Chief Medical Officer Directorate

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Dear Colleagues,

RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINATION PROGRAMME 2026-27

This letter provides information on the 2026-27 RSV vaccination programme, including an expansion to the catch-up campaign to include all adults age 80 years and over, and all residents of care homes for older adults.

Background

1. RSV is a common respiratory virus that may cause severe illness, in particular in infants and older adults. RSV infections occur year-round but the largest number occur in a seasonal pattern of community transmission, typically starting in October, peaking in December, and declining by March.

2. In infants, RSV can cause bronchiolitis which may require hospital admission. An RSV monoclonal antibody immunisation programme has been in place since 2010 for high-risk infants. In 2025-26 there were changes to this programme, with nirsevimab being made available for the 2025-26 season and expanded eligibility. More information can be found in the programme CMO letter here.

3. Older adults may also experience severe complications from RSV requiring hospitalisation. Underlying chronic health conditions such as cardiac and respiratory disorders increase the likelihood of severe RSV complications.

4. The RSV vaccination programme was introduced in August 2024 for:

   - those turning 75 years of age. An initial catch-up programme was also offered to those aged 75 to 80 years (i.e. 79+364 days) as of 01/08/24

   - pregnant women from 28 weeks gestation. Vaccination of pregnant women provides passive protection to infants.

From Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer
Professor Sir Gregor Smith
Professor Aisha Holloway
Professor Alison Strath

03 March 2026

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Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Directors of Midwifery, NHS Boards
Primary Care Leads, NHS Boards
Chief Officers of Integration Authorities
Directors of Pharmacy
Directors of Public Health
Midwives
General practitioners
Immunisation Co-ordinators
CPHMs
Scottish Ambulance Service

For information
Chairs, NHS Boards
Consultant Physicians and Paediatricians
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Joint Committee on Vaccination and Immunisation (JCVI) Considerations

5. Based on emerging evidence of clinical effectiveness and safety, and resultant favourable cost-effectiveness assessment, on 16 July 2025 the JCVI issued a statement of advice recommending extending the older adult RSV immunisation programme catch-up campaign to include all those aged 80 years and over, as well as all residents in care homes for older adults.

6. The 16 July 2025 JCVI statement also advised that RSV vaccines could be administered concurrently with COVID-19 vaccines.

7. Following assessment of the JCVI advice, updated information on older adult programme eligibility in 2026-27 is detailed below.

2026-27 Older Adults Programme Eligibility

8. The Older Adults programme will begin from April 2026.

9. In 2026-27 vaccination will continue to be offered to those turning 75 years of age. This includes invitations for all those turning 75 years between 01/08/26 – 31/07/27.

10. From spring 2026 the catch-up programme will be expanded to include all adults aged 80 years and over and all residents of care homes for older adults.

11. Those eligible in previous years of the programme, who did not come forward at the time, remain eligible indefinitely and can come forward at any point in the future, should they request vaccination.

12. RSV vaccinations are to be delivered to all previously unvaccinated residents of care homes for older adults by 30 June 2026 as part of a co-administration strategy during the spring 2026 COVID-19 vaccination programme. The remainder of the 80 years and over group, plus the routine turning 75 years programme (for those turning 75 years between 01/08/26 – 31/07/27), must be offered an appointment by 30 September 2026, in order to ensure protection prior to the usual expected seasonal rise in infections.

13. Revaccination is not currently recommended and people vaccinated against RSV by the NHS as a care home resident prior to the age of 75 years should not be offered an additional dose on reaching that age. Similarly, those being admitted to a care home for the first time above the age of 75 do not require any additional RSV dose, though the admission may be an opportunity to confirm vaccination status.

Protecting Infants (Maternal) Programme Eligibility

14. RSV vaccination is offered in each pregnancy from 28 weeks (+0 days) gestation. This is delivered year round.

15. This does not replace the at-risk infants programme which continues for those who are eligible. The eligibility for this programme was expanded in July 2025. More information can be found in the programme CMO letter here, and in the Respiratory syncytial virus: the green book, chapter 27a - GOV.UK.

Inclusion & Equity

16. All vaccination programmes must include an element of proactive inclusion work in an effort to reduce health inequalities, with a particular focus on areas of highest deprivation and certain ethnicities who may have lower uptake.

Respiratory syncytial virus: the green book, chapter 27a updates

17. Please note that the Respiratory syncytial virus: the green book, chapter 27a - GOV.UK was updated on 2 February 2026 with latest evidence and details of the catch-up programme for people age 80 and over, JCVI advice on clesrovimab and MHRA guidance on pre-F vaccines.

Vaccination Programme

18. Further information on the older adult programme is included in **Annex A**, with detail on the protecting infants (maternal) programme in **Annex B.**

Impact of the programme

19. The impact of the introduction of the older adults programme can be seen in a study conducted by Public Health Scotland (PHS), in collaboration with the University of Strathclyde, and published in February 2025, which showed a 62% reduction in RSV related hospitalisations among the eligible older adult age groups.

