Lothian NHS Board

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FAO Primary and Secondary Care Colleagues

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Dear Colleagues,

CHANGES TO THE PNEUMOCOCCAL VACCINATION PROGRAMME: CHANGE OF VACCINE

We are writing to provide an update on the changes to the pneumococcal programme in Scotland, as detailed in the Chief Medical Officer's letter of 09 February 2026, and to outline the referral process required for certain patient groups.

BACKGROUND & SUMMARY

PPV23 (Pneumovax23) has previously been used in the pneumococcal vaccination programme for those aged 65 years and over, and from 2 years of age for those with underlying medical conditions. Additional doses of PCV13 have been offered to children aged less than 2 years with asplenia, splenic dysfunction, complement disorder and severe immunocompromise and those 2 years and over with severe immunocompromise.

The Joint Committee on Vaccination and Immunisation (JCVI) have updated their recommendations to introduce PCV20 (Prevnar20) to the Immunisation Programme. A summary of the changes is as follows:

- PCV20 to replace PPV23 for those aged 65 years and over
- PCV20 to replace PPV23 for those aged 2 years and over in clinical risk groups outlined in the Green Book Chapter 25 (Table 25.2)
- PCV20 to replace PCV13 for those aged 2 years and over with severe immunocompromise
- PCV20 to replace PCV13 for those aged under 2 years with asplenia, splenic dysfunction, complement disorder and severe immunosuppression

PCV13 (Prevnar13) will continue to be used in the routine national childhood immunisation programme for immunocompetent children.

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Clinical Risk Groups as per Table 25.2 in the Green Book Chapter 25: Pneumococcal (up to date as of 03/03/2026)

Clinical Risk Group	Examples (decision based on clinical judgement)
Asplenia or dysfunction of the spleen	This also includes individuals with coeliac disease who are diagnosed with splenic dysfunction and all haemoglobinopathies including homozygous sickle cell disease
Chronic respiratory disease (chronic respiratory disease refers to chronic lower respiratory tract disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Individuals in whom respiratory function may be compromised due to neurological or neuromuscular disease (such as cerebral palsy). Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or anti-diabetic medication. This does not include diabetes that is only diet controlled.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, complement disorder, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (such as IRAK-4, NEMO). Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.

Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts).

REFERRAL GUIDANCE FOR DEFINIED COHORTS

NHS Lothian issues invitations for pneumococcal vaccination based on age and clinical coding held in patients' medical records. This is achieved using national search criteria provided by Public Health Scotland. PHS supplies cohort files of eligible patients to Health Boards for the following groups:

- Those aged 65 years and over
- Those aged 2 to under 64 at risk (includes those with asplenia, splenic dysfunction, complement deficiency and severe immunocompromise)
- Those aged 2 and over who require 5 yearly vaccinations (includes those with asplenia, splenic dysfunction and chronic renal disease)

These files allow us to invite most eligible individuals. However, invitation accuracy is dependent on clinical coding which may not always reflect a patient's current clinical status.

GROUPS NOT AUTOMATICALLY INVITED (REFERRAL REQUIRED)

PHS **cannot** supply pneumococcal cohort files for:

- Those aged under aged 2 with asplenia, splenic dysfunction, complement disorder or severe immunocompromise (Green Book table 25.3, Annex A)

Additionally, those aged 2 and over with severe immunocompromise are not identified as needing additional pneumococcal doses but may be included in the at-risk cohort files.

As we receive no automated lists for these patients, they may only be invited for routine scheduling and not the additional doses required.

The Chief Medical Officer's letter of 09 February 2026 indicates that these patients must be identified by their treating specialist clinician and referred to the local immunisation team via a local referral pathway.

Referrals can be made via the updated Non-Routine Referral form on the RefHelp page. These cohorts are included in the PGD but require manual referral so they can be identified and invited.

The Non-Routine Vaccine Referral form, once completed, should be sent to the appropriate team:

HSCP	Adult Inbox	Children Inbox
East Lothian	loth.elvaccinationenquiry@nhs.scot	loth.elvaccinationenquiry@nhs.scot
Edinburgh	loth.ehscp-ctac-vaccinationreferrals@nhs.scot	0-5: loth.edinburghvaccinationteam@nhs.scot 6-18: loth.ehscp-ctac-vaccinationreferrals@nhs.scot
Midlothian	loth.midlothianvaccines@nhs.scot	loth.midlothianvaccines@nhs.scot
West Lothian	loth.wlhscpvaccinationenquiry@nhs.scot	loth.wlchildrensimmunisations@nhs.scot

These referrals will ensure that those most at risk can benefit from additional protection. Additional information on the new vaccine, schedules, and definitions of risk groups can be found in Green Book Chapter 25.

Thank you for your continued support of the vaccination programme. If you have any questions or concerns about these changes to the programme, please contact loth.vaccenquiries@nhs.scot.

For any clinical queries regarding individual patients please contact loth.phimmunisationqueries@nhs.scot

Yours sincerely

KIRSTY MCLELLAN
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NHS Lothian

ANNEX A

Green Book Table 25.3 - Summary of vaccine doses for individuals in a clinical risk group (up to date as of 03/03/2026)

Patients age when presenting or first diagnosed with a clinical risk condition	**At clinical risk (excluding those with asplenia, splenic dysfunction, complement disorder or severe immunocompromise)**		**Asplenia, splenic dysfunction, complement disorder or severe immunocompromise**	
	PCV13	**Booster from 2 years of age**	**PCV13**	**Booster from 2 years of age**
Infants from birth to one year of age	Routine PCV13 at 16 weeks and one year (on or after first birthday)	PPV23 or PCV20 (when available) at 2 years, at least 4 weeks after last PCV dose.	Two PCV13 doses or two PCV20 doses (when available) at least 4 weeks apart (commencing with their first visit at 8 weeks of age, or as soon as possible thereafter). Infants diagnosed after 16 weeks who have already received PCV13 should receive two doses of PCV20 (when available) with an interval of at least 4 weeks between any doses. Routine PCV13 booster or PCV20 booster (when available) at one year (on or after the first birthday).	PPV23 or PCV20 (when available) at 2 years, at least 4 weeks after last PCV dose.
One year to two years of age	Routine PCV13 booster at one year (on or	PPV23 or PCV20 (when available) at 2 years, at least	Routine PCV13 booster or PCV20 booster (when available) at one year	PPV23 or PCV20 (when available) at 2 years, at least

	after first birthday, irrespective of whether PCV was received under one year of age).	4 weeks after last PCV dose.	(on or after the first birthday). If routine PCV13 booster at one year (on or after the first birthday) already given, then give PCV20 (when available) at least 4 weeks later.	4 weeks after last PCV dose.
Two years onwards	No further PCV13 required irrespective of previous PCV vaccination history (if this was not received under 2 years of age, it does not need to be given prior to giving PPV23 or PCV20, when available.	One PPV23 or one PCV20 (when available).	Asplenia, splenic dysfunction or complement disorder: No further PCV required. Severely immunocompromised: one PCV13 or PCV20 (when available).	PPV23 or PCV20 (when available) at least 4 weeks after last PCV dose.