

Dear Colleagues,

SEASONAL INFLUENZA (FLU) IMMUNISATION PROGRAMME 2026/27: CONFIRMATION OF ADULT AND CHILD COHORTS

1. The Seasonal Flu Immunisation Programme is essential to protect those who are most vulnerable to severe illness from flu and reduce transmission.
2. The winter 2025/26 programme will run to 29 March 2026, but as of 01 March, you have successfully delivered flu vaccines to over 1.9 million individuals.
3. The latest data up to 01 March shows that during winter 2025/26, 55.5% of the entire eligible adult population of Scotland received a flu vaccine. This is an increase from the 53.2% we achieved by programme end in winter 2024/25. Of note, vaccination uptake rates in the 65 years and over cohort remains high at 74.5%, very close to the World Health Organization's target ambition of 75%, and an increase from the 74.1% we achieved in winter 2024/25.
4. In the childhood flu programme, up to 01 March, uptake has declined slightly in 3 of the 4 age groups, but increased in the pre-school group:

Group	Winter 2024/25	Winter 2025/26
At risk aged 6 months – 2 years	40.7%	40.1%
Pre-school	50.3%	50.7%
Primary School	68.1%	67.0%
Secondary School	53.1%	52.1%

Key Objectives for 2026/27

5. The key objectives of the Seasonal Flu Immunisation Programme are:
 - To protect those most at risk of severe illness from flu.
 - To support the resilience of the health and care system, particularly during the winter months.

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

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SGHD/CMO (2026) 05

Addresses

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
School Nurses
Immunisation Co-ordinators
CPHMs
Scottish Ambulance Service

For information

Chairs, NHS Boards
General Practitioners
Practice Nurses
Primary Care Leads, NHS Boards Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
NHS 24
Community Pharmacy Scotland

Further Enquiries

Flu Policy Issues
Scottish Government
ImmunisationPolicy@gov.scot

Medical Issues
Senior Medical Officers
St Andrew's House
ImmunisationPolicy@gov.scot

PGD/Pharmaceutical
Public Health Scotland
phs.immunisation@phs.scot

Vaccine Supply Issues
nss.vaccineenquiries@nhs.scot

- To further increase uptake across all eligible groups, with particular focus on those at highest risk, and those of pre-school age, for which high uptake is important for protecting wider society.
- To improve uptake rates in groups where it has recently been low, such as those in a clinical risk group, pregnant women (at all stages of pregnancy) and eligible health and social care workers.

Eligibility for winter 2026/27

6. For 2026/27, on the advice of the Joint Committee on Vaccination & Immunisation (JCVI), the eligibility criteria have been updated; certain cattle and swine workers are now eligible as described in Annex B.
7. Programme eligibility is based on the advice and recommendations of the JCVI and full details can be found in the [Influenza: the green book, chapter 19 - GOV.UK](#). The following groups will be eligible for the Seasonal Flu Immunisation Programme in Scotland in 2026/27:

Childhood programme

- All children aged from 6 months to 18 years in clinical risk groups (*if not eligible in accordance with bullets below*)
- All children aged 2-5 years not yet at school (*age as of 01/09/2026*)
- All primary school children (primary one to primary seven)
- All secondary school pupils (S1 to S6)

Adult programme

- Those living in long-stay residential care homes or other long-stay care facilities
- All those aged 65 and over
- All those aged 18 to 65 years in defined risk groups. This includes:
 - those in clinical at-risk groups set out in [Influenza: the green book, chapter 19 - GOV.UK](#)
 - those experiencing homelessness
 - those experiencing substance misuse
 - asylum seekers living in Home Office hotel or B&B accommodation
 - all prisoners within the Scottish prison estate
 - pregnant women
- Frontline health and social care workers
- All NHS staff
- Poultry workers & bird handlers (*eligibility information in Annex A*)
- Cattle & Swine workers (*eligibility information in Annex B*)
- Unpaid carers and young carers
- Household contacts of those with immunosuppression

Children

8. Health Boards should make arrangements so that pupils who miss out on vaccination during the school session, are recalled and offered subsequent opportunities to receive the vaccine. This is particularly important for those children at clinical risk.
9. Health Boards should offer the opportunity for those few children under 9 years of age who require a second dose to be vaccinated accordingly.
10. Eligible children who are home educated, not currently in mainstream education for a variety of reasons, or clinically at risk who may not be attending school at the time, should also be offered vaccination through local arrangements.

