PATIENT GROUP DIRECTION (PGD) FOR

HEPATITIS A VACCINATION

`YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Active immunisation against infections caused by Hepatitis A.
Inclusion criteria	Men who have sex with men Injecting drug users (may be combined with Hepatitis B) Individuals infected with Hepatitis C infection, previously vaccinated against and with documented immunity to Hepatitis B **This PGD is not intended for travel vaccination.**
Exclusion criteria	Young people under 16 years of age. They should be considered on an individual basis and where appropriate, a licensed paediatric Hepatitis A vaccine can be dispensed on a named-patient basis. This requires a prescriber and so is not covered by this PGD Confirmed anaphylactic reaction to a previous dose Confirmed anaphylaxis to a component of the vaccine – check literature in pack and additionally (egg products, chicken protein or formaldehyde for Epaxal) (neomycin for Avaxim), neomycin and formaldehyde for Vaqta) Previous confirmed Hepatitis A infection. Individuals with a fever or acute severe systemic illness - immunisation should be postponed until they have fully recovered. Pregnancy and/or breastfeeding No valid consent Hepatitis C infected individuals without evidence of Hepatitis B immunity should be offered a combined Hepatitis A & B vaccine, rather than a Hepatitis A vaccine alone.
Seek further advice from Public Health and document advice and action	People who are immunodeficient or undergoing immunosuppressant therapy
Further information	Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation
Action if patient declines or is excluded	Refusal - document refusal or action taken in patient's records. Exclusion - information about when patient can have the vaccine or take advice from doctor, public health or Health Protection Agency as appropriate.

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Drug Details	
Name, form & strength of medicine	Inactivated Hepatitis A Injection: Havrix Monodose; Avaxim (Aventis) and Epaxal (MASTA). Makes are interchangeable
Legal status	Prescription Only Medicine (POM)
Route/Method	IM – upper arm or anterolateral thigh (not buttock). Individuals on anticoagulant therapy or coagulation disorders should be considered for deep subcutaneous injection due to risk of bleeding, however there is an increased risk of local reactions Can be given at the same time as other vaccines such as Hep B, MMR, MenC,Td/IPV and other vaccines but at separate sites (at least 2.5cm apart), preferably different limbs.
Dosage	Havrix Monodose Adult Dose = 1ml Avaxim Dose = 0.5ml Epaxal Dose 0.5ml ONE dose gives protection for one year. A booster dose given preferably 6 to 12 months after the first dose extends protection to 20 years. Even with longer intervals than 12 months, restarting the course is not necessary. Any brand can be used to boost another brand.
Frequency	Initial injection: ONE dose ONE booster to extend protection to 20 years. Second booster at 20 years for those at ongoing risk
Side effects	Provide manufacturers patient information leaflet Side-effects are usually mild and include transient soreness, erythema and induration (hardening) at the Injection site. Fever, malaise, fatigue, headache, nausea and loss of appetite have been reported.
Advice to patient/carer	Advice on the control of fever. It is <u>not</u> recommended to use paracetamol or ibuprofen to prevent fever since this may lower response to vaccine. If there are any concerns about adverse effects to the vaccination to contact their clinic, GP, out of hours centre, MIU or A & E.

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Staff Characteristics	
Professional qualifications	Nurses on the NMC Register
Specialist competencies or qualifications	A registered nurse, (after discussion and agreement with the service/departmental lead), Has a working knowledge of, AND access to, the Department of Health book / website 'Immunisation against infectious diseases' Has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Has undertaken training in the management of anaphylaxis
Continuing education & training	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis. Dose and form administered batch & expiry. Advice given to patient (including side effects). Signature/name of staff who supplied the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. Referral arrangements (including self-care).
References/Resources and comments	Immunisation against Infectious Diseases. Department of Health website. Summary of Product Characteristics
Clinical Authorisation	
Lead Doctor	Dr Sumit Bhaduri, Deputy Medical Director & Consultant in GUM Signature: [signature] Date: 4/1/18
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature: [signature] Date: 17.1.18
Organisational Authorisation	
On behalf of Worcestershire Health and Care Trust	Michelle Clarke, Director of Nursing & Quality Signature: [signature] Date: 12/1/18

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Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date