Chief Medical Officer Directorate

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Scottish Government
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Dear Colleagues,

RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINATION PROGRAMME

This letter provides updated information on the RSV vaccination programme for 2025/26, which aims to protect vulnerable groups against RSV and its complications.

Background

1. RSV is a common respiratory virus that usually causes mild, cold-like symptoms in adults and children, however the severity of illness developed can vary. RSV follows a seasonal pattern of community transmission, typically starting in October, peaking in December and declining by March.

2. For infants, RSV can cause bronchiolitis (inflammation of the small airways of the lung) which can be serious and cause death. RSV carries a significant burden across our population, representing one of the leading causes of hospitalisation in the first year of life. RSV is a major cause of infant mortality globally, and results in 20 to 30 deaths per year in the UK.

3. After infants, older adults are most likely to experience severe complications from RSV that may require hospitalisation. Older adults are more likely to have underlying chronic health conditions such as lung and heart disorders that increase the likelihood of severe RSV complications.

4. An RSV monoclonal antibody immunisation programme has been in place since 2010 for high risk infants. In July 2025 there were changes to this programme, regarding the monoclonal antibody products available and an extension to those eligible. More information can be found in the programme CMO letter here.

From Chief Medical Officer
Interim Chief Nursing Officer
Chief Pharmaceutical Officer
Professor Sir Gregor Smith
Anne Armstrong
Professor Alison Strath

30 July 2025

SGHD/CMO(2025)12

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. The JCVI reviewed evidence from manufacturers on the efficacy, safety and duration of protection of RSV immunisation products alongside clinical and epidemiological data on the burden of RSV in infants and older adults. In June 2023, the JCVI issued a short statement of advice that stated that a universal programme to protect infants and a programme to protect older adults against RSV should be developed, provided they can be demonstrated to be cost-effective. A full statement providing further detail on the JCVI advice was published in September 2023.

6. On 16 July 2025 the JCVI issued a further statement of advice recommending extending the adult RSV programme to all those aged 80 years and over, and residents in care homes for older adults. Our original RSV Chief Medical Officer letter [CMO(2024)12] of 24 June 2024 noted in Annex A that *"In line with JCVI guidance, individuals will remain eligible until the day before their 80th birthday, with the exception of people who turn 80 in the first year who have until 31 July 2025 to get vaccinated."* Now that the JCVI advice has changed to include all those aged 80 and over, those individuals no longer need to come forward by 31 July 2025, and remain eligible indefinitely. This letter has been updated to reflect this.

7. We are assessing the expansion to those aged 80 and over, and residents in care homes for older adults, and further information will follow in due course.

8. The 16 July JCVI statement also advised that RSV vaccines can now be safely co-administered with COVID-19 vaccines.

Older Adults Eligibility

9. Vaccination is currently offered every year to those turning 75 years of age:
    a. In 2024/25 this included invites for all those turning 75 between 01/08/24 - 31/07/25
    b. In 2025/26 this includes invites for all those turning 75 between 01/08/25 – 31/07/26

10. In 2024/25 there was also a catch-up programme and all those aged 75 to 80 years (i.e. 79+364 days) as of 01/08/ 24 were invited forward.

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.

Protecting Infants (Maternal) Programme Eligibility

12. Vaccination is also offered to pregnant women or birthing people reaching 28 weeks (+0 days) gestation.

13. 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

14. 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

15. Please note that the Respiratory syncytial virus: the green book, chapter 27a - GOV.UK was updated on 14 July 2025 to include nirsevimab selective immunisation programme information. There were also updates to the older adult adverse reactions section, older adult coadministration, and on recent efficacy and disease burden evidence.

Vaccination Programme

16. 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

17. In the first year of the programme, as of 11 May 2025, Health Boards have achieved the following uptake:

JCVI Priority Group	Number Vaccinated	% Uptake
Aged 75 to 79	167,451	70.7
Older Adults Total	203,997	70.6
Turning Age 75	36,546	69.9
Pregnant women	16,449	49.6%

18. The impact of the introduction of the older adults programme, the vast majority of which was achieved at pace between August and September 2024, can be seen in a study conducted by Public Health Scotland, in collaboration with the University of Strathclyde, which showed a 62% reduction in RSV related hospitalisations among the eligible older adult age groups.

Action

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

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

Yours sincerely,

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

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. No more than two weeks of stock is recommended, and higher stock levels should be reduced to this level. A review of available fridge space will be necessary to ensure adequate storage capacity at the start of the programme.

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)

10. A national specimen Patient Group Direction (PGD) for administration of Abrysvo© for older adults has been produced by Public Health Scotland (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. An information leaflet to support informed consent is available for older adults, for enclosure with invitation letters. This information is available on NHS inform at RSV vaccine for adults | NHS inform.

Workforce Education Resources for Healthcare practitioners

12. 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

13. 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

14. 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.

15. 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

16. 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.

17. It advised that there is a small increase in the risk of Guillain-Barré syndrome following vaccination with Abrysvo© and Arexvy© in adults aged 60 years and older. Healthcare professionals should advise all recipients of Abrysvo© and Arexvy© 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.

Vaccination Adverse Events

18. 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

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

20. 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.

Funding Arrangements

21. 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.

22. 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.

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. No more than two weeks of stock is recommended, and higher stock levels should be reduced to this level. A review of available fridge space will be necessary to ensure adequate storage capacity at the start of the programme.

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 Patient Group Direction (PGD) for administration of Abrysvo© for pregnant women or birthing people has been produced by Public Health Scotland (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. 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. 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, including an eLearning dedicated to vaccination in pregnancy. These are available on Immunisation | Turas | Learn.

The Green Book

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