Tracey McCaig		23/7/26

GP Practice/Federation Signatory			
Role	**Name**	**Sign**	**Date**
Lead GP			

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

b) HSC Trust Authorisation

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

INSERT AUTHORISING TRUST NAME authorise this PGD for use by the services or providers listed below:

Authorised for use by the following organisations and/or services
e.g. HSC Trusts immunisation services. (Trust to complete)
Limitations to authorisation
e.g. 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 …(Trust to complete).

Organisational approval			
Role	**Name**	**Sign**	**Date**
Trust to enter details here			

Additional signatories according to Trust policy			
Role	**Name**	**Sign**	**Date**

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

3. Characteristics of staff

Qualifications and professional registration	**All practitioners should only administer vaccination where it is within their clinical scope of practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the sections below:** Registered professionals with one of the following bodies: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists currently registered with the Pharmaceutical Society of Northern Ireland (PSNI) (Note: This PGD is not relevant to privately provided community pharmacy services) • paramedics, physiotherapists, dieticians, podiatrists, and occupational therapists currently registered with the Health and Care Professions Council (HCPC) The practitioners above must also fulfil the additional requirements detailed below. Check Section 2 **'**Limits to authorisation' to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Additional requirements	Additionally practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease ('The Green Book'), and national and local immunisation programmes • must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines, and management of the cold chain • must be competent in intramuscular and subcutaneous injection techniques • must be competent in the recognition and management of anaphylaxis, have completed basic life support training and be able to respond appropriately to immediate adverse reactions; must be familiar with Resuscitation Council UK (RCUK) guidance on Management of Anaphylaxis in the Vaccination Setting • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy

	THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.
Continued training requirements	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). Practitioners should be constantly alert to any subsequent recommendations from PHA/SPPG and/or Department of Health (NI) and/or UKHSA and other sources of medicines information. Note: The most current national recommendations should be followed but a Patient Specific Direction (PSD) may be required to administer the vaccine in line with updated recommendations that are outside the criteria specified in this PGD.

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Indicated for the active immunisation against *Neisseria meningitidis* group B in accordance with the national recommendations (see CMO letter) • individuals born between 2 July 2007 and 1 July 2008 (the 2025/26 academic year school year 14) • individuals aged up to and including 25 years of age (between 21 July and 31 December 2026) who will be attending Higher Education or a Residential Further Education (HERFE) Institution in the UK or Ireland for the first time in Autumn 2026 (including international students).

Criteria for inclusion	Individuals who:
	• are born between 2 July 2007 and 1 July 2008 (the 2025/26 academic school year 14 group)
	• are first time HERFE entrants in the academic year 2026-27, born on or after 21 July 2001 and:
	  • are due to start undergraduate higher education in the UK or Ireland in Autumn 2026, including international students and those from the UK devolved administrations and Crown Dependencies.
	  • will be starting in further education settings and will be living in further education accommodation or halls of residence in the UK or Ireland for the first time in Autumn 2026, including international students and those from the UK devolved administrations and Crown Dependencies
	
	and present acceptable evidence at their initial vaccination appointment that they are due to attend HERFE in the UK or Ireland for the first time in the academic year 2026-27. Refer to the CMO letter for evidence required for eligibility.
	
	Those working under this PGD should consult the CMO letter for details of the residential further education settings for which students in Northern Ireland are eligible.

Criteria for exclusion[3]	• Individuals for whom valid consent or a 'best-interests' decision in accordance with the common law in Northern Ireland in relation to the best interests of the incapacitous individual has not been received (for further information on consent see Reference guide to consent for examination or treatment and Chapter 2 of 'The Green Book'). Several resources are available to inform consent (see written information to be given to individual or carer section). Individuals who: • are aged up to and including 25 years, who are not entering HERFE for the first time from the Autumn term 2026, and fall outside the Year 14 age group in the academic year 2025/26 as specified above • are postgraduate and other students who will, by definition, not be entering HERFE for the first time in the Autumn term 2026 • have completed a 2-dose course of Bexsero® within the last 5 years

[3] Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required.

