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

Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) 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 and rubella (MMR) vaccine, Version 3.0 – PHS Publication date 19th December 2025		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Grampian Medicines Management NoS PGD Group		**Signature:**
NoS Identifier: NoS/PGD/MMR/1743	**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 3.0

Revision History for NoS:

NoS PGD that has been superseded	NoS/PGD/MMR/1486 Version 2.1

Most recent changes NoS

Version	Date of change	Summary of Changes	Section heading
3.0	19th December 2025	Reference to NoS Appendix 1 and 2.	Authorisation
		Training requirements for NoS.	Continuing education and training
		Renumbering of PHS Appendix 1 to Appendix 3	Inclusions Appendix 1 – PGD indications for MMR, MMRV

PHS recent changes

Version	Date	Summary of changes
3.0	19th December 2025	The following changes to version 2.1 of the PGD have been made: • Inclusion criteria, exclusion criteria, action if excluded and frequency sections updated to reflect introduction of MMRV in the routine childhood programme from 1st January, 2026 and associated reduced indications for MMR. • Green Book Chapter names and related table references updated throughout PGD. • Exclusion criterion relating to co-administration with Zostavax removed as no longer offered in routine programme in NHS Scotland. • Known active untreated tuberculosis added as an exclusion criterion. • Cautions/need for further advice/ circumstances when further advice should be sought from a doctor section updated to provide updated advice on antibody testing if idiopathic thrombocytopenic purpura (ITP) has occurred within six weeks of the first dose of MMR, updated advice for people living with HIV, updated advice on use of MMR vaccines in individuals with

		phenylketonuria, pregnancy and breastfeeding advice updated to include seeking specialist advice for infants exposed to biologic agents in-utero and whilst breastfeeding. • Route of administration section updated in relation to side effect profile where MMRVAXPRO administered subcutaneously. • Frequency section updated to provide additional information where MMR is administered off-label before 1 year of age. • Additional information section updated in relation to the changes in the routine childhood vaccination programme. • Adverse effect section updated to remove reference to parotid swelling. • Characteristics of staff authorised under the PGD section updated to include pharmacy technicians. • Appendix added to support vaccinators with signposting to appropriate PGDs/products.

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

Authorisation

PGD measles, mumps and rubella (MMR) 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 William Moore	Signature	William Moore	Date Signed	22/12/2025
Pharmacist	Gayle MacDonald	Signature		Date Signed	22/12/2025
Nurse	Pauline Merchant	Signature		Date Signed	22/12/2025

Approved for use within NoS by:

NoS Group Chair	**Signature**	**Date Signed**
Lesley Coyle		22/12/2025

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	**Signature**	**Date Signed**
Laura Skaife-Knight	L Skaife	22/12/2025

Version 3.0 – Approved for NoS from 1st January 2026

1. Clinical situation

1.1 Indication

Immunisation against measles, mumps and/or rubella disease.

1.2. Inclusion criteria

- Individuals who are unvaccinated, incompletely vaccinated or have an unknown MMR vaccination status (in accordance with the vaccination of individuals with uncertain or incomplete immunisation status flow chart) and are **not** eligible for the MMRV programme (with a date of birth (DOB) on or before 31 December 2019)*.
- Individuals between 6 and 12 months of age and early protection is considered necessary, such as due to travel or outbreak.
- Individuals aged 6 months and over and vaccination is indicated for measles post-exposure prophylaxis in accordance with local public health team advice.

Valid consent has been given to receive the vaccine.

*Please refer to Appendix 3: PGD indications for use for MMR, MMRV and monovalent varicella vaccine, in accordance with the individual's age.

1.3. Exclusion criteria

Individuals who:

- have had a confirmed anaphylactic reaction to a previous dose of any measles, mumps or rubella containing vaccine or to any components of the vaccine, these may include neomycin or gelatine (refer to relevant SmPC).
- 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).
- are eligible for vaccination against varicella as part of the routine vaccination programme for MMR and varicella (MMRV), even if the presenting reason for vaccination is for non-routine indications, such as travel to a measles endemic area or for measles outbreak purposes - see the MMRV PGD.
- have received a minimum of 2 valid doses of MMR-containing vaccine at an appropriate age to be considered 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 MMR 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 MMR, 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 MMR is recommended. Seek specialist advice.

