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

**UKHSA Publications gateway number: GOV-12448**

Reference no: Hib/MenCPGD

Version no: v5.00

Valid from: 31 July 2022

Expiry date: 1 August 2024 (Extended to **31 July 2025**)

This PGD is extended and valid until 31 July 2025 ahead of the [discontinuation of Hib/MenC](https://www.gov.uk/government/publications/jcvi-interim-statement-on-changes-to-the-childhood-immunisation-schedule/joint-committee-on-vaccination-and-immunisation-jcvi-interim-statement-on-the-immunisation-schedule-for-children) (Menitorix®) and pending introduction of changes to the childhood 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**(Reviewing Author) | Christina Wilson Lead Pharmacist – Immunisation Services, Immunisation and Vaccine Preventable Diseases Division, UKHSA  |  | 10 June 2024 |
| **Doctor** | Dr Mary Ramsay CBEDirector of Public Health Programmes and Consultant Medical Epidemiologist, Immunisation and Vaccine Preventable Diseases Division, UKHSA |  | 10 June 2024 |
| **Registered Nurse**(Chair of Expert Panel) | David GreenNurse Consultant – Immunisation and Vaccine Preventable Diseases Division, UKHSA |  | 10 June 2024 |

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

Insert authorising body name authorises this extension and the continued used of the Hib/MenC PGD v5.00 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 authorise 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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