Citizen Participation and Public Petitions Committee
Wednesday 11 February 2026
4th Meeting, 2026 (Session 6)

PE2211: Follow the science and broaden eligibility for Covid vaccines

Introduction

Petitioner	Peter Barlow
Petition summary	Calling on the Scottish Parliament to recognise the flaws in JCVI guidance and broaden eligibility for updated Covid vaccines (including Novavax) to include those at moderate and high risk.
Webpage	https://petitions.parliament.scot/petitions/PE2211

1. This is a new petition that was lodged on 1 December 2025.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

4. Every petition collects signatures while it remains under consideration. At the time of writing, 137 signatures have been received on this petition.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
February 2026

Annexe A: Summary of petition

PE2211: Follow the science and broaden eligibility for Covid vaccines

Petitioner

Peter Barlow

Date Lodged

1 December 2025

Petition summary

Calling on the Scottish Parliament to recognise the flaws in JCVI guidance and broaden eligibility for updated Covid vaccines (including Novavax) to include those at moderate and high risk.

Background information

The latest JCVI guidance (adopted by UK Government June 2025 see: https://tinyurl.com/JCVIadvice2025) reduces eligibility of vaccines for unclear reasons. Teachers, health and care workers have had this withdrawn - alongside carers, vulnerable people and disabled people; this discriminates against the poor, whose health is already negatively impacted.

In addition to the suffering and distress caused by acute Covid infections, Long Covid and other health consequences (sequelae) of catching Covid are leading to increasing levels of illness and disability, which impacts all aspects of society and the economy.

In Autumn 2024 health and care workers in Scotland were eligible for Covid vaccines - a precedent for disengaging from JCVI guidance, and a privilege of Health being devolved to Holyrood.

In calling for further disengagement from JCVI guidance, it is important to consider the serious flaws in the JCVI's position, see: https://elephant19.substack.com/p/the-flaws-in-jcvis-position

Annexe B: SPICe briefing on PE2211

PE2211 calls on the Scottish Parliament to recognise the flaws in JCVI guidance and broaden eligibility for updated Covid vaccines (including Novavax) to include those at moderate and high risk.

Background to the petition

The NHS vaccination programme is guided by advice issued by the Joint Committee on Vaccinations and Immunisations (JCVI).

The JCVI published its guidance on COVID-19 vaccination in June 2025. In this it set out that the recommendations were aimed at focusing vaccination on those most at risk of serious disease.

The role of the JCVI is to provide advice to UK Ministers on vaccination policy but Scottish Ministers are not bound by this advice. Decisions on whether to accept the JCVI's advice are taken by Scottish Ministers together with public health professionals such as the Chief Medical Officer (CMO). The outcome of these decisions are then issued in Chief Medical Officer letters. The latest letter detailing the winter and spring flu and covid vaccination programme was published on 29 August 2025.

The key objectives of the Scottish 2025/26 flu and COVID-19 vaccination programme were outlined in the letter as:

1. To protect those in society who remain at higher risk of severe flu and COVID-19, in order to prevent severe illness, hospitalisation and death.
2. To minimise additional pressure on the NHS and social care services, during the winter period, as a result of flu and COVID-19 infection.
3. To increase uptake across the entirety of the programme, but with a particular focus on improving uptake in the clinical at risk flu groups, and flu vaccination for health and social care workers, where we saw significant reductions in uptake in winter 2024/25.

The letter goes on to highlight the following eligibility for the vaccine:

COVID-19 Eligibility

6. Eligibility for COVID-19 vaccination has changed for winter 2025/26 compared to winter 2024/25. The following groups are being offered a COVID-19 vaccination in winter 2025/26. These individuals will also be eligible for flu vaccination:

- 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 tables 3 and 4 in the COVID-19 chapter of the Green Book).

7. The following groups are no longer eligible for COVID-19 vaccination from winter 2025/26 (unless they fall into any of the three eligible groups listed in point 6 above):

- Those aged 65-74
- Those in a clinical risk group (as defined in tables 3 and 4 in the COVID-19 chapter of the Green Book), including pregnant women
- Frontline health and social care workers

The letter goes on to explain the change happened as the COVID-19 vaccination programme was scaled down following JCVI advice in November 2024. This included a move to the standard cost-effectiveness assessment used by the JCVI for other routine vaccines.

