Patient Group Direction (PGD) for the Administration of

QUADRIVALENT MENINGOCOCCAL (A, C, W_{135} and Y) CONJUGATE VACCINES (Menveo® and Nimenrix®)

by Registered Professionals to Individuals Accessing NHS Services in Durham, Darlington, Tees, North Cumbria, Northumberland and Tyne & Wear

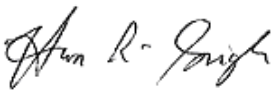
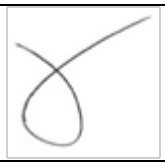
YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT.

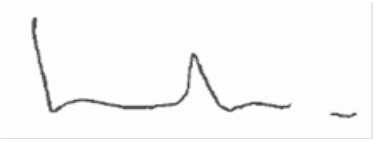
Direction Number: - **NECSAT 2018/020**

Valid from: 1st September 2018

Review date: 1st April 2020

Expiry date: 31st August 2020

This patient group direction has been developed & produced by: -			
Title	Name	Signature	Date
Medicines Optimisation Pharmacist (Lead Author) (North of England Commissioning Support)	**Sue White** *(Senior Pharmacist)*		21/08/18
Medicines Optimisation Pharmacist (North of England Commissioning Support)	**Hira Singh** *(Senior Pharmacist)*		21/08/18
Assistant Medical Director (NHS England Cumbria and North East)	**Dr James Gossow** *(Senior Doctor)*		24/08/18
Immunisation and Screening Manager (NHS England, Cumbria and North East)	**Veronica Latham** *(Senior Nurse)*		21/08/18

This PGD has been approved for use in Cumbria and the North East by: -			
Title	Name	Signature	Date
Interim Medical Director (NHS England Cumbria and North East)	**Dr Jonathan Slade** *(Governance Authorisation)*		25/08/18

1. Clinical Condition or Situation to Which the Direction Applies

Indication (defines situation or condition)

Active immunisation against invasive meningococcal diseases caused by *Neisseria meningitidis* serotypes A, C, W and Y

Objectives of care

- To prevent infectious disease, promote health and reduce morbidity and mortality

Inclusion criteria (as per Public Health England (PHE) Green Book Guidance

Only use those criteria that are specific to your authorised role & competence.
Ensure appropriate consent /best interest decision is in place before commencing any vaccination.

Current national recommended immunisation includes: -

- **Aged around 14years of age**

Catch-up campaign for university freshers

- Students aged 19 to 24 years old* who are entering university for the first time and who have not already received a dose of MenACWY conjugate vaccine after their tenth birthday. Vaccination should be offered before they enrol or as soon as possible thereafter, ideally at least two weeks before attending university to ensure timely protection.
  * (Individuals are eligible for vaccination until they turn 25years of age).

Catch-up campaign other

- Unprotected individuals who become eligible for MenACWY conjugate vaccine under the routine or catch-up programmes (14 to 24years of age) will remain eligible until & including the day before their 25th birthday & may be vaccinated opportunistically or through catch-up programmes.

Individuals with unknown or incomplete vaccination histories

- Those aged 10 years up to 25 years* with an incomplete or unknown MenC / Hib MenC vaccination history can receive the MenACWY conjugate vaccine. *(Individuals are eligible for vaccination until they turn 25years of age).

Contacts of confirmed meningococcal group A, C, W or Y infection

- This PGD enables vaccination of individuals of all ages who are close contacts of confirmed MenACWY infection and in local outbreaks, following specific advice from the Public Health England local Health Protection Team. See dose/frequency section for appropriate product for patient age groups.

Other recommended immunisation includes: -

- Children and adults with asplenia, splenic dysfunction, immunosuppression or complement deficiency;
- Individuals travelling to areas/countries where there may be exposure to risk of infection with meningococcal serotypes A, C, W_{135}, and Y* (* even if meningococcal A+C vaccine or MenC / HibMenC conjugate vaccine has been previously administered).
- NB. Proof of vaccination against meningococcal meningitis $ACW_{135}Y$ is required for visitors arriving in Saudi Arabia for the Hajj and Umrah pilgrimages and for seasonal workers. This is also required for obtaining a visa. Immunisation recommended for long stay or high risk visitors to sub-Saharan Africa.

