

**From the Chief Medical Officer
Professor Sir Michael McBride**



HSS(MD)36/2025

FOR ACTION

Chief Executives, Public Health Agency/HSC
Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (*for onward
distribution to practice staff*)
OOH Medical Managers (*for onward distribution to
staff*)

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Our Ref: HSS(MD)36/2026
Date: 22 September 2026

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINATION PROGRAMME FOR
OLDER ADULTS 2026/2027**

ACTION REQUIRED

Chief Executives must ensure that this information is drawn to the attention of all staff involved in the RSV vaccination programme.

The Strategic Planning and Performance Group (SPPG) must ensure this information is cascaded to all General Practitioners and Practice Managers for onward distribution to all staff involved in the RSV vaccination programme.

The Regulation and Quality Improvement Authority (RQIA) must ensure this information is cascaded to all Independent Sector Care Homes for onward distribution to all staff involved in the RSV vaccination programme.

1. This letter provides information about the eligible cohorts for the older adult Respiratory Syncytial Virus (RSV) vaccination programme during the 2026/2027 programme year. The programme for pregnant women from 28 weeks gestation, to provide infant protection, remains unchanged and will continue to be provided in line with HSS(MD) 24/2024 -

<https://www.health-ni.gov.uk/sites/default/files/publications/health/HSS-MD-24-2024.pdf>

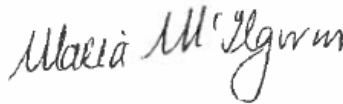
2. From September 2026, a single dose of the RSV vaccine should be offered to:
 - everyone aged 75 and over who have not yet been vaccinated, or
 - any adult residing in, or moving into, a care home for older adults, who have not yet been vaccinated.
3. It is intended that from April 2027, the eligibility criteria for RSV vaccination will be further expanded to include all adults aged 65 to 74 years in certain clinical at risk groups as advised by the Joint Committee on Vaccination and Immunisation (JCVI). Further information on this programme expansion will be issued in advance.
4. Key points about the 2026/27 RSV programme:
 - The vaccine used in the programme will continue to be [Abrysvo® \(Pfizer pre-F vaccine\)](#) on a one dose schedule.
 - RSV vaccine can be administered alongside certain other vaccines, such as COVID-19 and Shingrix®, which may increase opportunities to offer the vaccine. Unlike influenza vaccination, RSV vaccination is not seasonal and should be offered year-round. Please refer to the Green Book RSV chapter for more information - https://assets.publishing.service.gov.uk/media/6a2015a4730aece621f09866/Green_Book_RSV_20260603.pdf
 - Note, RSV vaccine should not routinely be scheduled to be given at the same appointment or on the same day as influenza vaccine. No specific interval is required between administering the vaccines. However, if it is thought that the individual is unlikely to return for a second appointment or immediate protection is necessary, Abrysvo® can be administered at the same time as the influenza vaccine.
 - GP providers are expected to deliver a 100% offer to their eligible patients, with call and delivery at the earliest opportunity.
 - Vaccination of residents in care homes remains the responsibility of HSC Trust Vaccination Teams.
 - As there is no longer an upper age limit, eligible individuals who have not yet taken up the offer of an RSV vaccination remain indefinitely eligible. Opportunities to re-offer the vaccine opportunistically to these individuals include those becoming resident in a care home, and / or those presenting for their COVID-19 vaccination. The vaccine can be administered at any time of the year.

- Individuals who have already taken up the offer of RSV vaccination do not require a further dose.
5. Further information, guidance and resources for healthcare professionals can be found in Annex A. For any operational queries, please contact the PHA Immunisation Team at pha.immunisation@hscni.net
 6. There is a significant burden of RSV illness in the UK population which has a considerable impact on HSC services during the winter months. We would like to acknowledge all those involved in our RSV vaccination programmes who have helped reduce RSV-related hospitalisation since the programmes were introduced, and who will continue to make an impact through delivering these important programmes.

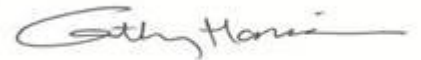
Yours sincerely



Prof Sir Michael McBride
Chief Medical Officer



Prof Maria McIlgorm
Chief Nursing Officer



Prof Cathy Harrison
Chief Pharmaceutical
Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG (*for cascade to GP Out of Hours services*)
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Kenda Crozier, Head of School of Nursing and Midwifery QUB
Andrea Shepherd, Head of School of Nursing, Ulster University
Ann Kerrin, Head of HSC Clinical Education Centre
Stephanie Foster, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University
Professor Gavin Andrews, Head of School, School of Pharmacy, QUB
Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG (*for distribution to all General Dental Practitioners*)
Raymond Curran, Head of Ophthalmic Services, SPPG (*for distribution to Community Optometrists*)
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG
Prof Camille Harron, NIMDTA
Prof Pascal McKeown, QUB
Prof Alan Smyth, QUB
Prof Peter Bazira, Head of Medical School, UU
Dr Kathy Cullen, Director of the Centre for Medical Education at QUB
Michelle Tennyson, Allied Health Professional, DoH
Lead Allied Health Professional HSC Trusts
Head of School, UU
Glynis McMurtry - Professional Head of Pharmacy GP Federations (*for onward distribution to GP Pharmacists*)

This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

Annex A: Information, guidance and resources for healthcare professionals

Vaccine supply

1. There is no change in ordering stock of the RSV vaccine, Abrysvo®.
2. Providers are asked to make sure that local stocks are rotated in fridges so that wastage is minimised. It is recommended that providers hold no more than 2 weeks' worth of stock.

Contracting arrangements for General Practice

3. The programme for older adults is delivered by General Practice as a local enhanced service (LES). Practices should identify, call and administer the vaccine to all eligible patients in line with the service specification.
4. Referrals for vaccination in those who are housebound should be made to the respective HSC Trust Vaccination Teams.

Vaccine coverage data collection

5. All providers administering the RSV vaccine should record administration on the Vaccine Management System (VMS). This includes Trusts delivering to care homes and to the housebound, as well as GP practices delivering to older adults.
6. Use of the VMS to underpin delivery of this programme is expected to provide accurate and timely data relating to vaccine uptake and programme coverage.
7. The PHA can support service providers with operational instructions on how to complete this recording.
8. The PHA vaccine surveillance team should monitor and extract data from VMS at regular intervals, to provide regular reports of uptake RSV vaccination programme among pregnant women and older adults.

Information and guidance for healthcare practitioners

9. Detailed clinical guidance is contained in the [RSV chapter](#) of Immunisation Against Infectious Disease (the Green Book).

10. Trust and GP practice providers should ensure that their staff are appropriately trained to deliver RSV vaccine programme under the regional PGD, and are aware of the training resources available to them.

Consent

11. Guidance on informed consent can be found at [Chapter 2 of the Green book](#).

Reporting suspected adverse reactions

12. Healthcare professionals and those vaccinated are asked to report suspected adverse reactions through the online Yellow Card scheme (www.mhra.gov.uk/yellowcard) by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday.