Chief Medical Officer for Scotland

E: immunisationpolicy@gov.scot

The Scottish Government

Dear Colleagues

CHANGES TO THE SCOTTISH CHILDHOOD VACCINATION SCHEDULE FROM 1 JANUARY 2026 (PHASE 2) – INTRODUCTION OF A ROUTINE VARICELLA ZOSTER (CHICKENPOX) VACCINE

1. This letter is to advise of further changes to the routine childhood vaccination schedule coming into effect from 1 January 2026.

2. These changes see the introduction of a varicella (chickenpox) vaccination programme into the childhood immunisation schedule, together with a catch up element, following expert advice from the Joint Committee on Vaccination and Immunisation (JCVI) published in November 2023.

Clinical Information

3. Chickenpox (known medically as varicella) is caused by a virus called the varicella-zoster virus. It spreads quickly and easily from someone who is infected.

4. Chickenpox can be very unpleasant for healthy children, but it can also be more serious for neonates, pregnant women and the immunosuppressed. Shingles is a reactivation of the same virus.

5. Efficacy of the vaccine in children provides around 98% protection. Most of the breakthrough infections are modified and milder in vaccinated individuals.

6. This programme will use the combined measles, mumps, rubella and varicella (MMRV) vaccine, meaning that children eligible for their first or second MMR vaccine from 1 January 2026 should now be offered combined MMRV vaccine instead of MMR.

7. There will also be a selective catch-up programme with MMRV for older children aged up to 6 years without a history of chickenpox infection to help accelerate control of varicella and further reduce transmission in the population.

From Chief Medical Officer for Scotland
Acting Deputy Chief Nursing Officer
Chief Pharmaceutical Officer
Professor Sir Gregor Smith
Irene Barkby MBE
Professor Alison Strath

4 November 2025

SGHD/CMO (2025) 19

Addresses

For action
NHS Board Immunisation Coordinators
NHS Board Medical Directors
Nurse Directors, NHS Boards
Directors of Public Health
Infectious Disease Consultants
CPHMs
Secondary Care Clinicians

For information
NHS Board Chief Executives
Directors of Pharmacy
Consultant Physicians
Public Health Scotland
Chief Executive, NHS Health Scotland
NHS 24
General Practitioners
Scottish General Practitioners Committee

Further Enquiries to:

Policy Issues
Vaccination Policy Team
immunisationpolicy@gov.scot

Medical Issues
Senior Medical Officer
St Andrew's House
immunisationpolicy@gov..scot

PGD/Pharmaceutical and Vaccine Supply Issues

Public Health Scotland
phs.immunisation@phs.scot

8. CMO letter (SGHD/CMO(2025)7) issued on 6 May 2025 provided information on other changes that will come into effect nationally from 1 January 2026:

- Introduction of an additional (4th dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months.

- The second MMR dose will move from 3 years 4 months to the **new routine 18-month appointment.**

9. Further to that letter, from January 2026 the second MMR dose at 18 months will now be replaced by MMRV.

10. Eligibility for vaccination is outlined in Annex A and Annex B provides information and resources available to support implementation of the childhood varicella vaccination programme.

Key Information

11. MMR vaccine will no longer be available for the NHS routine childhood programme from 1 January 2026. MMR vaccine will be available for uses outside of the routine childhood programme (e.g. catch up for older individuals who have not received two-doses of MMR and are not eligible for varicella vaccination).

12. Children aged from 6 years and above at the start of the programme are **not eligible** for varicella vaccination via the routine NHS varicella programme.

13. There is no 'varicella-only' vaccine offered in the NHS routine programme. Pre-existing arrangements remain in place for the provision of varicella only vaccine for close contacts of those at high risk of complications from varicella infection, in line with Varicella: the green book, chapter 34 - GOV.UK.

14. There will be some children in the >1yr to 18 months cohort and in the catch-up group who will be eligible to receive **three** MMR-containing vaccines (see table in Annex A). There are no safety concerns with this approach.

The overall changes in summary from 1 January 2026:

- Since 1 July 2025, children who attended their one-year appointment will not have received the discontinued combined Hib-MenC vaccine Menitorix®. They will still have received all other vaccines scheduled for that age. Those children should now be offered a new 18-month routine vaccination appointment starting from 01 January 2026 at which they will receive a 4th dose of hexavalent (DTaP/IPV/Hib/HepB) vaccine, given alongside **MMRV** (replacing MMR dose 2).

- The second MMR dose (now **MMRV**) will move to be offered at 18 months of age rather than 3 years 4 months.

- Children aged > 1 year and less than 3 yr 4 months at start of the programme will receive 2 doses of MMRV (one at age 18 months and one at 3 yrs 4 months).

- Children aged 18 months to 3 years 4 months on 01 January 2026 will remain on the current MMR 2nd dose schedule at 3 years 4 months but this will be replaced by **MMRV** (therefore receiving one dose of MMRV).

- Children who missed out on either dose remain eligible for life.

- Children who present late to a 12 month appointment (and present on or after 1 January 2026), should be offered MMRV instead of first dose of MMR alongside other 12-month vaccinations. Thereafter a second MMRV dose would be offered at the 18 month appointment. In this case the child does not need a third dose at 3 years 4 months. There should be at least 1 month gap between the two MMRV vaccinations. There is no clinical concern if the child receives a third MMRV vaccine at their 3 years 4 months appointment.

