

Dear Colleagues

SHINGLES VACCINATION PROGRAMME 2026-27

We are writing to provide information on the routine 2026/27 shingles vaccination programme which will run from 1 September 2026 to 31 August 2027.

Thank you for your continued support in delivering the shingles programme to date.

2026/27 Programme Eligibility, Priority and updated advice on future expansion of the programme (see: [expansion](#))

Based on JCVI [advice](#), eligibility for the programme and the order of prioritisation are as follows:

- Vaccination of individuals aged 18 years and over who are severely immunosuppressed as defined in the [Green Book](#) 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 treatment commences and referred where appropriate in line with local pathways.
- Vaccination of individuals aged 65 and 70 years on 1 September 2026 who have not yet received Shingrix® vaccine.

Individuals aged 69 years who do not turn 70 years of age by 1st September 2026 will become eligible for vaccination in next year's annual programme.

Vaccination appointments should be available throughout the programme from 1 September 2026 to 31 August 2027, to ensure there is provision for those individuals anticipating immunosuppressive therapy.

Reinforcing Vaccination

Individuals who have previously received Zostavax® and subsequently become severely immunosuppressed, should be offered two doses of Shingrix®. Individuals who have already completed a 2-dose schedule of Shingrix® and subsequently become severely immunosuppressed do not require revaccination.

**From Deputy Chief Medical Officer for Scotland
Chief Nursing Officer
Chief Pharmaceutical Officer**
Professor Nicola Steedman
Professor Aisha Holloway
Professor Alison Strath

20 August 2026

SGHD CMO (2026) 17

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 Officers
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

Individuals aged 18 years and over who have undergone a stem cell transplant should be offered Shingrix® in accordance with [Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment guidelines](#), irrespective of previous vaccination with Zostavax® or Shingrix® before transplantation. This applies to recipients of allogeneic and autologous transplants, CAR-T or similar therapies.

Enduring Offer for those previously eligible

Individuals aged 66-68 years and 71 to 79 years who have **not** previously received shingles vaccination remain eligible, based on their age. Health Boards are not required to actively invite these cohorts. Eligible individuals may request vaccination through their local Health Board immunisation team. Eligibility can be checked using the online age [calculator](#) with supporting information available on NHS Inform.

Individuals who were previously eligible for shingles vaccination remain eligible until their 80th birthday. Where an individual turns 80 years of age after receiving their first dose of Shingrix®, a second dose should be offered to complete the course before their 81st birthday.

Further information

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 \(2025\)14](#) and [CMO \(2024\)14](#).

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

Action

Health Boards and participating GP practices are asked to note and implement the arrangements outlined in this letter.

Finally, we would like to thank all those involved for their continued professionalism and support in delivering this important vaccination programme across Scotland.

Yours sincerely,

Nicola Steedman

Aisha Holloway

Alison Strath

Professor Nicola Steedman
Deputy Chief Medical Officer

Professor Aisha Holloway
Chief Nursing Officer

Professor Alison Strath
Chief Pharmaceutical Officer

2026/27 SHINGLES VACCINATION PROGRAMME

Immunisation against Infectious Disease (The Green Book)

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

Shingrix® Vaccine

The shingles vaccination programme is not seasonal therefore can be administered at any time of the year.

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.

Shingrix® is a recombinant (non-live) vaccine and contains varicella zoster virus glycoprotein E antigen.

Shingrix® requires a two-dose schedule with a minimum of eight weeks between doses. For operational reasons in Scotland the second dose is routinely administered between two and six months after the first dose in immunocompetent individuals.

A risk assessment should be carried out to determine the timing of the vaccination, taking into consideration individual treatment plans for those who are severely immunosuppressed.

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

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

An annual file for immunocompetent individuals will be made available to Health Boards.

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 2026 – 31 August 2027).

Vaccination Uptake for 2026/27

Vaccination events should be recorded on the Vaccination Management Tool (VMT).

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.

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.

It is important that every effort is made to ensure vaccination uptake is as high as possible. 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) & Vaccine Group Direction (VGD)

A national specimen PGD and VGD for administration of Shingrix® will be drafted by PHS.

Supply

Shingrix® should be ordered through Health Board Vaccine Holding Centres.

Storage

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

Please ensure adequate fridge storage capacity is available at the start of the programme and that the cold chain can be maintained at all times. Each site holding vaccine is asked to 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.

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

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.

Suspected adverse drug reactions (ADR) 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

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 2026.

Members of the public should be directed to shingles vaccine information at www.nhsinform.scot/shingles.

Workforce Education Resources for Healthcare Practitioners

Public Services Delivery Scotland (PSD Scotland), in partnership with PHS and stakeholders, has developed educational resources for healthcare practitioners in relation to the shingles vaccination programme. These professional resources will be updated and be available on [Turas Learn](#).

In addition, PSDS/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 practitioners in relation to administration of the vaccine for example, the consideration of immunosuppression.

Section 47 Certificate of Incapacity

A Section 47 certificate is required 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 requests to assess an adult's decision-making ability to consent in relation to medical treatment.

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 <https://www.legislation.gov.uk/asp/2000/4/contents> 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.

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](#)

Training is also available via Turas Learn: [Adults With Incapacity \(AWI\) | Turas | Learn](#)