  Refer to updated chapters 7 and 22 of "The Green Book" on line version. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Exclusion criteria

- No valid consent (where applicable);
- Children under 2 years of age (Menveo or 6weeks of age (Nimenrix);
- Note: Pregnancy is not a contra-indication. Please refer to Special considerations/additional information section.
- Patient is acutely unwell (postpone vaccination until recovered). Minor infections without fever or systemic upset are not reasons to postpone immunisation).
- A confirmed anaphylactic reaction to a previous dose of the vaccine or its components;
- A confirmed anaphylactic reaction to any constituent, excipient or component of the vaccine;
- Severe general reaction to previously administered dose of the vaccine;
- Severe hypersensitivity to any ingredient or component of the combined or component vaccines, including tetanus toxoid (for Nimenrix®) or diphtheria toxoid (for Menveo®);
- Administered Hib/MenC within previous 4 weeks – postpone administration (minimum interval between vaccines should be 1 month);
- Premature infants born ≤ 28 weeks of gestation (refer to Green Book updated chapter 22).
- Have previously received MenACWY conjugate vaccine when over 10 years old, with the exception of contacts of confirmed MenACWY infection - see below.
- Are contacts of confirmed MenACWY infection but have received MenACWY conjugate vaccine in the preceding twelve months.

(Please also refer to precautions section). *Refer to current SPC/Green Book (online version) & current BNF for full list of details.*

Precautions

- Hypersensitivity reactions to previous dose of vaccine or component of vaccine:
  - NB. "Local adverse reactions that generally start within a few hours of the injection and are usually mild and self-limiting. Although these are often referred to as 'hypersensitivity reactions', they are not allergic in origin, but may be either due to high titres of antibody or a direct effect of the vaccine product, e.g. endotoxin in whole-cell bacterial vaccines. The occurrence or severity of such local reactions does not contraindicate further doses of immunisation with the same vaccine or vaccines containing the same antigens
- 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.

Action if excluded

- Discuss with or refer to clinician/doctor. Ensure all actions/decisions are documented.
- The risk to the individual of not being immunised must be taken into account.
- If postponement due to acute illness, arrange a future date for immunisation.
- GP should supply an official letter of exemption to a patient who cannot, for medical reasons, receive the vaccine - for travel only

Circumstances in which further advice should be sought from a doctor and/or specialist

- Patient meeting the exclusion criteria or requires additional information in order to decide whether to have the vaccination or not

Action if vaccination refused

- Ensure patient/guardian/carer fully understands the risks of declining vaccination.
- Advise about protective effects of vaccine & the risks of infection and disease complications If postponement due to acute illness, arrange a future date for immunisation
- Document refusal, advice given, actions/decisions in notes (written or electronic). Inform or refer to doctor as appropriate

2. Description of Treatment

Name, strength & formulation of drug

Meningococcal Group A, C, W_{135} and Y conjugate vaccine

Menveo® (GlaxoSmithKline UK):

- 1 single dose vial (Powder in vial (type I glass) with a stopper (halobutyl rubber) and solution in vial (type I glass) with a stopper (butyl rubber). Powder is a white to off- white cake. Solution is a clear and colourless.
- The vaccine must be reconstituted by adding the entire content of the pre filled syringe (containing MenCWY solution) to the vial containing the powder (MenA)
- A single dose is 0.5ml of reconstituted vaccine. Conjugated to *Corynbacterium diphtheria* CRM protein

Nimenrix® (Pfizer):

- 1 single dose vial (Powder in a vial (type 1 glass) with a stopper (butyl rubber) and solvent for solution for injection in a pre-filled syringe with a stopper (butyl rubber)). The powder is white. The solvent is clear & colourless.
- The vaccine must be reconstituted by adding the entire contents of the pre-filled syringe of solvent to the vial containing the powder
- A single dose is 0.5ml of reconstituted vaccine. Conjugated to the tetanus toxoid carrier protein

Legal Status:

POM –Prescription Only Medicines

- Menveo® use for children under 2 years old is off-label, but follows current (Public Health England) advice in Chapter 22 of the Green Book - on line version – (for further detail please refer to reference section).
- Nimenrix® is licensed from 6 weeks of age for a schedule with a two month interval between doses, but a one-month interval is in accordance with the advice in Chapter 22 of "The Green Book".
- Administration by deep subcutaneous injection to patients with a bleeding disorder is off-label administration in line with advice in Chapter 4 of "The Green Book".
- Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual/patient/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.