The letter also explains that population immunity has increased through infection recovery and vaccination, making COVID-19 generally mild for most people. Hospitalisation and death rates have also fallen significantly and this has led to a move to a more targeted approach focused on those at highest risk, primarily older adults (especially 80+) and immunosuppressed individuals, who remain most vulnerable to severe outcomes.

Uptake and vaccine effectiveness

The most recent statistics from Public Health Scotland show the following vaccine uptake in the key priority groups (as of 15 January 2026):

- **Aged 75+** - 73.2% (n= 410,064)
- **Older care home residents** – 79.2% (n= 23,202)
- **Weakened immune system** – 45.5% (n= 93,120)

Data on the effectiveness of the vaccine are not published until later in the year.

Novavax

The petition also calls for the inclusion of Novavax in the vaccination programme. Novavax is the pharmaceutical company and the COVID-19 vaccine it produces is called Nuvaxovid.

Nuvaxovid is a different type of vaccine to the mRNA vaccines and is categorised as a recombinant protein subunit vaccine.

The CMO letter advises the use of the Pfizer BioNTech (Comirnaty) vaccines for all groups but does set out that the Scottish Government's position is that non-mRNA vaccines should also be made available for individuals where mRNA vaccines are not suitable.

However, the letter goes on to explain that there are no non-mRNA products authorised for use in the UK which are available to purchase. It states the Scottish Vaccination and Immunisation Programme (SVIP) will keep the situation under review to see if supply will become available at a later date.

The JCVI has no role in the procurement of COVID-19 vaccines or any other vaccine.

Kathleen Robson
Senior Researcher
SPICe

15 January 2026

Annexe C: Written submissions

Scottish Government written submission, 5 January 2026

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

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 repo*rt' 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 CARI 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

Petitioner written submission, 26 January 2026

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

Response to the Scottish Government's initial view on the petition:

The Scottish Government's response essentially re-states the flawed JCVI advice. Please engage with the criticisms made; there is ample evidence within the Petition, and even more which is publicly available in the wider scientific community.

Correction #1: school staff. I raised this group specifically because schools and colleges are transmission hubs for community infections, particularly airborne infections like Covid, Flu, Measles etc. The Consideration states eligibility wasn't removed from teachers. While not identified as a discrete priority group previously (they should have been), teachers had previously been eligible as members of the general population. So yes, eligibility was removed. Petitioners deserve better than to be undermined by implication.

Correction #2: Covid remains "pandemic", according to WHO. It's misleading to describe it as "endemic" which wrongly implies that the Pandemic stage is over. (Let's not nitpick: one could technically argue that an endemic illness is simultaneously pandemic.) That false impression seeks to justify reducing precautions (including vaccination). It is bizarre to imply that vaccine-acquired immunity is inappropriate for an 'endemic' infection when most vaccination programmes address endemic illnesses. The key difference for Covid is that there is not yet a vaccine which gives long-lasting immunity: whereas childhood vaccinations usually offer useful immunity for life, Covid immunity wanes rapidly, (and new variants emerge,) necessitating updated boosters.

Feedback from public:

Members of the public have contacted me in support of the petition. As Covid-conscious people they limit their activities in order to avoid (further) acute infections and risk of Long Covid, other sequelae; and other airborne illnesses. They want sensible mitigations to be reintroduced, so they could lead more active lives — including, for example, entertainment and hospitality — without being threatened with illness or disability. These people are immunocompromised; or carers; or those with Long Covid/other sequelae; who realise that additional infections carry additional risk of long-term health issues; or simply people being sensibly cautious: their well-being, health, and engagement in society depend on infectious diseases being taken more seriously.

What should be addressed:

My background information referred to vaccinations being part of a "Swiss-Cheese-Model" of risk management (the model best known for underpinning aviation safety,

and acknowledged as best practice in Risk Management). Considering events in health following the petition being lodged, this needs re-emphasised. Vaccinations (limiting the severity of Covid more than restricting transmission) must absolutely be combined with other layers.

