

PE2211/A: Follow the science and broaden eligibility for Covid vaccines

Scottish Government written submission, 5 January 2026

The Scottish Government's decision-making on all COVID-19 vaccination matters continues to be guided by the independent clinical advice of the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI is an expert advisory body that provides the four UK health departments with evidence-based recommendations on immunisation strategy, including assessment of vaccine safety, efficacy and cost-effectiveness. Their advice follows rigorous consideration of risks and benefits for different population groups.

In its statement of 8 April 2024 (published 2 August 2024), the JCVI advised the removal of unpaid carers, household contact of those who are immunosuppressed and frontline Health & Social Care workers (HSCWs). However, the statement noted that providers may wish to consider whether vaccination provided as an occupational health programme to the frontline HSCW was appropriate. Ahead of such considerations, the JCVI stated that health departments could choose to continue to extend an offer of vaccination to frontline HSCWs and staff working in care homes for older adults in winter 2024. Scottish Government, along with the other 3 nations, extended the offer to frontline HSCWs, whilst we made this assessment. Once this was completed, we removed that group and they are no longer eligible for COVID-19 vaccination, as did the other 3 nations.

The JCVI's rationale for the removal of these groups is that additional doses of COVID-19 vaccines provide moderate protection against severe disease for only a few months, while protection against mild symptomatic infection is much more limited in both peak effectiveness and duration (weeks). The JCVI also note that the vaccines' ability to prevent transmission is now expected to be extremely limited. As a result, the indirect benefits of vaccinating one group to reduce severe disease in others are significantly reduced in the current phase of the pandemic. This rationale was reinforced by our own assessments.

Teachers have never been a COVID-19 vaccine eligible group in their own right, as an occupational group, as defined by the JCVI, so we have not removed them from the programme, as they were never part of it.

On 14 November 2024, the JCVI issued further advice regarding a COVID-19 winter 2025 and spring 2026 programmes. In this, they confirmed that as COVID-19 moves to an endemic disease, and as we have used the stocks of vaccine that were bought during the pandemic and are required to purchase more, that the programme should revert to its standard cost effectiveness analysis that it uses for other routine vaccination programmes.

The JCVI considered a range of evidence in advising who should be offered a winter 2025 vaccination dose. Key evidence included:

- A range of data from the UK and internationally over the course of the pandemic which demonstrates that older people are more likely to experience serious disease if infected by COVID-19.
- This includes the current trends in COVID-19 epidemiology across the UK, data on vaccine safety and effectiveness and mathematical modelling.
- The advice is based on modelling of the impact and cost-effectiveness of vaccination where clinical outcomes are stratified by age, high-risk clinical disease groups and patients with immunosuppression.

As a result of this advice, the JCVI advises that this winter, a COVID-19 vaccine should be offered to:

- residents in care homes for older adults
- all adults aged 75 years and over
- individuals aged 6 months and over who are immunosuppressed (as defined in the 'immunosuppression' sections of tables 3 or 4 in the COVID-19 chapter of the Green Book)

As COVID-19 becomes an endemic disease, the focus of the programme, on the advice of the JCVI, is shifting towards targeted vaccination of the oldest adults and those who are immunosuppressed. Data shows that these are the two groups who continue to be at higher risk of serious disease, including mortality.

Public Health Scotland monitor epidemiological information on respiratory infection activity, including COVID-19, across Scotland. This includes COVID-19 case rates, hospitalisations and deaths. During winter they publish a weekly '*Viral respiratory diseases in Scotland surveillance report*' on their website, which contains this information. They also provide this data to the JCVI, who use it as part of their assessments and deliberations.

Their report of 27 November 2025 (covering the 17th – 23rd of November) shows that COVID-19 case rates remain at baseline levels overall. Laboratory confirmed test positivity decreased to 2.9% (from 3.8%). Within the CARl community surveillance system, the four-week average test positivity showed a significant decline to 3.4% (from 8.0%). Hospital admissions associated with COVID-19 also decreased to 60 (from 79 in the previous week).

We will continue to monitor JCVI guidance and emerging evidence closely, and we remain committed to ensuring that Scotland's vaccination programme is safe, effective and targeted towards those most at risk.

On the question of making the Novavax vaccine available, whilst it remains the Scottish Government policy position that Health Boards must make non-mRNA COVID-19 vaccines available to those individuals who are contraindicated to, or allergic to, mRNA vaccines, at the point of publication of this letter there are no non-mRNA products authorised for use in the UK by the Medicines and Healthcare products Regulatory Agency (MHRA) available for purchase. This includes Novavax.

The Scottish Vaccination and Immunisation Programme (SVIP) is keeping this under review, to see if supply becomes available at a later date.

Population Health Directorate