Dosage / Dose range

Menveo®	**2 months old and over:**	**0.5ml**
Nimenrix®	**6 weeks old and over:**	**0.5ml**

Route / Method

Menveo® and **Nimenrix®: For Intra-muscular (IM) injection**.

- Anterolateral thigh in infants; deltoid region in children and adults. If given at the same time as other vaccines it should be given at separate injection sites, preferably in a different limb. If given in the same limb, they should be given at least 2.5cm apart
- For individuals with a bleeding disorder, vaccines normally given by an IM route should be given by deep subcutaneous injection to reduce the risk of bleeding (see "The Green Book" Chapter 4).

(Please refer to the manufacturer's SPCs and on line version of the Green Book for detailed information).

Frequency of Administration

As the majority of the routine immunisations using this vaccine is delivered by a school based programme, it is important that GP practices check with the current Service Specification for MenACWY vaccination, to which indications are delivered by GP Practice (please also see the Additional information section).

Routine Immunisation: -

At around 14yrs old: as booster dose – **One 0.5ml dose MenACWY** conjugate vaccine (Menveo® or Neminerix®)

Catch-up campaign other: -

- Unprotected individuals who become eligible for MenACWY conjugate vaccine will remain eligible until and including the day before their 25th birthday and may be vaccinated opportunistically or through catch-up programmes:
  1 single (0.5ml) dose of Menveo® or Nimenrix®

Individuals with unknown or incomplete vaccination histories: -

- Aged 10 to 24 years old: - They should receive a single dose of MenACWY conjugate vaccine (Menveo® or Nimenrix®). No further vaccine is then required.
- Students (19 to 24 years of age): - Attending university for the first time and who have not received a MenACWY conjugate vaccine after their tenth birthday regardless of Men C status
  They should receive a single dose of MenACWY conjugate vaccine (Menveo® or Nimenrix®) before they enrol or as soon as possible thereafter.

Close contacts of confirmed cases (of capsular A, W or Y infection): -
who were previously not immunised or vaccinated more than one year previously with MenACWY conjugate vaccine)

- **Under 1 years old**: Two doses (at least 1 month apart)
- **1 year old and over:** One single dose
  (NB. If the first dose is given before 12 months of age then a second 0.5mL dose (preferably with the same brand of vaccine) should be given at least 4 weeks later).

Vaccination should not be delayed and either vaccine can be given at any age if the preferred vaccine is not available.

Recommendations for use of Quadrivalent (ACWY) vaccine for travel	
Age	**Dosage** (Conjugate MenACWY)
Birth to less than 1year*	First dose of 0.5ml Second dose of 0.5ml one month after the first dose.
From one year of age (including adults)	Single dose of 0.5ml

If an infant has already had two MenC vaccinations then two MenACWY conjugate vaccines should also be given.

The MenACWY vaccine should have been received not more than 3 years and not less than 10 days before arrival in Saudi Arabia. (For more information see link http://www.moh.gov.sa/en/Hajj/HealthGuidelines/HealthGuidelinesDuringHajj/Pages/MeningococcalMeningitis.aspx)

Frequency of Administration continued

Individuals with Asplenia, Splenic Dysfunction, or Complement disorders (including those receiving complement inhibitor therapy)	
Please refer to page 7 (Ch.7) -– The Green book (Online) for full details and for details of other vaccines required.	
Age (when first acquired / diagnosed)	**Dosage**
Children under 1year of age	1 dose (0.5ml) of MenACWY conjugate vaccine followed by 2nd dose (0.5ml) at least 1 month later. In addition: 1 single dose (0.5ml) of MenACWY conjugate vaccine at least 2mths after the 12mth boosters
12 - 23 months of age	1 single dose (0.5ml) of MenACWY conjugate vaccine (Menveo® or Nimenrix®) Two months after the dose of Hib/MenC and the PCV 13 boosters
From 2 years onwards	1 single dose (0.5ml) of MenACWY conjugate vaccine (Menveo® or Nimenrix®) Two months after the dose of Hib/MenC booster ** (** In adolescents (from 10yrs of age) and adults, this interval can be reduced to 1 month)
Individuals who receive Eculizumab therapy should be vaccinated at least 2 weeks prior to commencement of therapy	

(Please also refer to the "Follow up Treatment" section).