We've seen hospitals closed to visitors and mask-wearing re-instated in response to the recent wave of Flu. With adequate ventilation and air filtration, while routinely using filtering masks such as FFP3 (not FRSM) in clinical settings, those waves would have been reduced. Hospitals would have experienced less disruption. Citizens would have been less ill, missing fewer days at work.

Those impacts on NHS, the economy, disrupted education (increasing that attainment gap) are the cost of timid policy-making. It's important to identify the "cost-effectiveness" referred to in the Scottish Government's response as a false economy due to the narrow criteria applied. It's more important to identify non-provision of reasonable mitigations as infringing on citizens' human rights - to health and to participation in society.

The Committee agrees that clean air (in your deliberations on PE2071) remains an important issue: but action is urgent, to protect citizens from short- and long-term illness and disability. Not to bring party politics into this, but I am unaware of any party which has a declared policy of disabling significant numbers of the population, while limiting others' ability to participate in society.

We should be following the science on airborne infections. It is well-established. Yet governments here and in London choose not to act on it, endangering literal lives as well as quality of life, and impacting the wider economy.

Parliament has access to the evidence from the Covid Inquiries; from grass-roots groups like Long Covid Scotland and Long Covid Kids/Long Covid Kids Scotland; from NASUWT Scotland, from WHO, from Independent Sage, and not least from petitions submitted regarding Covid and Covid-adjacent issues; which have been dismissed, ignored or kicked into the long grass – I know of PE2071, PE2072, PE1952.

There is ample evidence on managing indoor air quality from research by Natalie Bain-Reguis at Napier, Allen Haddrell at Bristol etc. Even the UK government accepts the need for air quality:

https://shh-uk.org/minister-admits-airborne-Covid-risk-in-schools/

The Covid Inquiry confirmed decisions being based on ideology, not science "The weight wasn't put on to that emerging scientific evidence that did clearly prove to be right," https://news.sky.com/story/many-mistakes-were-made-over-covid-school-closures-former-education-secretary-gavin-williamson-says-13450051

UsForThem enjoyed particular influence - reopening schools unmitigated was motivated by their threats, ignoring clinical advice: https://www.theguardian.com/education/2021/jan/26/group-campaigning-for-uk-schools-to-reopen-wins-backing-of-17-tory-mps

https://bylinetimes.com/2021/03/30/gavin-williamson-re-opened-schools-with-no-safety-measures-after-legal-threat-from-parents-lobby-group-usforthem/

Since then, it's like UsForThem has been writing both Governments' policy on public health, embedding their anti-science, Anti-Vaxx, Covid denial.

PE2071 was recently "reluctantly" closed, but the Committee (rightly) "think that the issues continue to be important" and suggest re-submission after May. Life-saving, urgent action could have been taken in December 2023 when that petition was published. In the time remaining, they could have sought assurances from the Cabinet Secretary that the 10-year IPC strategy will incorporate the important matters the petition raises, will fully address airborne transmitted infection, ensure air science and cleaning technology experts have been fully included in its development, and push for a Chamber debate - not just fob it off onto the next Parliament.

Understanding of why good indoor air quality is so vital for health regrettably seems to be sorely lacking in both Government and Parliament. As a clinically high-risk person, Dr Witcher OBE inquired and received assurance in advance of her attending the Committee meeting that reviewed her petition, that mechanical ventilation in the Parliament Building met requirements and was monitored. Yet, the CO2 monitor she took with her showed a reading of 1802ppm when the maximum should be 800-1000ppm. This indicates unacceptably poor ventilation, enhanced likelihood of airborne infection and air quality so bad as to impair cognitive function.

(It should not be incumbent on a petitioner to submit evidence of acknowledged science, or examples of good practice, especially when the petitions system curtails the evidence permitted.)

To summarise:

For Scots to be protected from acute infections of Covid and from its longer-term consequences (for which there is little proven treatment yet available), urgent action needs to be taken to restore vaccine eligibility, incorporating ways to bypass the Novavax/UK lawsuit, as part of a wider "Swiss-Cheese Model" of risk management. This will protect citizens, health and education provision and outcomes, and strengthen the economy as a whole.