(continued)	• have completed a 2-dose course (provided those doses were given at least 6 months apart) or 3-dose course of Trumenba® within the last 5 years • have had a confirmed anaphylactic reaction to a previous dose of the vaccine or to any constituent or excipient of the vaccine including kanamycin • require vaccination for occupational health reasons, travel or going to reside abroad (except individuals in the inclusion criteria) • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)
Cautions including any relevant action to be taken	Facilities for management of anaphylaxis should be available at all vaccination sites (see Chapter 8 of the Green Book) and advice issued by the Resuscitation Council UK. The immunogenicity of the vaccine could be reduced in individuals who are immunosuppressed and individuals with HIV. However, vaccination should proceed in accordance with national recommendations (see Chapter 22). 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. As fainting can occur following vaccination, individuals, where appropriate, should be advised not to drive or use machinery until symptoms have cleared.
Action to be taken if the individual is excluded	Individuals requiring vaccination for occupational health reasons should be referred to their occupational health service provider for vaccination. There are currently no recommendations for 4CMenB vaccination for individuals who are travelling or going to reside abroad. Individuals suffering acute severe febrile illness should postpone immunisation until they have recovered; immunisers should advise when the individual can be vaccinated and ensure another appointment is arranged. Document the reason for exclusion and any action taken in the individual's clinical records. Further advice also may be provided from the Acute Response Health Protection (PHA Duty Room): pha.immunisation@hscni.net/0300 555 0119. The risk to the individual of not being immunised must be taken into account. Document the reason for exclusion and any action taken in the individual's clinical records. In a GP practice setting, inform or refer to the GP or a prescriber as appropriate.
Action to be taken if the individual or carer declines treatment	Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained for each administration.

	Advise the individual/carer about the protective effects of the vaccine, the risks of infection and potential complications of disease. Document advice given and the decision reached. Inform or refer to the GP or a prescriber as appropriate.
Arrangements for referral for medical advice	Seek appropriate advice from the individual's clinician as required.

5. Description of treatment

Name, strength & formulation of drug	Meningococcal group B Vaccine (rDNA, component, adsorbed), 4CMenB: Bexsero® suspension for injection, 0.5ml, in a pre-filled syringe One dose of 0.5ml suspension contains: Recombinant Neisseria meningitidis group B NHBA fusion protein — 50micrograms Recombinant Neisseria meningitidis group B NadA protein — 50micrograms Recombinant Neisseria meningitidis group B fHbp fusion protein — 50micrograms Outer membrane vesicles (OMV) from Neisseria meningitidis group B strain NZ98/254 measured as amount of total protein containing the PorA P1.4 — 25micrograms For full details of the formulation see SPC.
Legal category	Prescription Only Medicine (POM)
Black triangle▼	No
Off-label use	Administration by deep subcutaneous injection to individuals with a bleeding disorder is off label, however, it is in line with the advice given in Chapter 4 of 'The Green Book'. Vaccines should be stored according to the conditions detailed in the storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions advice should be sought from the Medicine Information Service. Where vaccine is assessed following advice by the Medicine Information Service as appropriate for continued use, this would constitute off-label administration under this PGD. 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.
Route / method of administration (Continued over page)	Bexsero® is given as a 0.5ml dose by intramuscular injection in the deltoid muscle of the upper arm (or anterolateral aspect of the thigh where the deltoid cannot be used). If another vaccine needs to be administered 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. The vaccine must not be injected intravenously or intradermally and must not be mixed with other vaccines in the same syringe. The vaccine must not be given subcutaneously except to individuals with a bleeding disorder when vaccines normally given by an IM route should be given by deep subcutaneous injection to reduce the risk of bleeding (see Green Book Chapter 4). The vaccine is a white opalescent liquid suspension. Upon storage a fine off-white deposit may be observed in the pre-filled syringe containing the suspension.