Pregnant women

11. Most Health Boards and Health and Social Care Partnerships (HSCPs) will continue to deliver flu vaccines to pregnant women through their local maternity services. Where flu vaccination is not offered at maternity appointments, midwives should encourage women to attend their local vaccination clinic and give details on how to book an appointment.

Health and social care workers (HSCWs)

12. Flu vaccination not only protects individual staff members but reduces the risk of transmission of flu viruses within health and social care settings, helping to protect those under their care and colleagues. It is imperative that timely flu immunisation of all frontline health and social care workers (HSCWs) in direct contact with patients/clients remains a central element in our objective to protect the most vulnerable in our society. In addition, non-frontline NHS staff are eligible for the seasonal flu vaccine in 2026/27.
13. Health Boards are asked to make vaccines as easily accessible as possible, including offering HSCW drop-in clinics and workplace vaccination. HSCW's may also book their vaccination using the online portal or national vaccination helpline. HSCW's can book an appointment at any venue across Scotland, for example somewhere close to where they work or visit regularly.
14. Last year, staff flu vaccination uptake rates increased from the previous year, with uptake amongst healthcare workers rising from 35.9% to 41.9%, and uptake in social care workers rising from 17.2% to 18.4%.
15. Senior clinicians, NHS managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our planning response for the health and social care sector this coming winter.

Prisoners, Substance Misuse, Homelessness and Asylum Seekers

16. Health Boards are encouraged to use their judgement and local knowledge to vaccinate prisoners, people experiencing substance misuse, asylum seekers in Home Office hotel or B&B accommodation and people experiencing homelessness. It is likely that a significant proportion of these people will have underlying chronic medical conditions, sometimes undiagnosed, and are at high risk of flu related complications.

17. These groups will require a very focused effort across health and social care services, to ensure they have appropriate access to vaccination, involving active outreach and on-site delivery. Health Boards should consider if flu can be co-administered with other recommended vaccines for these groups, where possible and appropriate.

Timings – adult programme

18. Based on evidence of flu vaccine effectiveness waning over time in adults, the JCVI advises starting the programme at the beginning of October, provided there would be timely completion of the majority of the vaccinations by the end of November, in order to provide the best potential protection to this group over the peak winter period, which typically occurs in December and January.

19. The exception to this is pregnant women, where the JCVI advises that they be offered the flu vaccine from the beginning of September, supply dependant.

20. Optimum programme timings should align with the JCVI advice, and exact programme timings will be confirmed to the Health Boards and the wider system, prior to programme start, by the Scottish Vaccination and Immunisation Programme (SVIP).

Timings – child programme

21. The JCVI advises that the LAIV vaccination gives greater length of protection, compared to the adult vaccine. As such, they recommend that the childhood flu programme should commence as early in September as possible, supply dependant.

22. The early vaccination of the childhood groups is especially important to protecting wider society by helping prevent onwards transmission. There should be a concerted effort on behalf of Health Boards to get the childhood groups, and particularly the pre-school group, vaccinated as early as is operationally possible, preferably in September and October. The child programme will be required to complete the majority of vaccinations by late November or early December 2026 as per the adult programme.

23. Exact programme timings will be confirmed to the Health Boards and the wider system, prior to programme start, by the SVIP.

The National Vaccination Helpline

24. At this time, the National Vaccination Helpline (0800 030 8013) only provides support to the COVID-19 and flu vaccination programmes. The helpline is unable to assist with, or make bookings for any other vaccination programme.

25. For assistance with booking or rescheduling routine programmes, such as RSV, shingles or pneumococcal, patients should be directed to their [local Health Board Immunisation Team](#), or should check the contact details in their appointment letters. Alternatively, the NHS Inform Helpline number (0800 22 44 88) can provide information about different vaccine programmes, although they cannot assist with booking or rescheduling.

