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

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Your Ref:
Our Ref: HSS(MD) 27/2026
Date: 10 July 2026

**HSS(MD) 27/2026**

**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)*
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
OOH Medical Managers *(for onward distribution to staff)*
RQIA (*for onward circulation to independent sector health and social care providers*)

Dear Colleague

**AUTUMN 2026 COVID-19 VACCINATION CAMPAIGN**

**ACTIONS REQUIRED**

Chief Executives must ensure this information is drawn to the attention of all staff involved in the COVID-19 vaccination campaign.

The SPPG must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the COVID-19 autumn vaccination campaign.

The RQIA must ensure this information is cascaded to all Independent Sector Care Homes for onward distribution to all staff involved in the COVID-19 autumn vaccination campaign.

1. The purpose of this letter is to outline the forthcoming autumn 2026 COVID-19 vaccination campaign and includes information on eligibility criteria and operational plans.

2. The COVID-19 autumn campaign is expected to officially commence in Northern Ireland from mid-October 2026 (exact date will be confirmed and communicated by the PHA). It is expected that most vaccinations will be

administered by early December 2026 to ensure those considered most at risk from COVID-19 are protected.

3. The autumn COVID-19 vaccination programme (alongside our annual seasonal influenza and the Respiratory Syncytial Virus (RSV) vaccination programmes) is a critical element of the system-wide approach to protecting the health of our population and supporting our HSC system over the winter period. Uptake rates for the programme have dipped over successive programmes and therefore it is vital that health professionals encourage all those eligible to take up the offer of vaccination.

4. An operational letter from the PHA Immunisations team will be issued to vaccine service providers to advise on the exact start date, vaccine strain, vaccine type, vaccine allocation, stock ordering, quotas, storage and distribution, and professional training resources in due course.

**Background**

5. Eligibility for the COVID-19 vaccination programme is based on the recommendations of the Joint Committee on vaccination and Immunisation (JCVI), an expert scientific advisory committee that advises the government on vaccination and immunisation matters. The focus of the programme remains on a targeted vaccination of the oldest adults and individuals who are immunosuppressed, who are the two groups who continue to be at higher risk of serious disease, including mortality.

**Autumn 2026 COVID-19 vaccination campaign**

6. The JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 has been published and advises that a COVID-19 vaccine should again be offered in autumn 2026 to:
   - all adults aged 75 years and over;
   - all residents in a care home for older adults;
   - 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)

**Co-administration with influenza vaccine**

7. Please note, as in autumn 2025, eligibility for the COVID-19 vaccination in autumn 2026 differs from eligibility for the influenza vaccination. Definition of the over 75-year-old cohort eligible for both the COVID-19 and influenza vaccination programmes has been aligned to assist with operational delivery. i.e. individuals aged 75 years and over, by 31 March 2027, are eligible for the COVID-19 and seasonal influenza vaccinations.[1]

[1] Whilst influenza vaccine should be offered to all housebound aged 65 and over (and those under 65 with an 'at risk' status), housebound patients aged under 75 are only eligible for Covid-19 vaccination if they meet the definition of immunosuppressed as defined in the COVID-19 chapter of the Green Book.

8. Growing evidence shows that co-administration of the inactivated COVID-19 vaccine can safely take place with one or more inactivated vaccines. The timing of the COVID-19 autumn 2026 campaign is expected to align with the seasonal influenza vaccination programme, as soon as the COVID-19 PGD/VGD is in place to enable co-administration of the two vaccines in eligible patients. However, GPs may wish to start their influenza vaccination programme for those aged under 75 years of age earlier, once sufficient flu vaccine supplies are available.

9. A separate HSS(MD) letter setting out the arrangements for the seasonal influenza 2026-2027 programme will issue in due course.

**COVID-19 vaccines available for autumn 2026**

10. JCVI has reviewed data on all vaccine products potentially available for use in autumn 2026 and spring 2027. After careful review, JCVI considered that the data suggests minimal differences in vaccine effectiveness. JCVI does not have a preference for a specific COVID-19 vaccine product in the adult population but advises that, when possible, the latest updated vaccine should be used in a vaccination campaign, provided this does not delay the start of the campaign.

11. Information relating to the COVID-19 vaccine product for use in the adult population such as vaccine brand, antigen strain, formulation, and dose will be shared in the upcoming operational letter from the PHA.

12. The vaccine products to be used in the autumn 2026 COVID-19 programme 2026 will also be set out in the COVID-19 chapter of the Green Book alongside clinical advice on their use.

**Deployment Plans**

13. The forthcoming COVID-19 autumn 2026 vaccination campaign will follow the deployment model that has worked well over the last number of years. The campaign will be delivered by a range of providers including General Practice, Community Pharmacy and Trusts.

14. Vaccination using Patient Group Direction (PGD) or Vaccine Group Direction (VGD) must NOT commence until the required PGD or VGD is in place. Advance scheduling of clinics should take this into account.

15. All vaccinations must be promptly recorded on the Vaccine Management System (VMS) to ensure multiple vaccinations are not administered to individuals by different providers. This is also essential to enable accurate monitoring of vaccination uptake and programme performance, including the monitoring of vaccine supply.