MMR vaccine is not recommended for patients with severe immunosuppression (see the Green Book, Contraindications and special considerations chapter (6)). MMR 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)). 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. 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 local immunisation team, who 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 the MMR vaccine.

Priorix® contains 334 micrograms of phenylalanine per 0.5ml dose. MMRVAXPRO® also contains a source of phenylalanine. Though phenylalanine may be harmful to individuals with phenylketonuria (PKU), 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

MMR vaccine can be given at the same time as other vaccines such as DTaP/ IPV/Hib/Hep B, PCV, hepatitis B and Men B. If the MMR 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 for MMR is detailed in the Green Book, **UK immunisation schedule chapter (11), Recommended time intervals when giving more than one live attenuated vaccine table 11.4)**.

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 and/or rubella 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: MMR 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.

Pre-conceptual care, antenatal and post-natal checks provide an opportunity to assess MMR status. Individuals who have not received 2 doses of MMR at an appropriate interval should be offered pre-or post-natal MMR immunisation. Pregnancy should be avoided for at least 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 MMR-containing 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 or yellow fever within the last 4 weeks, or received blood products in the preceding 3 months, and do **not** require rapid protection against MMR, 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 MMR 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.

Children aged under 6 years on 31 December 2025 (with a date of birth on or after 1 January 2020) may be eligible for the MMRV programme – see the MMRV PGD and immunise accordingly.

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 and rubella vaccine (live):

- Priorix®, powder and solvent for solution for injection in a pre-filled syringe.
- MMRVAXPRO®, powder and solvent for suspension for injection in a 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. Note fewer injection site reactions were reported with the intramuscular route compared with the subcutaneous route following administration of MMRVAXPRO®.

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

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.

Individuals from 1 year of age who have not received a MMR-containing vaccine should be brought up to date at the earliest opportunity (this may be given as MMRV if applicable to the individual's date of birth – see MMRV PGD).

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

The MMR vaccine can be given from 6 months of age when early protection is required. MMR should not be given to individuals below 6 months of age.

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 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 out with the SmPC?

Administration to infants between 6 months and 9 months of age is off-label but in line with measles post-exposure prophylaxis guidance in accordance with recommendations given in Green Book Measles, Mumps and Rubella chapters.

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.

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.

After reconstitution, the vaccine should be administered promptly or stored between +2°C to +8°C and used within 8 hours of reconstitution. If not used after this time 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.

Data suggest that anaphylactic reactions to MMR vaccine are not associated with hypersensitivity to egg antigens. All children with egg allergy should receive the MMR-containing vaccines, appropriate to their age, as a routine procedure.

MMRVAXPRO® (Sanofi Pasteur MSD) contains porcine gelatine. Priorix® (GSK) does **not** contain porcine gelatine and can be offered as an alternative to MMRVAXPRO®. Health professionals should be aware to order Priorix® 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.

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

Immunological response may be diminished in those receiving immunosuppressive treatment.

Entry into college, university or other higher education institutions, prison or military service provides an opportunity to check an individual's immunisation history. Those who have not received two doses of MMR should be offered appropriate MMR immunisation.

Implications of the changes to the MMR immunisation programme from 1 January 2026

There will be some children who received MMR vaccine prior to 1 January 2026, who are eligible to be vaccinated with one or 2 doses of MMRV after 1 January 2026. For example, a child with a DOB between 1 January 2020 and 31 August 2022, who is eligible for the delayed selective catch up programme, is eligible for a single dose of MMRV if they have not had chickenpox or 2 doses of varicella-containing vaccine. Such children may have had 2 doses of MMR under the old schedule, at 12 months and 3 years 4 months. There are no concerns in giving a third dose of MMR-containing vaccine – the priority is to ensure the child is protected against chickenpox. **Please refer to MMRV PGD**.

When an individual is identified as requiring both MMR and monovalent varicella vaccine at the same appointment, it is considered more pragmatic under the circumstances to offer vaccination with the combination MMRV vaccination instead. See the MMRV PGD for more information.