<table>
<tr><td>(continued)</td><td>Before use, the pre-filled syringe should be well shaken in order to form a homogeneous suspension.

The vaccine should be visually inspected for particulate matter and discoloration prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine. The vaccine's SPC provides further guidance on administration and is available from the electronic Medicines Compendium website.</td></tr>
<tr><td>Dose and frequency of administration</td><td>Immunisation Schedule

Bexsero® should be administered as a two-dose course, with a minimum 4-week interval between doses.

For individuals who have previously received some doses of Men B vaccine, Table 1 below provides detailed dosing information depending on their vaccination status at the time of first attendance.

This is a time-limited offer (with first doses offered until 31 December 2026 and second doses offered until 31 March 2027), to enable late attendees, and international students who arrive in the Northern Ireland after the summer months, to accept the offer of two doses. First doses should preferably be offered as early as possible from when the programme commences on 31st July 2026 to ensure completion of the course prior to the start of the 2026/27 academic year.

Table 1: Dosing schedule of Bexsero® in relation to the vaccination status of the individual at the time of first attendance
<table>
<tr><th>Vaccination status</th><th>Dosing</th><th>Guidance</th></tr>
<tr><td>1 dose Bexsero® (irrespective of timing of that prior dose)</td><td>1 dose of Bexsero® now</td><td>Where individuals have received one prior dose of Bexsero®, a further dose should be given, a minimum of 28 days after the first dose, to complete the full course of 2 Bexsero® doses.</td></tr>
<tr><td>2 doses of Bexsero® less than 5 years ago</td><td>No further doses now</td><td>Where individuals have previously completed a two-dose course of Bexsero® within the last 5 years, no further vaccination is required.</td></tr>
<tr><td>2 doses of Bexsero® 5 or more years ago</td><td>1 dose Bexsero® now</td><td>Where individuals have previously completed a two-dose course of Bexsero® 5 or more years ago then a single dose should be offered.</td></tr>
<tr><td>2 or 3 doses of Trumenba® (complete course) less than 5 years ago</td><td>No further doses now</td><td>Where individuals have previously completed a course of Trumenba® within the last 5 years, no further vaccination is required. Two doses at least 6</td></tr>
</table></td></tr>
</table>

		months apart are considered equivalent to receipt of 3 doses.
2- or 3-dose Trumenba® (complete course) 5 or more years ago	Full, 2-dose course of Bexsero®, starting now	Two doses at least 6 months apart are considered equivalent to receipt of 3 doses. Trumenba® and Bexsero® MenB vaccines are not interchangeable. Where individuals have previously completed a course of Trumenba® 5 or more years ago, they should be offered to restart a two-dose course with Bexsero®.
1 dose of Trumenba®, or 2 doses delivered less than 6 months apart (partial course)	Start Bexsero® now, 2 doses (or they can choose to complete the Trumenba® schedule but not via the national programme)	Where individuals have had a partial course of Trumenba® (defined as one prior dose, or 2 doses delivered less than 6 months apart), they may complete their vaccination course of that vaccination. Alternatively, they can be offered a two-dose course of Bexsero®. There is no specific information on the best interval between Trumenba® and Bexsero®, however from first principles an interval of at least 4 weeks is advised.

Note:

Trumenba® is not used in the routine UK national immunisation programme. However, it is available in the UK, and individuals may have been given the vaccine by private healthcare providers or travel clinics or if they were contacts of a case. Individuals from overseas may have received Trumenba® vaccine outside of the UK. Therefore, individuals may present having already received a partial or completed course of Trumenba®.

