

Dear Colleagues,

SEASONAL INFLUENZA (FLU) IMMUNISATION PROGRAMME 2025/26: 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.
2. You successfully delivered flu vaccines to over 1.29 million individuals during the 2024/25 winter season. Thank you to everyone who was involved and contributed to this.
3. Winter 2024/25 in Scotland saw 53.2% of the entire eligible adult population receive a flu vaccine. Vaccination uptake rates in the 65 years and over cohort remained high, reaching 74.1%, although just shy of the World Health Organization's target ambition of 75% and slightly lower than the 79.8% we achieved in winter 2023/24.
4. Uptake in the childhood flu programme remained in line with what was achieved the previous winter, and we increased uptake in all groups, apart from primary school children:

Group	Winter 2024/25	Winter 2023/24
At risk aged 6 months – 2 years	40.7%	39.8%
Pre-school	50.3%	48.8%
Primary School	68.1%	69.0%
Secondary School	53.1%	52.9%

Key Objectives

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
Interim Chief Nursing Officer**
Professor Sir Gregor Smith
Professor Alison Strath
Anne Armstrong

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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
Dr Lorna Willocks
Senior Medical Officer
St Andrew's House
ImmunisationPolicy@gov.scot

PGD/Pharmaceutical
Barry Melia
Public Health Scotland
Barry.Melia@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 where uptake 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 2025/26

6. Eligibility remains the same as per the programme in winter 2024/25.
7. Eligibility is based on the advice and recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and full details can be found in the [Green Book Chapter 19](#). The following groups will be eligible for the Seasonal Flu Immunisation Programme in Scotland in 2025/26:

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 01/09/2025*)
- All primary school children (primary one to primary seven)
- All secondary school pupils (years one to six)

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 under 65 years in defined risk groups. This includes:
 - those in clinical at-risk groups set out in Green Book Chapter 19
 - 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
- Non-frontline NHS workers
- Poultry workers & bird keepers
- Unpaid carers and young carers
- Household contacts of those with immunosuppression

Child Flu

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 get the vaccine. This is particularly important for those children at clinical risk who miss their school-based vaccination.

9. Likewise, 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 be delivering flu vaccines to pregnant women through their local maternity services again this season. In maternity services where flu vaccination isn't offered at maternity appointments, midwives will encourage women to attend their local vaccination clinic and give details on how to book an appointment.

Health and social care workers (HSCWs)

12. 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 2025/26. 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. It is also possible for HSCW's to book an appointment at any venue across Scotland, for example somewhere close to where they work or visit regularly.
13. Last year, staff flu vaccination uptake rates dropped significantly from the previous year, with uptake amongst healthcare workers falling from 42.2% to 35.9%, and uptake in social care workers dropping from 25.9% to 17.2%. 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.
14. The Scottish Government continues to work closely with Public Health Scotland (PHS), Health Boards and social care partners to refocus communications and messaging surrounding flu vaccination, to encourage the HSCW staff cohort to come forward for vaccination and improve uptake for the 2025/26 winter season. We will use insights from PHS's ['National survey of healthcare and frontline social care workers on winter 2023 vaccination programme'](#) report to inform this work.
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, including all those in temporary accommodation and rough sleepers. 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. Furthermore flu could spread rapidly in

the close conditions experienced in those groups and settings. These groups will be challenging to deliver to therefore it will involve active outreach and on-site delivery to ensure they have appropriate access to vaccination. Health Boards should consider if flu can be co-administered with other recommended vaccines for these groups, where possible and appropriate.

Timings – adult programme

17. 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.
18. 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.
19. 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

20. 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.
21. As per the adult programme, the child programme will be required to complete the majority of vaccinations by late November or early December 2025, but 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 2025. The early vaccination of the childhood groups is especially important to protecting wider society by helping prevent onwards transmission.
22. 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

23. 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.
24. 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

25. 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 from Public Health Scotland (PHS) to delivery teams closer to programme start.
26. 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.
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. 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. As a minimum target, 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.

Yours sincerely,

Gregor Smith

Alison Strath

Ann Armstrong

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alison Strath
Chief Pharmaceutical Officer

Anne Armstrong
Interim Chief Nursing Officer

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

Flu vaccines for 2025/26

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 (ATlv)
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)

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 PHS and National Services Scotland (NSS).

Sites participating in the programme should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. Health Boards are charged for each delivery made to locations participating in the programme.

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

ANNEX B: 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 now 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 2025/26 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.
- Sufficient vaccine has been procured for the 2025/26 flu season to ensure adequate vaccine supply is available. Vaccination teams must secure adequate vaccine supplies before organising vaccination clinics.

ANNEX C: WORLD HEALTH ORGANIZATION (WHO) VACCINE COMPOSITION FOR 2025/26

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](#).

28 February 2025

The WHO recommends that trivalent vaccines for use in the 2025-2026 northern hemisphere influenza season contain the following:

Egg-based Vaccines

- *an A/Victoria/4897/2022 (H1N1)pdm09-like virus;*
- *an A/Croatia/10136RV/2023 (H3N2)-like virus; and*
- *a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.*

Cell- or recombinant-based Vaccines

- *an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;*
- *an A/District of Columbia/27/2023 (H3N2)-like virus; and*
- *a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.*

Note that the H3N2 strain recommended for the upcoming 2025 to 2026 season is the same strain that is being used in the 2025 southern hemisphere vaccine.

Note

The continued absence of confirmed detection of naturally occurring B/Yamagata lineage viruses after March 2020 is indicative of a very low risk of infection by B/Yamagata lineage viruses. Consistent with previous recommendations ([WHO September 2024 recommendation](#), [February 2024 recommendation](#), and [September 2023 recommendation](#)), it remains the opinion of the WHO influenza vaccine composition advisory committee that inclusion of a B/Yamagata lineage antigen in quadrivalent influenza vaccines is no longer warranted, and every effort should be made to exclude this component as soon as possible. National or regional authorities should make decisions regarding the transition to trivalent influenza vaccines in their jurisdictions.

Where quadrivalent vaccines are still used, the B/Yamagata lineage component remains unchanged from previous recommendations:

- *a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.*

For more information

[Frequently Asked Questions - Recommended composition of influenza virus vaccines](#)

If you would like to see the recording of the announcement made at the end of the [WHO Consultation on the Composition of Influenza Virus Vaccines for use in the 2025-2026 northern hemisphere influenza season](#) this can be viewed on YouTube [here](#)

The WHO meeting report can be found [here](#)

[Seasonal candidate vaccine viruses and potency testing reagents for development and production of vaccines](#)

Previous seasons vaccine composition can be found [here](#)

Egg-free vaccine

For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed: [The Green book of immunisation - chapter 19 influenza \(publishing.service.gov.uk\)](#)

ANNEX D: FLU VACCINATION COMMUNICATIONS 2025/26

Communication Materials

Child Flu

1. Invitation letters and leaflets 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.

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, who are not identified and invited via the national programme, parents / carers can use the clinical referral route to ensure their child is vaccinated. Parents/carers of children 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.

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. For school-based programmes, consent packs will be distributed to schools to be sent home via pupils' school bags. These packs will include a letter and leaflet 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.
5. To support the programme in schools, 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 2025.
6. Flu vaccine information leaflets 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. 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 leaflets 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.

Vaccines

13. Detailed information on the adult and child flu vaccines can be found in the annex A-C.

Workforce Education

14. NHS Education for Scotland (NES) and PHS will work closely with stakeholders 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 \(nhs.scot\)](#)