Action

26. In keeping with JCVI advice, the timely delivery of vaccination is important to ensure the eligible population is protected before influenza activity starts to increase in the winter months. We therefore expect the vast majority of the programme to be completed by early December. Boards should endeavour to meet the WHO target of 75% coverage in the 65+ age group by that point. Those in the other eligible groups should also have the opportunity to come forward and receive influenza vaccination by that point.
27. As many people as possible should be vaccinated prior to December. The benefits of flu vaccination should be communicated and vaccination appointments made as easily accessible as possible, especially for those in historically less well served groups.
28. Health Boards, HSCPs and GP practices which are participating in the programme are asked to note and implement the arrangements outlined in this letter, noting that more detailed operational guidance will be made available through the SVIP to delivery teams closer to programme start.
29. We have procured sufficient vaccine to support uptake for the coming season, however ongoing effective management at a local level is essential, to avoid unnecessary wastage.

Yours sincerely,

Sir Gregor Smith

Alison Strath

Aisha Holloway

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alison Strath
Chief Pharmaceutical Officer

Professor Aisha Holloway
Chief Nursing Officer

ANNEX A: Eligibility information on flu vaccination offer to poultry workers and bird handlers

Background

Due to the high levels of highly pathogenic avian influenza (HPAI) H5N1 activity in both wild and domestic birds in the UK in summer 2023, the JCVI advised that seasonal influenza vaccination should be considered for those at higher risk of infection with avian influenza related to their work or similar exposures. Further information can be found at [Influenza: the green book, chapter 19 - GOV.UK](#)

Scotland's eligibility for winter 2026/27

- Workers employed at, or regularly visiting, poultry units and poultry processing units, including inspection teams.
- Those who would be undertaking culling and / or cleaning at confirmed avian influenza outbreak premises.
- Those who would be handling live unwell birds where avian influenza is suspected.
- People involved in the collection of wild or domestic bird carcasses where avian influenza is suspected, including sea birds.

Accessing vaccination

- **Self-booking appointment:** Eligible individuals can self-book into their local clinic via the [online booking portal](#) or via the National Vaccination Helpline on 0800 030 8013.

Communications

- All individuals and companies registered on the Scottish Kept Bird Register will be sent details on eligibility and how to book their flu vaccination.
- Local Health Board and Health Protection Teams will engage with local companies and producers to encourage their workforce to come forward for vaccination.
- PHS will produce informed consent resources to support the programme. Links to these materials will be included in the 'Winter programme 2026 – Seasonal flu and COVID-19 vaccination' CMO letter, to be issued closer to programme start.

ANNEX B: Eligibility information on flu vaccination offer for cattle & swine workers

Background

In spring 2024, cases of avian flu were observed in dairy herds in the United States. In June 2024, the JCVI considered the situation and advised that it was important to reduce the potential risk of re-assortment between circulating seasonal influenza viruses and the zoonotic H5 (avian flu) virus. They agreed that investment in the offer of seasonal flu vaccination to farm workers should be undertaken, as even low levels of uptake might prevent a rare mutation event that could result in a more transmissible virus. The [Influenza: the green book, chapter 19 - GOV.UK](#) states:

“Seasonal influenza vaccination should be considered for those at higher risk of infection with zoonotic influenza related to their work or similar exposures (JCVI June 2023, JCVI June 2024). This also has the practical benefit of reducing the likelihood of coincidental symptoms developing during periods of active monitoring following possible exposures (though most symptoms are caused by other seasonal viruses).”

People at highest risk are likely to be those undertaking culling or cleaning at confirmed zoonotic influenza outbreak premises, or handling live unwell animals. Workers employed at, or regularly visiting, statutorily-registered poultry / swine / cattle units and poultry / swine / cattle processing units, may also be at risk if they have direct exposure to bird / swine / cattle faeces / litter such as through initial egg sorting or cleaning of premises.”

