

Dear Colleagues

SHINGLES VACCINATION PROGRAMME 2025-26

1. We are writing to provide information on the routine 2025/26 shingles vaccination programme as well as some changes being introduced which will run from 1 September 2025 to 31 August 2026.

2. We would like to begin by thanking all those involved in delivering the shingles programme to date.

A change to the programme

3. In a statement published in November 2024, the Joint Committee on Vaccination and Immunisation (JCVI) [recommended](#) changes to the shingles vaccination programme and have advised an expansion to the eligible cohort of individuals who are severely immunosuppressed from aged 50 years and over to **include** those aged **18 years and over** to provide protection at a much younger age in this severely vulnerable cohort.

4. In line with the Green Book [Chapter](#) on shingles, from 1 September 2025, severely immunosuppressed individuals aged 18 years and over will be offered two doses of the non-live shingles vaccine, Shingrix®, with the second dose given two months to six months after the first dose for this cohort, in line with the [Summary of Product Characteristics \(SmPC\)](#).

5. Severely immunosuppressed individuals who have already received two doses of Shingrix® do not need re-vaccination.

2025/26 programme eligibility and priority

6. Based on JCVI advice, eligibility and the priority order that should be followed for the programme is:

- Vaccination of those aged 18 years and over who are severely immunosuppressed as per the [Green Book](#) definition who have not yet received Shingrix® vaccine.
- Individuals aged 18 years and over anticipating immunosuppressive therapy should be assessed for vaccine eligibility by their treating clinician before starting treatment and referred as appropriate according to local pathways.
- Vaccination of 65 and 70 year olds (defined by the patient's age on 1 September 2025).

**From Chief Medical Officer for Scotland
Chief Pharmaceutical Officer
Acting Deputy Chief Nursing Officer**

Professor Sir Gregor Smith
Professor Alison Strath
Mark Richards

29 August 2025

SGHD/CMO (2025) 14

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

PHS Vaccination and Immunisation Division
Public Health Scotland
phs.immunisation@phs.scot

7. Vaccine appointments must be available from 1 September 2025 to 31 August 2026 to ensure there is provision for those individuals anticipating immunosuppressive therapy.

8. In November 2024, the JCVI issued updated advice concerning the [expansion](#) of the shingles vaccination programme. This outlines strategic recommendations to support broader implementation.

Reinforcing vaccination

9. If an individual has had Zostavax® vaccination and then becomes severely immunosuppressed they should be offered two doses of Shingrix®. If an individual has had two doses of Shingrix® and then becomes severely immunosuppressed there is no need to repeat the course.

10. As per [Scottish Haematology Society Guidelines](#), individuals aged 18 years and over who have received a stem cell transplant should be offered Shingrix® vaccination as part of their overall treatment plan, irrespective of previous vaccination with Zostavax® or Shingrix® pre-transplant. This includes adult recipients of allogeneic transplant, autologous transplant, and a CAR-T or similar therapy.

Enduring offer for those previously eligible

11. Those aged 66 and 67 years and those aged 71 to 79 years who have **not** previously been vaccinated, remain eligible (defined by patient's age on 1 September 2025). NHS Boards are not required to actively contact individuals who remain eligible. People seeking shingles vaccination may approach the NHS Board directly. A simple age [calculator](#) is available for people to check eligibility and there will be information provided on NHS Inform.

12. Those who have been previously eligible will remain eligible until their 80th birthday. Where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided before the individual's 81st birthday to complete the course.

Further information

13. Further details are available in the [Green Book](#), which provides comprehensive clinical and operational information. Additional context can be found in previously published communications from the Chief Medical Officer: [CMO \(2025\)01](#) and [CMO \(2024\)14](#).

14. Please see Annex A for further information and details about resources available to support the programme.

Action

15. NHS Boards and GP practices who are participating in the programme are asked to note and implement the arrangements outlined in this letter.

Finally, we would like to thank you again for your professionalism and support in delivering this important vaccination programme to the people of Scotland.

Yours sincerely,

Gregor Smith

Alison Strath

Mark Richards

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alison Strath
Chief Pharmaceutical Officer

Mark Richards
Acting Deputy Chief Nursing Officer

2025/26 SHINGLES VACCINATION PROGRAMME

Immunisation against infectious disease (The Green Book)

1. Full details on use, dosage, administration, concomitant administration with other vaccines, contraindications, consent and reporting of adverse reactions with Shingrix® are set out in the shingles chapter of the Green Book (updated from 12 August 2025). This is available [online](#).