20. The impact of the RSV Maternal programme can be seen in another study conducted by PHS, in collaboration with the Universities of Glasgow, Strathclyde, Edinburgh and Oxford, showing that infants under three months of age whose mothers received the RSV vaccination during pregnancy had around 80% reduced risk of hospitalisation due to an RSV infection compared to infants whose mothers were unvaccinated.

Action

21. Health Boards are requested to action this letter and ensure that their vaccination teams and primary and secondary care colleagues are aware of it.

22. We are very grateful for your continued support with the RSV vaccination programme, as well as all your hard work in delivering the entirety of the Scottish Vaccination and Immunisation Programme to the people of Scotland.

Yours sincerely,

Gregor Smith	*Aisha Holloway*	*Alison Strath*
Professor Sir Gregor Smith **Chief Medical Officer**	Professor Aisha Holloway **Chief Nursing Officer**	Professor Alison Strath **Chief Pharmaceutical Officer**

Annex A: RSV vaccination – Older Adults Programme

Vaccine Product and Dosage

1. The older adult programme uses Pfizer's Abrysvo® as a one-dose schedule.

Vaccine Delivery

2. The delivery of the RSV programme is the responsibility of Health Boards / Health and Social Care Partnerships (HSCPs) utilising appropriate local managed and/or commissioned services.

Vaccine Supply

3. Abrysvo© is available to order through vaccine holding centres. The vaccine is the same for both the older adult and maternal (protecting infants) programmes.

4. The vaccine is supplied in single dose packs, and the presentation is a vial (containing active product) and a pre-filled syringe (containing sterile water solvent) for reconstitution.

Vaccine Storage and Disposal

5. Vaccines should be stored in their original packaging at +2˚C to +8˚C and protected from light. Do not freeze as freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

6. Abrysvo© should be administered immediately after reconstitution or within 4 hours if stored between 15°C and 30°C. Chemical and physical in-use stability has been demonstrated for 4 hours between 15°C and 30°C. From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user. Please refer to the SmPC for details.

7. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

Vaccine Stock Management

8. A review of available fridge capacity should be carried out in advance of the programme starting to ensure sufficient space is available.

9. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage, including the use of appropriate cool boxes/bags for transporting the vaccine during home/care home visits. Local protocols should be in place to minimise vaccine wastage, as even small percentage reductions in waste have a major impact on the financing of vaccine supplies.

Patient Group Directions (PGD) / Vaccine Group Directions (VGD)

10. An updated national specimen Patient Group Direction (PGD) for administration of Abrysvo© for older adults will be produced by PHS.

11. PHS, as the national public health agency, will consider whether the programme and/or cohorts therein, are appropriate for inclusion under a Vaccine Group Direction (VGD) as described in the proposed Regulation 235A of the Human Medicines Regulations 2012 from April 2026 in accordance with relevant clinical and medicines governance standards.

Communications Materials for Patients

12. PHS, in partnership with stakeholders, has developed communications materials and a marketing campaign for patients in relation to the RSV vaccination programme. Resources (such as social media assets) will be available on the PHS Marketing Resource Centre in advance of the programme going live. An information leaflet to support informed consent is available in print and can be accessed online on NHS inform at RSV vaccine for adults | NHS inform.

Workforce Education Resources for Healthcare Practitioners

13. NHS Education for Scotland (NES), in partnership with PHS and stakeholders, have developed educational resources for healthcare practitioners in relation to the RSV vaccination programmes. These are available on Immunisation | Turas | Learn.

The Green Book

14. Full details on use, dosage, administration, concomitant administration with other vaccines, contraindications, consent and reporting of adverse reactions with Abrysvo® are included in the Respiratory syncytial virus: the green book, chapter 27a - GOV.UK.

Vaccine Safety and Adverse Reactions

15. The most common adverse events following immunisation (AEFI) observed are injection-site reactions. These include pain, localised itching, redness and swelling at the injection site. Other reactions commonly reported are headache, aching muscles, tiredness and feeling sick. These adverse reactions are usually mild or moderate in intensity.

16. Suspected vaccine-induced adverse drug reactions (ADR) should be reported via the Yellow Card | Making medicines and medical devices safer

Medicines and Healthcare products Regulatory Agency (MHRA) alert

17. On the 07 July 2025 the MHRA issued an alert in relation to Abrysvo© (Pfizer RSV vaccine currently used in our programmes) and Arexvy© (GSK RSV vaccine), in relation to a small risk of Guillain-Barré syndrome following vaccination in older adults.

18. It advised that there is a small increase in the risk of Guillain-Barré syndrome following vaccination with Abrysvo© in adults aged 60 years and older. Healthcare professionals should advise all recipients of Abrysvo© that they should be alert to signs and symptoms of Guillain-Barré syndrome and, if they occur, to seek immediate medical attention as it requires urgent treatment in hospital.

19. The safety of the introduction of the older adults programme can be seen in a study conducted by PHS, in collaboration with the University of Edinburgh and the University of Strathclyde, and published in October 2025, which showed a good overall safety profile, but an increased risk of Guillain-Barre Syndrome, although this remained rare. The study

can be found on PubMed: RSV Vaccination Programme for Older Adults: A Scotland-Wide Study on RSVpreF Vaccine Safety - PubMed

Vaccination Adverse Events

20. Vaccination adverse events should continue to be managed in accordance with current local and national protocols and standards and escalated as appropriate. Further details can be found in the existing publication *PHS Vaccination Adverse Event Management Protocol*, version 2.0, published 04 March 2024.

Vaccine Uptake

21. Vaccination events should be recorded on the Vaccination Management Tool (VMT). Training on use of the VMT is available here.

22. Health Boards are expected to participate in quality improvement activity led by PHS, with an inclusion and equity lens applied to the programme. All programmes must include an element of proactive inclusion work in an effort to reduce health inequalities, with a particular focus on areas of highest deprivation and certain ethnicities who may have lower uptake.

Section 47 Certificate of Incapacity

23. A Section 47 certificate is required in order to provide non-emergency medical treatment (including vaccinations) to an adult who lacks the decision-making ability to understand, retain, or weigh up information about the treatment being offered. GPs may receive request to assess an adult's decision-making ability to consent in relation to medical treatment.

24. Where an adult is assessed as lacking the decision-making ability to make a decision about their vaccination, a Section 47 certificate under the Adults with Incapacity (Scotland) Act 2000 must be completed by a prescribed medical practitioner.
    - If a welfare proxy has been legally appointed with powers to make a decision relating to medical treatment, they should be consulted where practicable and their decision regarding the proposed treatment must be sought. This may include a welfare attorney or guardian, or a person authorised under an intervention order.
    - The involvement of the welfare proxy does not remove the requirement for a Section 47 certificate. Both the certificate and the proxy's decision are required where the adult lacks capacity and a proxy with relevant powers exists.

25. More information can be found in these guidance documents:

- **Treatment under section 47 of the AWI**
- **Section 47 certificate of incapacity - gov.scot**
- **Supported decision making good practice guide 2024**

26. Training is also available via TURAS: **Adults With Incapacity (AWI) | Turas | Learn**

Funding Arrangements

27. Scottish Government provides funding for the full costs of the RSV vaccines that have been administered to patients. This will be provided as an allocation at the end of Quarter 2 and at the end of the financial year. Reimbursement will be based on doses delivered as reported via the Vaccination Management Tool (VMT) and SEER data.

28. Delivery costs are to be covered within Health Board baseline budgets.

Annex B: RSV vaccination – Protecting Infants (Maternal) Programme

Vaccine Product and Dosage

1. The maternal vaccination programme uses Pfizer's Abrysvo® as a one-dose schedule. A single dose will be required in each pregnancy.

Vaccine Delivery

2. The delivery of the RSV protecting infants (maternal) programme should be integrated as closely as possibly within routine antenatal care. Vaccination should be accessible and offered appropriately at every opportunity during the period of eligibility within pregnancy.

Vaccine Supply

3. Abrysvo© is available to order through vaccine holding centres. The vaccine is the same for both the older adult and protecting infants (maternal) programmes.

4. The vaccine is supplied in single dose packs, and the presentation is a vial (containing active product) and a pre-filled syringe (containing sterile water solvent) for reconstitution.

Vaccine Storage and Disposal

5. Vaccines should be stored in their original packaging at +2˚C to +8˚C and protected from light. Do not freeze as freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

6. Abrysvo© should be administered immediately after reconstitution or within 4 hours if stored between 15°C and 30°C. Chemical and physical in-use stability has been demonstrated for 4 hours between 15°C and 30°C. From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user. Please refer to the SmPC for details.

7. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

Vaccine Stock Management

8. Please ensure sufficient fridge space is available for the vaccine. A review of available fridge capacity should be carried out in advance of the programme starting to ensure sufficient space is available.

9. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. Local protocols should be in place to minimise vaccine wastage, as even small percentage reductions in waste have a major impact on the financing of vaccine supplies.

Patient Group Directions (PGD)

10. A national specimen PGD for administration of Abrysvo© for vaccination in pregnancy has been produced by PHS.

Communications Materials for Patients

11. PHS, in partnership with stakeholders, have developed communications materials and a marketing campaign for patients in relation to the RSV vaccination programme. Resources (such as social media assets) will be available on the PHS Marketing Resource Centre in advance of the programme going live. An information leaflet to support informed consent is available for pregnant women or birthing people. This information is available on NHS inform at www.nhsinform.scot/rsv-baby

12. Information about the RSV vaccine for the maternal programme is available from RSV vaccine during pregnancy | NHS inform.

Workforce Education Resources for Healthcare practitioners

13. NES, in partnership with PHS and stakeholders, has developed educational resources for healthcare practitioners in relation to the RSV vaccination programmes, including an eLearning dedicated to vaccination in pregnancy. These are available on Immunisation | Turas | Learn.

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