



**Administration (or supply) of Japanese Encephalitis vaccine (inactive Adsorbed) under Patient Group Direction**

**Pharmacy Name : Pyramid Pharmacy**

Address : 413 Hoe Street, E17 9AP

**Patient details**

First Name : ..... Surname : .....

Address : .....(no regular address [ ])

Post code : .....

DOB : ..... Gender : ..... NHS No : .....

Ethnicity (print separately): .....

Tel : ..... Mobile : ..... Email : .....

GP : .....

**Patient Consent : I have had a consultation with the pharmacist and consent to receive the Japanese Encephalitis vaccine (inactive Adsorbed).I also have had and opportunity to ask any questions regarding the consultation.**

**Signed:**.....

**Date :**.....

**Reason for inclusion**

- Patients who are going to reside in an area where Japanese Encephalitis is endemic or epidemic
- Travellers who are planning to stay a month or longer in the risk area during the transmission season, especially if travel will include rural areas
- Travellers who have a shorter itinerary if risk is considered sufficient, for example, those spending time in rice fields (where the mosquito vector breeds), or close to pig farms (reservoir hosts for the virus)
- Patients over 2 months of age at risk of contracting Japanese Encephalitis

**Patient medication and comments**

**Reasons for exclusions**

Hypersensitivity to the residues protamine sulphate, formaldehyde, bovine serum albumin, host cell DNA, sodium metabisulphite, host cell protein	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individuals who show hypersensitivity reactions after receiving the first dose of the vaccine should not be given the second dose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All vaccines are contraindicated in those who have had:  - A confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens, or - A confirmed anaphylactic reaction to another component contained in the relevant vaccine, e.g. neomycin, streptomycin or polymyxin B (which may be present in trace amounts in some vaccines): check the SmPC for the individual vaccine to confirm excipients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnant women should be referred to their GP for advice;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breastfeeding women should be referred to their GP for advice;&nbsp;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In individuals with an evolving neurological condition, immunisation should be deferred until the neurological condition has resolved or stabilised;	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Patients with impaired immunity: the immune response could be impaired by immunosuppressive treatment or in immunodeficiency states: patients should be referred to their GP for advice;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post-exposure prophylaxis;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No valid consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients under 2 months of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Administration Details				
Product Name	Batch No	Expiry date (MM/YYYY)	Route of administration (Oral, Left arm, Right arm, etc)	Date & Time

Premise:  Pharmacy other via sonar authorisation .....

Name of Pharmacist :..... Signature : .....