Shingrix® vaccine

2. The shingles vaccination programme is not seasonal therefore can be administered at any time of the year.
3. Shingrix® can be given concomitantly with, or at any interval before or after any other vaccines for which the individual is eligible (and not contraindicated). Please refer to Green [Book](#) on co-administration with other vaccines
4. Shingrix® is a recombinant (non-live) vaccine and contains varicella zoster virus glycoprotein E antigen. Shingrix® should be offered to all those who are eligible for shingles vaccination unless contraindicated.
5. Shingrix® requires a two-dose schedule, with the second dose routinely administered from two months up to six months after the first dose for immunocompetent individuals for operational reasons.
6. Those who are severely immunosuppressed should receive their second dose two months to six months after their first. A risk assessment should be carried out to determine the timing of the vaccination, taking into consideration individual treatment plans.
7. For those who are anticipating immunosuppressive therapy, eligible individuals who have not previously been vaccinated should receive Shingrix® at the earliest opportunity and at least 14 days before starting treatment, although leaving one month would be preferable if possible.

Call and recall

8. There is currently no national digital solution for a call/recall system for the shingles programme, therefore Health Boards are expected to use local call/recall systems.

Cohort data extracts

9. An annual file for immunocompetent individuals will be made available to Health Boards.
10. A quarterly file extract for those who are identified nationally as severely immunosuppressed will be made available to Health Boards to allow capture of those individuals becoming newly eligible within this category throughout the reporting period (1 September 2025 – 31 Aug 2026).

Vaccination uptake for 2025/26

11. Vaccination events should be recorded on the Vaccination Management Tool (VMT).
12. Health Boards are expected to participate in performance improvement activity led by Public Health Scotland (PHS), with an inclusion and equity lens applied to the programme.
13. All of the 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.

14. It is important that every effort is made to ensure vaccination uptake is as high as possible. Health Board robust investigation of 'Did Not Attend' and proactive work to encourage uptake, for both doses, is vital. The benefits of shingles vaccine should be communicated and vaccination made as accessible as possible for those eligible.

Patient Group Direction (PGD)

15. A national specimen Patient Group Direction (PGD) for administration of Shingrix® will be produced by PHS.

Supply

16. Shingrix® should be ordered through NHS Board Vaccine Holding Centres.

Storage

17. Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines may be sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. 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.

Vaccine stock management

18. It is important to ensure adequate fridge storage capacity is available at the start of the programme and that the appliance is fully functional. Each site holding vaccine should review current stocks of all vaccines. No more than two weeks of stock is recommended, and higher stock levels should be reduced to this level.
19. 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 keep vaccine wastage to a minimum. Even small percentage reductions in vaccine wastage have a major impact on the financing of vaccine supplies.

Adverse events

20. 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.
21. Suspected adverse drug reactions (ADRs) to vaccines should be reported via the Yellow Card Scheme. Chapter 9 of the Green Book gives detailed guidance about which ADRs to report and how to do so. Additionally, Chapter 8 of the Green Book provides detailed advice on managing adverse events following vaccination. Information on the side effects of Shingrix® is available [online](#).

Communication materials for patients

22. PHS has produced a shingles vaccine toolkit containing several resources to support understanding of eligibility and build vaccine confidence. The toolkit includes an information leaflet to support informed consent, invitation letter templates, eligibility flyer (A5 printed format and digital format), screensavers, a social media toolkit and posters. The shingles vaccine toolkit will be updated by 1 September 2025.
23. Members of the public should be directed to shingles vaccine information at www.nhsinform.scot/shingles.

Workforce education resources for healthcare professionals

24. NHS Education for Scotland (NES), in partnership with PHS and other stakeholders, has developed educational resources for healthcare professionals in relation to the shingles vaccination programme. These professional resources will be updated and be available on [Turas Learn](#).
25. In addition, NES/PHS with stakeholders have made available an eligibility by age [calculator](#) tool, please note this only relates to age. This does not replace the clinical judgement of healthcare professionals in relation to administration of the vaccine for example, the consideration of immunosuppression.