15. Finally, we would like to thank you for your professionalism and support in delivering these important schedule vaccination changes in the childhood programme.

Yours sincerely,

Gregor Smith	*Irene Barkby*	*Alison Strath*
Professor Sir Gregor Smith **Chief Medical Officer**	Irene Barkby **Acting Deputy Chief Nursing Officer**	Professor Alison Strath **Chief Pharmaceutical Officer**

Annex A

Varicella (MMRV) vaccination eligibility by date of birth

Date of Birth	Age on 01.01.2026	New Programme from 01 January 2026
01/01/2025 or later	1 year or under	Two doses MMRV on new routine schedule (12m and 18m)
01/07/2024 to 31/12/2024	**>** 1y to 18m	Two doses of MMRV at 18m and 3y4m*
01/09/2022 to 30/06/2024	**>** 18m to 3y4m	One dose of MMRV at 3y4m**
01/01/2020 to 31/08/2022	**>** 3y4m to **<** 6y	Selective one-dose catch up*** from 1 Nov-2026 to 31 Mar 2028 for those with no reported history of chickenpox infection. .
31/12/2019 or before	6y and older	Not eligible

*the majority of this cohort will have had MMR at 12 months prior to 1 January 2026 (and therefore will have 3 x MMR doses). However there may be some of this cohort (particularly with DOB in Dec 2024) who would not have attended for their 12 month appointment until after 1 January 2026. This cohort will therefore get two doses of MMRV at 12 month and 18 month, and it will not be necessary for them to get a 3rd MMRV dose at 3 years 4 months.

**if a child in this age cohort had not attended for any MMR doses by 1 January they would be offered both doses as MMRV (rather than get an MMR dose 1 and MMRV dose 2 schedule).

***those children will only get 1 dose MMRV (unless earlier doses of MMR are still due as above).

Any child with an incomplete immunisation history for their age should be managed in accordance with guidance in the Green Book Chapter Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK.

Annex B

Information and resources to support implementation

Data Collection / Recording of Vaccinations

1. As per existing arrangements, all vaccines administered should be recorded accurately in the usual way. Maintenance of comprehensive and accurate data is a key factor in determining the effective delivery of all vaccination programmes. As with other national immunisation programmes, Public Health Scotland (PHS), using data held within SIRS (and thereafter from introduction of the new Child Health System) will calculate and publish childhood immunisation uptake rates for each NHS Board and nationally.

The Vaccine

2. The programme will use two combined MMRV vaccines, Priorix-Tetra® (GSK) and ProQuad® (MSD). The vaccines are considered clinically equivalent and interchangeable. However, Priorix-TETRA may be preferred for children who do not accept porcine gelatine.

Vaccine Supply

3. The vaccines for the universal programmes are available to order in the usual way online via ImmForm. NHS Boards should ensure that local stocks of vaccine are rotated in fridges so that wastage is minimised. It is recommended that you hold no more than two weeks' worth of stock. Please ensure that stocks of MMR are reduced locally in anticipation of the new changes coming into effect.

4. See the Green Book chapter 3 for more information on storage, distribution and disposal of vaccines: the green book, chapter 3 - GOV.UK.

Patient Group Directions (PGDs)

5. Updated national specimen Patient Group Directions (PGD) will be produced and issued to NHS boards in advance of the changes coming into effect. These will be made available on the PHS website at: Publications - Public Health Scotland.

Immunisation Against Infectious Disease (the Green Book)

6. Detailed clinical guidance on varicella and MMRV vaccination will be covered in the following chapters of the Green Book:

   - Measles: Chapter 21
   - Mumps: Chapter 23
   - Rubella: Chapter 28
   - Varicella: Chapter 34

7. In addition, the following chapter will also be updated to align with the changes:

   - UK Immunisation schedule: Chapter 11

Contraindications

8. Please refer to the Green Book Chapter for information on any contraindications (and/or precautions) to the vaccine.

Training and information resources for healthcare practitioners

9. NHS Education for Scotland (NES) in partnership with PHS will make available educational resources to help support healthcare practitioners with these changes to immunisation schedules. These resources will all be available at: Immunisation | Turas | Learn.

Resources for Parents and Carers

10. PHS has updated a range of resources in line with the changes. Public information, including information to support informed consent for each vaccine within the childhood immunisation schedule can be found at Immunisation | NHS inform.

11. Information leaflets for parents / carers will be available in other languages and alternative formats (e.g. audio and Easy Read) at Immunisation | NHS inform. PHS will consider requests for other languages and formats. Please contact 0131 314 5300 or email phs.otherformats@phs.scot.

Reporting suspected adverse reactions

12. Health professionals and those vaccinated are asked to report suspected adverse reactions through the online Yellow Card scheme (www.mhra.gov.uk/yellowcard) by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday. Additionally, Vaccine safety and adverse events following immunisation: the green book, chapter 8 - GOV.UK provides detailed advice on managing adverse events following immunisation (AEFIs) following vaccination.