Eligibility for winter 2026/27:

Based on the above advice contained in the [Influenza: the green book, chapter 19 - GOV.UK](#), we would define this group in Scotland to include, but not limited to:

- Those in farm based job roles:
 - People who feed, clean or care for animals on cattle or swine farms
 - Those who look after herds or check on animal health
 - Seasonal or casual workers on cattle or swine farms
 - Volunteers on cattle or swine farms
- Vets and those who look after herds or check on animal health
- People who move animals, load them for transport, or work in barns and pens
- Workers in slaughterhouses or processing plants
- Livestock transportation drivers
- Those who handle animals at markets, shows, or fairs
- Rural Payments and Inspections Division (RPID) inspectors
- Animal and Plant Health Agency (APHA) inspectors
- Employees for companies that visit farm premises, and who may come into close contact with infected animals or cattle and swine faeces.

Accessing vaccination

- **Self-booking appointment:** Eligible individuals can self-book into their local clinic via the [online booking portal](#) or via the National Vaccination Helpline on 0800 030 8013.

Communications

- Local Health Board and Health Protection Teams will engage with local companies and producers to encourage their workforce to come forward for vaccination.
- PHS will produce informed consent resources to support the programme. Links to these materials will be included in the '*Winter programme 2026 – Seasonal flu and COVID-19 vaccination*' CMO letter, to be issued closer to programme start.

ANNEX C: RECOMMENDED ADULT FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2026/27

The adult flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and are set out in the table below.

Eligible Groups	JCVI Recommended Vaccine
Aged 65 years and older*	Adjuvanted trivalent inactivated influenza Seqirus vaccine (aTIV)
Aged 18 – 64 years	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated), Seqirus Vaccine (TIVc)
6 months - 17 years (alternative for those where LAIV vaccine is unsuitable)	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated), Seqirus Vaccine (TIVc)

**although licensed for individuals aged 50 years and older, aTIV will be offered to those aged 65 years and over due to increased efficacy in the over 65s.*

Vaccine ordering and delivery arrangements

Information on ordering and delivery arrangements for the flu vaccine will be provided to Health Boards within operational guidance from the SVIP through PHS and NHS Public Services delivery Scotland (PSD Scotland).

Sites participating in the programme should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity.

Sites participating in the programme must ensure adequate vaccine supplies are confirmed before organising vaccination clinics.

ANNEX D: RECOMMENDED CHILD FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

- The following child flu vaccines have been centrally procured for the forthcoming season, in line with the recommendations of the JCVI:

Eligible Groups	JCVI recommended vaccine
At risk children aged 6 months – 2 years	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated), Seqirus Vaccine (TIVc)
Children aged 2 – 17 years who cannot receive LAIV	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated), Seqirus Vaccine (TIVc)
Pre-school children aged 2-5	Live attenuated influenza vaccine (LAIV)
Primary school children	Live attenuated influenza vaccine (LAIV)
Secondary school pupils	Live attenuated influenza vaccine (LAIV)

- A very small number of pupils may be aged 18 years at the time they receive the vaccine, and they should also be offered the LAIV off-label. This will be included in the national Patient Group Direction (PGD) template.
- Children who have a contraindication to LAIV and at risk children aged 6 months – 2 years should be offered cell based trivalent influenza vaccine (Seqirus Vaccines) (TIVc), which is licensed for all children aged six months and above.
- LAIV has a shorter shelf life compared to other flu vaccines. The expiry date on the nasal spray applicator should always be checked before use.
- The delivery schedule for LAIV for 2026/27 has not yet been confirmed, as this is subject to manufacturing and ongoing regulatory processes. As LAIV has a shorter shelf life than other vaccines it will be delivered into the national stockpile in several consignments, in order to ensure that there are in date supplies available throughout the period the vaccine can be offered.
- To support efficient delivery of an effective programme, it is anticipated that the delivery schedule will result in most of the vaccine becoming available to order in the initial weeks of the programme. Health Board planners should liaise with local Vaccine Holding Centres to confirm availability and updated delivery schedules.
- Sufficient vaccine has been procured for the 2026/27 flu season to ensure adequate vaccine supply is available. Vaccination teams must secure adequate vaccine supplies before organising vaccination clinics.

ANNEX E: WORLD HEALTH ORGANIZATION (WHO) VACCINE COMPOSITION FOR 2026/27

Each year the WHO recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause flu outbreaks in the northern hemisphere in the coming winter.

The vaccines that will be used for this upcoming influenza season are in line with recommendations from the [WHO](#) and the [JCVI](#).

Overview

For vaccines for use in the 2026/27 northern hemisphere influenza season, WHO recommends the following:

Egg-based vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus;
- an A/Darwin/1454/2025 (H3N2)-like virus; and
- a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.

Cell culture-, recombinant protein- or nucleic acid-based vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus;
- an A/Darwin/1415/2025 (H3N2)-like virus; and
- a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.

Related links:

- [Frequently Asked Questions - Recommended composition of influenza virus vaccines](#)
- [Antigenic and genetic characteristics of zoonotic influenza A viruses and development of candidate vaccine viruses for pandemic preparedness in the 2026-2027 northern hemisphere influenza season](#)
- [Seasonal candidate vaccine viruses and potency testing reagents for development and production of vaccines](#)
- [Zoonotic candidate vaccine viruses and potency testing reagents for development and production of vaccines](#)

ANNEX F: FLU VACCINATION COMMUNICATIONS 2026/27

Communication Materials

Childhood Flu Programme

1. Invitations will be sent to parents/carers of children aged 6 months to 2 years in clinical risk groups and those aged 2 to 5 years not yet at school. They will be also sent to any children able to be identified as home educated, or at risk up to 18 years of age, who may not be attending school during the season.

If a child has not been identified and invited via the national programme, parents/carers can call the national vaccination helpline, who will refer their child to their local Health Board to ascertain eligibility and bring them forward for vaccination, if required. This may apply for example for those children who are eligible as part of the 6 months to 2 years clinical risk group, 2 to 5 years not yet at school group and those children who are of school age, but not in school.

If the parent / carer is unsure they can also consult their GP practice or secondary care clinician who can refer their case through local referral pathways. If GP practices or clinicians are unsure of their local referral pathway, they should contact their local Immunisation team or co-ordinator for more information.

2. Further national communications activity to support the child flu immunisation programme is being scoped and will be communicated in due course.
3. Health Boards and HSCPs are encouraged to undertake additional local communication activity as appropriate to complement national communications.
4. To support the programme in schools, SVIP, through PHS, will ensure all schools have supporting materials on the flu vaccine for staff, parents and pupils. These will be available for schools to download prior to the start of the programme in August 2026.
5. For school-based programmes, consent packs will be distributed to schools to be sent home via pupils' school bags. These packs will include informed consent resources for parents/carers of primary and secondary school pupils as well as a consent form. Consent form guidance (in English and other languages) will also be available online and via the national helpline.
6. Flu vaccine information materials for children will be available in other languages and alternative formats (e.g. audio and Easy Read) at www.nhsinform.scot/childflu. PHS will consider requests for other languages and formats. Please contact 0131 314 5300 or email phs.otherformats@phs.scot.
7. The public should be signposted to <https://www.nhsinform.scot/childflu> for up to date information on the programme.

Adult flu communication materials

8. National communications activity to support the programme is being scoped and will be communicated in due course.
9. Health Boards and HSCPs are encouraged to undertake additional local communication activity as appropriate to complement national communications.
10. The SVIP, through PHS, will produce and make available a range of national accessible information materials to support informed consent for all eligible cohorts.
11. Flu vaccine information resources for adults will be available in other languages and alternative formats (e.g. audio and Easy Read) at www.nhsinform.scot/flu. PHS will consider requests for other languages and formats. Please contact 0131 314 5300 or email phs.otherformats@phs.scot.
12. The public should be signposted to <https://www.nhsinform.scot/flu> for up-to-date information on the programme.

Workforce Education

13. PSD Scotland and PHS will work closely with stakeholders, through the SVIP, to update workforce education materials to support the programme, and thereafter make these available to colleagues prior to the start of the flu season. These will be available on the NES TURAS Learn website. [Immunisation | Turas | Learn \(nhs.scot\)](#)