Maximum dose and number of treatments

Maximum dose: - **0.5ml** Maximum number of treatments: - **as above**

Follow up treatment

- Please refer to Frequency of Administration section.

  For Hajj and Umrah

  - for those going on Hajj and Umrah pilgrimages a further dose should be given every 3 years (as the Visa certificate is only valid for 3 years), i.e. the Meningococcal meningitis $ACW_{135}Y$ should have been received not more than 3 years and not less than 10 days before arrival in Saudi Arabia.

(See also Immunisation Against Infectious Diseases (Green Book on-line); updated chapters 7 and 22 and Nathnac.org)

(http://www.moh.gov.sa/en/Hajj/HealthGuidelines/HealthGuidelinesDuringHajj/Pages/MeningococcalMeningitis.aspx)

3. Further Aspects of Treatment

Relevant Warnings & Potential Adverse Effects

- Please refer to SPC (https://www.medicines.org.uk/emc) or current BNF (http://www.bnf.org.uk) for full details.

Relevant Warnings: - See manufacturers SPC for full details / current Green Book online Chapter 22 & 9

Potential Adverse Effects/ Reactions: - Usually transient and only last a few days after vaccination.

Please be aware of Resuscitation Council Guideline changes (2015)

Very common & common reactions	• For Menveo®, injection site reactions including pain, erythema and induration. Other reactions include sleepiness, headache, nausea, vomiting, diarrhoea, rash, myalgia, arthralgia, irritability and malaise; fever ≥ 38°C. • For Nimenrix®, injection site reactions including pain, erythema, and swelling. Others include Appetite loss, fatigue, irritability, drowsiness, headache, nausea, diarrhoea, vomiting & fever.
Uncommon effects Rare	• For Menveo®, injection site pruritus and dizziness • For Nimenrix®, pruritis, rash, myalgia, pain in extremity, dizziness and malaise • Anaphylaxis (Menveo and Nimenrix)

This list is not exhaustive. Please also refer to current manufacturers SPC for details of all potential adverse reactions.

Identification and Management of Adverse Reactions

- Patient/ Carer / Guardian requested to report side effects
- Advice on management including anaphylaxis: - Chapter 8 of the Green Book provides detailed advice on managing adverse drug reactions (ADRs) following immunisation, e.g. Analgesia for pain &/or fever; prevention of dehydration; drinking plenty of clear fluids).
- Refer to doctor/specialist if appropriate

Reporting Procedure of Adverse Effects

- Report to doctor if appropriate & document in patient's medical records.
- .
- For established vaccines only report serious adverse reaction. Please refer to www.mhra.gov.uk/yellowcard and the online Green Book - Chapter 9.

Advice to Patient / Carer (verbal or written)

- Explain protection level expected from vaccine. / Provide a patient information leaflet and discuss as required.
- Provide advice on & explain potential warnings & side effects and request to report them if they occur.
- Provide advice on management of adverse reactions (see above and manufacturers SPC).
- Explain procedure for dealing with anaphylaxis /severe allergic reactions.
- Explain the "Out of Hours" procedure. Give date of next vaccine if applicable.
- Provide patient with vaccination record card (to include date of next vaccination, completion of course or blood test) if applicable.
- Complete patient-held vaccination record

Arrangements for Referral to Medical Advice

- Doctor/specialist appointment as and when appropriate

Records

In all cases manual records including the Personal Held Child Record, computerised records and data collection for Child Health Information Services (CHIS) should include: -

- Patient's name and date of birth
- Confirmation that consent has been obtained;
- Reason vaccination required;
- Dose, site and route of injection; Date of administration;
- Brand name, batch number and expiry date of vaccine;
- Whom administered by and signature of vaccinator (if not recorded on computer).
- Confirmation that there are no contraindications; That side effects have been discussed;
- A certificate of meningococcal immunisation must be completed and given to the patient (for travel only);
- Support literature given (where applicable);
- Signature and printed name and designation (in black ink) for paper records. For computer records, ensure data authentication of practitioner delivering care.

Additional Facilities

- Access to updated online Green Book information; the latest SPC and BNF.
- Store vaccine in a refrigerator (+2°C to +8°C).
- Have access to a telephone.
- Stock control & storage of vaccines in accordance with national and local policies / protocols/ guidelines.
- Emergency equipment available including immediate access to Epinephrine (Adrenaline) 1in 1000 injection (as a minimum). (Please refer to PGD for adrenaline as applicable)

Special Considerations / Additional Information

- The vaccines can be administered at the same time as other vaccines
- 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 virus or bacterial vaccines or toxoids.
- The majority of the national vaccination programme for Men ACWY is being delivered as a school programme. GP Practices should check the current Service Specification for MenACWY vaccination programme for further supporting information).
- Licensing Information:
    - Menveo: active immunization of children (from 2 years of age), adolescents and adults at risk of exposure to *Neisseria meningitidis* groups A, C, W135 and Y
    - Nimenrix: active immunisation of individuals from the age of 6 weeks against invasive meningococcal diseases caused by *Neisseria meningitidis* group A, C, W-135, and Y
- Stability data: -
    - Menveo-After reconstitution, the medicinal product should be used immediately. However, chemical and physical stability after reconstitution was demonstrated for 8 hours below 25°C
    - Nimenrix – After reconstitution the product should be used immediately. However it is stable for up to 8hrs below 30°C

References

- NICE Good Practice Guidance : Patient Group Directions - Aug 2013
- Public Health England: Immunisation Against Infectious Disease – The Green Book; https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book Chapter 22 Meningococcal (September 2016) and Chapter 7, Immunisation of individuals with underlying medical conditions (29th September 2016). Accessed on 09.08.18 .
- Nursing and Midwifery Council (NMC), 2007: Standards for Medicines Management.
- Nursing and Midwifery Council (NMC), 2007: Record Keeping Advice Sheet.
- Nursing & Midwifery Council (NMC), 2008: Code of Professional Conduct: standards of conduct, performance & ethics for nurses and midwives.
- Resucitation Council (UK), October 2015: Emergency Medical Treatment of anaphylactic reaction by first medical responders and community nurses. www.resus.org.uk/siteindx.htm
- GlaxoSmithKline UK, Menveo ® - Summary of Product Characteristics (SPC). Accessed on 09.08.18 from Electronic Medicines Compendium at http://www.medicines.org.uk/emc/medicine/27347
- Pfizer, Nimenrix ® - Summary of Product Characteristics (SPC). Accessed on 09.08.18 from Electronic Medicines Compendium at http://www.medicines.org.uk/emc/medicine/26514
- Public Health England/NHS England Bipartite letter (22/06/15) – https://www.gov.uk/government/publications/menacwy-vaccine-introduction Accessed on 09.08.18
- Public Health England/NHS MenACWY Vaccine Patient Group Direction (PGD) Template Ref 2015184 https://www.gov.uk/government/publications/menacwy-vaccine-menveo-or-nimenrix-patient-group-direction-pgd-template Accessed 09.08.18
- NHS England: Enhanced Service Specification https://www.england.nhs.uk/wp-content/uploads/2018/06/18-19-immunisation-lists-additional-enhanced-services.pdf Accessed on 09.08.18
- MOH Saudi Arabia Health Guidelines http://www.moh.gov.sa/en/Hajj/HealthGuidelines/HealthGuidelinesDuringHajj/Pages/MeningococcalMeningitis.aspx Accessed on 09.08.18

4. Characteristics of Healthcare Professional Staff

Only those healthcare professionals that have been specifically authorised by their clinical lead/supervisor/manager may use this PGD for the indications defined within it.

Under current legislation, only the following currently registered healthcare professionals may work under Patient Group Directions (PGDs). These professionals may only supply or administer medicines under a PGD as named individuals. These professionals include -

Pharmacists	Nurses	Chiropodists/Podiatrists
Health Visitors	Physiotherapists	Midwives
Dieticians	Optometrists	Registered Orthoptists
Prosthetists and Orthotists	Radiographers	Occupational Therapists
Speech and Language Therapists	Dental Hygienists	Dental Therapists
State registered paramedics or individuals who hold a certificate of proficiency in ambulance paramedic skills issued by the Secretary of State, or issued with his approval.		

Qualifications required (professional registration applies to specific professions)

Professionals using this PGD must be currently registered with their relevant professional body, e.g.

- For Nurses: - Nursing & Midwifery Council (NMC)
- For Pharmacists: - General Pharmaceutical Council (GPhC)
- For Allied Health Professionals: - Health Professions Council

Additional requirements (applies to all staff)

- Maintain knowledge of vaccinations; either through a recognised course or through in-house training supported by attendance at vaccination study day(s).
- Meet the National minimum standards & competencies in immunisation training as defined in the PHE & RCN publication, "National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (February 2018)," either through training or professional competence ensuring that annual training is offered to all staff
- Have up to date resuscitation skills and anaphylaxis training (and competent to recognise & manage anaphylaxis).
- Competent to undertake immunisations and have a current authorised Adrenaline PGD.
- Will have undertaken training in the role, care and administration of the medicine specified in the PGD.
- Have access to a current BNF and *Immunisation against infectious disease* (Green Book).
- Any additional training requirements as deemed necessary by your organisation or authorising body.

Continued training requirements (applies to all staff)

- Annual attendance at an update on resuscitation skills and the management of anaphylaxis within the community/primary care (mandatory), which meets the resuscitation council standards.
- Maintenance of own level of updating and competence with evidence of continued professional development.
- Annual updates in immunisation (recommended).
- Any continued training requirements as deemed necessary by your organisation or the authorising body.

Individual Healthcare Professional Authorisation

This form can be used for the purpose of managing, monitoring and authorising the use of this Patient Group Direction by the named healthcare professional.

- **This page is to be retained by the individual healthcare professional/practitioner.**
- This PGD is to be read, agreed to and signed by all registered Healthcare Professionals it applies to. Healthcare Professionals must be authorised by the person(s) named below before using the PGD.
- By signing this document, the healthcare professional confirms that they understand the PGD, that they are competent to work under this PGD, that they will practice in accordance with the parameters of the PGD and accept full clinical responsibility for any decisions made with using this PGD).
- Patient Group Directions should be used in conjunction with reference to national or local policies, guidelines or standard text (e.g. manufacturers Summary of Product Characteristics) and DO NOT replace the need to refer to such sources.

Name of Healthcare Professional:- _____

is authorised to administer

Quadrivalent Meningococcal Conjugate (Menveo ® and Nimenrix ®)

……under this Patient Group Direction (NECSAT 2018/020)

Signature of Healthcare Professional: - _____

Date signed: - _____

State profession: - _____

Authorisation to use this PGD by: -

This above named healthcare professional has been authorised to work under this PGD by:

Name of Manager/Clinical Lead: - _____

Signature of Manager/Clinical Lead: - _____

Date signed: - _____

PGD Valid from: 1st September 2018	Review Date April 2020	**Expiry Date: - 31st August 2020**

Management & Monitoring of Patient Group Direction NECSAT 2018/020

QUADRIVALENT MENINGOCOCCAL GROUP (A, C, W_{135} and Y) CONJUGATE VACCINES (Menveo® and Nimenrix®)

Healthcare Professional Authorisation (service/practice list)

This form can be used for the purpose of managing, monitoring and authorising the use of this Patient Group Direction by the named healthcare professionals.

- This page should be signed by all healthcare professionals authorised to use this PGD and retained and kept on file by the service/practice manager as a record of all practitioners authorised to use this PGD

The following healthcare professionals are authorised to administer

Quadrivalent Meningococcal Conjugate Vaccines (Menveo® and Nimenrix®) under the Patient Group Direction (NECSAT 2018/020)

PGD Valid from date: 1st September 2018 **PGD Expiry Date:** 31st August 2020

Healthcare Professional			**Authorised by:**		
Name	**Signature**	**Date**	**Name**	**Signature**	**Date**

PGD Valid from: 1st Sept 2018	Review Date: - April 2020	**Expiry Date: - 31st August 2020**