Individuals with unknown or incomplete vaccination history

Vaccination courses delivered to individuals as part of the Canterbury, Weymouth and Reading MenB responses, or as part of the gonorrhoea vaccination programme, may mean that some individuals present to clinics having already received at least one dose of MenB (Bexsero®) vaccination. It is also likely that a proportion of the eligible cohort will have taken up at least one dose via the private providers and international students may have received a dose or course of vaccination outside of the UK.

	Where an eligible individual is uncertain about their vaccination history and is unable to produce any evidence of prior vaccination when they present, a 2-dose course of Bexsero® should commence rather than risk leaving them unprotected. In clinical trials, no increase in the incidence or severity of the adverse reactions to Bexsero® vaccination (commonly pain at the injection site, malaise and headache) was seen with the administration of further doses. For further information see CMO letter.
Duration of treatment	Single 0.5ml dose, repeated at recommended intervals as outlined above in dose and frequency of administration.
Quantity to be supplied / administered	Single 0.5ml dose per administration.
Supplies	See CMO letter. Vaccine for the national immunisation programme should only be used for patients eligible in the routine programme; with exception to situations authorised by the PHA immunisation team (pha.immunisation@hscni.net). Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage. (See Trust / Primary Care Guidance on vaccine storage and handling and 'The Green Book' Chapter 3).
Storage	Store between +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze. 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. Breaches in the cold chain should be reported in line with local arrangements. Refer to Trust policy or Guidance on vaccine handling and storage in GP practices. Contact the vaccine manufacturer where more specific advice is required about managing a temperature excursion. Vaccine loss outside of secondary care settings should also be reported to the PHA Duty Room (0300 555 0119) for further risk assessment, including whether patients need revaccination following a cold chain breach.
Disposal	Follow local clinical waste policy and standard operating procedures to ensure safe and secure waste disposal. Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to local authority regulations and guidance in the technical memorandum 07-01: Safe management of healthcare waste (NHS England)
Drug interactions	Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic disorder, or other causes, may have reduced antibody response to active immunisation.

	Vaccination is recommended even if the antibody response may be limited. Bexsero® can be given at the same time or at any interval from other vaccines.
Identification & management of adverse reactions	The most common local and systemic adverse reactions observed in in adolescents and adults after administration of Bexsero® are injection site reactions (including pain, swelling, induration and erythema) malaise, myalgia, arthralgia, nausea and headache. A detailed list of adverse reactions is available in the vaccine's SPC, which is available from the electronic Medicines Compendium website
Reporting procedure of adverse reactions	Healthcare professionals and individuals, parents and carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed.
Written information to be given to patient or carer	Offer marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. For resources in accessible formats and alternative languages, please visit Home - Health Publications. Where applicable, inform the individual/carer that the PIL with large print, Braille or audio CD can be ordered from the manufacturer (see electronic medicines compendium) Information on Meningitis B and the vaccination is available on NI Direct and a meningitis B vaccination record card on the PHA website.
Patient advice and follow up treatment	Bexsero® is not expected to provide protection against all circulating meningococcal group B strains. Individuals should continue to seek prompt medical attention at the first signs of possible meningitis or septicaemia. Advise the individual/carer that it takes at least 2 weeks from their second dose of vaccine for their body to produce antibodies to give them a good level of protection. It is important to get both doses in before the autumn, particularly before starting university or HERFE. Inform individuals who are immunosuppressed or individuals with HIV that the immunogenicity of the vaccine could be reduced. As fainting can occur following vaccination, individuals, where appropriate, should be advised not to drive or use machinery until symptoms have cleared (see cautions). Inform individual/carer of possible side effects and their management. Most symptoms should disappear after one or two days. Over the counter pain medication such as paracetamol can be taken to manage these symptoms if needed. The individual/carer should be advised to seek medical advice in the event of an adverse reaction or if they are concerned and are unwell at any time.

	Following the first dose, advise the individual/ carer when the subsequent vaccine dose is due. When administration is postponed advise the individual/carer when to return for vaccination.
Special considerations / additional information (continued over page)	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a telephone at the time of vaccination. Meningococcal vaccines may be given to pregnant women when clinically indicated. There is no evidence of risk from vaccinating pregnant women or those who are breast-feeding with inactivated bacterial vaccines. **Immunosuppression and HIV infection** Individuals with immunosuppression and human immunodeficiency virus (HIV) infection (regardless of CD4 count) should be given meningococcal vaccines in accordance with the national recommendations (see Cautions). Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic disorder, or other causes, may have reduced antibody response to active immunisation. Individuals at increased risk of invasive meningococcal infection with asplenia, splenic dysfunction or complement disorders (including those on complement inhibitor treatment such as eculizumab) should be vaccinated in accordance with the recommended schedules in Chapter 7 and Chapter 22 of 'The Green Book'. **Inadvertent early administration of the second dose** Any adverse events should be documented in the patient's notes and local clinical governance guidelines should be followed for reporting and handling the incident. The recommended schedule for Bexsero® vaccine is 2 doses, with the second dose given a minimum of four weeks after the first dose. Vaccinators should adhere to the recommended four-week interval. If the second dose is inadvertently given from 21 days after the first dose, this will count as a valid dose and is off label. Administration of the second dose at 21 days is not covered by this PGD. However, if the second dose is inadvertently given earlier than 21 days after the first dose, this dose should be discounted as this may lead to a reduced immune response. The dose should be repeated, ensuring an interval of at least four weeks from the dose that was inadvertently given early. Vaccination with Bexsero® may not protect all vaccine recipients. Bexsero® is not expected to provide protection against all circulating meningococcal group B strains. For detailed information see the vaccine's SPC electronic Medicines Compendium website.
Records	Verbally confirm individual's name, address and date of birth and record:

	• that valid informed consent was given or a 'best-interests' decision in accordance with the common law in Northern Ireland in relation to the incapacitous individual has been made • name of individual, address, date of birth and GP with whom the individual is registered (or record where an individual is not registered with a GP) • name of vaccinator • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and 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 • supplied via PGD Records should be signed and dated by the practitioner (or password-controlled on e-records). All records should be clear, legible and contemporaneous. This information should be recorded in the individual's GP record. Where vaccine is administered outside the GP setting appropriate health records should be kept and the individual's GP informed. The local Child Health Information Systems team (Child Health Records Department) must be notified using the appropriate documentation/pathway when vaccine is administered to individuals under 19 years of age. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

6. Key references

Key references (Continued over page)	**Meningococcal B Vaccination** • UKHSA 4CMenB PGD time-limited offer Autumn 2026 template (with thanks) MenB vaccine (Bexsero®) offer Autumn 2026: PGD template - GOV.UK • CMO letter • SPPG/PHA Guidance on vaccine handling and storage in GP practices (updated 30 September 2024). Guidance on vaccine handling and storage in GP practices. • Immunisation Against Infectious Disease: The Green Book, Chapter 4, Chapter 7 and Chapter 22 (updated 30 July 2025) • Bexsero® Summary of Product Characteristics, GlaxoSmithKline UK. Updated 14 March 2025. Bexsero Meningococcal Group B vaccine for injection in pre-filled syringe - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) **General** • Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste. NHS England 2024 www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/ • National Minimum Standards and Core Curriculum for Vaccination Training updated 31 July 2025 www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners • NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions. Published March 2017. www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated March 2017 www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection www.gov.uk/government/collections/immunisation • Vaccine Incident Guidance www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

7. Multiple practitioner authorisation sheet

4CMenB PGD time-limited offer Autumn 2026 v1.0 Valid from: 31st July 2026 Expiry: 31st March 2027

Before signing this PGD, check that the document has had the necessary authorisations in section two. Without these, this PGD is not lawfully valid.

Practitioner

By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

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

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of the organisation for the above-named healthcare professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Note to authorising manager

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 PGD.