There may be situations when the MMR vaccine is not readily available, particularly as the use of MMRV becomes commonplace. In line with the inclusion criteria in the MMRV PGD, an individual may be offered the MMRV vaccine where protection is urgently required, such as in managing a measles outbreak or where an opportunistic dose of MMR is required for an unimmunised or partially immunised individual.

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.

The most common adverse reactions are fever and injection site reactions including pain, swelling and erythema.

Malaise, fever and/or a rash may occur, most commonly about a week after immunisation, and last about two to three days.

Events due to the measles component occur six to eleven days after vaccination. Events due to the mumps and rubella components usually occur two to three weeks after vaccination but may occur up to six weeks after vaccination. Individuals with vaccine-associated symptoms are not infectious to others.

Adverse reactions are considerably less common after a second dose of MMR vaccine than after the first dose.

Rare and more serious events

Febrile seizures are the most commonly reported neurological event following measles immunisation. The rate of febrile seizures following MMR vaccination is lower than that following infection with measles disease and the absolute risk of febrile seizures remains low.

Arthropathy (arthralgia or arthritis) has also been reported to occur rarely after MMR immunisation, probably due to the rubella component. If it is caused by the vaccine, it should occur 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 vaccination, usually within six weeks of the first dose and resolves spontaneously. The risk of developing ITP after MMR vaccine is much less than the risk of developing it after infection with wild measles or rubella virus.

Further details on adverse reactions following MMR vaccine can be found in the Green Book Measles, Mumps and Rubella 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.

- 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 individual Board requirements
- Maintain their skills, knowledge and their own professional level of competence 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] Contraindications and special considerations chapter (6).
- 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) .
- 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

7. PHS Version History

Version	Date	Summary of changes
1.0	1 September 2021	• Version 1.0 new PGD.
2.0	1 June 2022	• Inclusion criteria expanded to include other patient groups out-with the Scottish childhood immunisation programme. • Frequency section updated to include dosing information for the other patient groups out-with the Scottish childhood immunisation programme.
3.0	19 December 2025	The following changes to version 2.1 of the PGD have been made: • Inclusion criteria, exclusion criteria, action if excluded and frequency sections updated to reflect introduction of MMRV in the routine childhood programme from 1st January, 2026 and associated reduced indications for MMR. • Green Book Chapter names and related table references updated throughout PGD. • Exclusion criterion relating to co-administration with Zostavax removed as no longer offered in routine programme in NHS Scotland. • Known active untreated tuberculosis added as an exclusion criterion. • Cautions/need for further advice/ circumstances when further advice should be sought from a doctor section updated to provide updated advice on antibody testing if idiopathic thrombocytopenic purpura (ITP) has occurred within six weeks of the first dose of MMR, updated advice for people living with HIV, updated advice on use of MMR vaccines in individuals with phenylketonuria, pregnancy and breastfeeding advice updated to include seeking specialist advice for mothers exposed to biologic agents in-utero and whilst breastfeeding.

		• Route of administration section updated in relation to side effect profile where MMRVAXPRO administered subcutaneously. • Frequency section updated to provide additional information where MMR is administered off-label before 1 year of age. • Additional information section updated in relation to the changes in the routine childhood vaccination programme. • Adverse effect section updated to remove reference to parotid swelling. • Characteristics of staff authorised under the PGD section updated to include pharmacy technicians. Appendix added to support vaccinators with signposting to appropriate PGDs/products.

Version History NoS

Version	Date of change	Summary of Changes	Section heading
2.1	1st March 2024	Reference to NoS Appendix 1 and 2.	Authorisation
		Training requirements for NoS.	Continuing education and training
		NHST specific inclusion for children requiring booster following chemotherapy added.	Inclusion and Frequency
		Additional inclusion criteria for OHS use added.	Inclusion
3.0	19th December 2025	Reference to NoS Appendix 1 and 2.	Authorisation
		Training requirements for NoS.	Continuing education and training
		Renumbering of PHS Appendix 1 to Appendix 3	Inclusion Appendix 1 – PGD indications for MMR, MMRV

Appendix 1 - Healthcare Professional Agreement to Administer 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 And Rubella (MMR) Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0

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 And Rubella (MMR) Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0
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 And Rubella (MMR) Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0					
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.