16. A small pool of sessional vaccinators who are employed by the Public Health Agency are available to support GPs and Community Pharmacies with the co-administration of COVID-19 and influenza vaccines throughout the campaign.

Further information on this workforce and requests for support can be raised by contacting PHAVaccinesitrep@hscni.net .

17. All service providers should commence the COVID-19 autumn 2026 vaccination campaign from October 2026 (date to be confirmed) and aim to have the majority of the eligible population vaccinated by early December 2026. The COVID-19 campaign is expected to officially close at the end of January 2027 while the seasonal influenza programme is expected to officially close at the end of March 2027.

**General Practitioners**

18. As with previous autumn COVID-19 campaigns, and subject to final agreement with NIGPC, GPs are expected to be asked to identify, invite and administer vaccination to:

    i. All eligible individuals aged 75 years or older (i.e. those born on or before 31 March 1952)
    ii. Individuals aged 18 and over (i.e. born before the 1 October 2008), who are immunosuppressed (as defined in the 'immunosuppression' sections of tables 3 or 4 in the COVID-19 chapter of the Green Book)

19. GPs should also issue a notification to their patients aged 5 to 17 years of age (i.e. those born between 1 October 2009 and 31 September 2021) who are immunosuppressed, to advise they are eligible for vaccination, and they can attend a Trust led clinic to receive the vaccine.

20. GPs should identify and refer eligible housebound patients who require vaccination by Vaccination Teams or Trust District Nursing by 30 September 2026 using the normal processes, to ensure that Trust Vaccination Teams can administer the vaccination by early December. Late referrals will lead to a delay in vaccination for these patients.

**Community Pharmacies**

21. Community Pharmacies will be responsible for vaccination of all care home residents, including mop-up visits. Care home residents are considered one of the most vulnerable groups at risk of severe disease and so are high priority for timely vaccination. Community Pharmacies should start vaccinating care homes residents as early in the programme as possible and aim to complete all care homes quickly.

22. For care homes operated by HSC Trusts, Trusts are asked to ensure that local arrangements are made with Community Pharmacies offering the COVID-19 vaccination service.

23. Community Pharmacies can also vaccinate anyone:

    i. aged 75 years or older, and

ii. those aged 18 or over who are immunosuppressed - based on evidence supplied by the patient such as a GP letter, hospital letter or medication etc.

**Trusts**

24. Trusts will run a number of vaccination clinics and mobile clinics/pop up clinics to vaccinate anyone who attends for vaccination.

    Trusts are responsible for:

    i. Identifying and administering vaccine to:

    - immunosuppressed individuals aged from 6 months to 4 years of age.

    ii. Administering vaccine following referral to:

    - immunosuppressed individuals aged 5-17 years of age
    - housebound patients
    - individuals aged 75 years and over that are registered at a GP practice that is not participating in the programme

    iii. Providing an alternative offer for receiving the vaccine to:

    - individuals aged 75 years and over
    - individuals with an allergy to available COVID-19 vaccines if a specialist determines they should receive the vaccine under clinical supervision.

**Publicity and Public Information Materials**

25. The PHA is responsible for the COVID-19 autumn 2026 vaccination communication plan which is delivered in line with wider HSC communications for winter. From October 2026, publicity messages will be launched for eligible children and adults to encourage those eligible to take up the offer of vaccination.

26. The PHA will also produce public information leaflets which will be distributed by the PHA to all GPs, Community Pharmacies and Trusts for the programme, in line with normal arrangements. Leaflets will also be available at the PHA website at: www.publichealth.hscni.net/publications

27. As in previous years, funding is provided to GP practices to enable them to actively inform their patients that they are eligible for a COVID-19 vaccination (e.g., by letter, email, phone call, text) to ensure as high an uptake as possible is achieved this year.

28. The benefits of COVID-19 vaccination among the eligible groups should be communicated and vaccination made as easily accessible as possible.

**Training for Health Professionals**

29. The PHA will produce professional information to support the delivery of the Programme, which will be available on the PHA website: Professional information | HSC Public Health Agency (hscni.net)

30. The Green Book chapter on COVID-19 is available online, see attached link: COVID-19 Greenbook chapter 14a. It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

**Vaccine Equity**

31. The COVID-19 autumn 2026 campaign should aim to maximise uptake across all groups, with a particular focus on ensuring vaccination equity. Regional vaccine uptake monitoring should include uptake according to socioeconomic status, geographical residence and any other factors that contribute to vaccine inequity.

32. Providers delivering the campaign should have access to data relating to uptake monitoring, either through arrangements with PHA or through their own monitoring arrangements, so that they can direct the delivery to ensure maximum uptake.

**Surveillance and reporting**

33. All providers administrating the COVID-19 vaccine should record administration on the Vaccine Management System (VMS). The PHA vaccine surveillance team should extract data from VMS to provide regular reports of uptake. The latest surveillance reports will be published on the PHA website: Vaccination coverage | HSC Public Health Agency

**Summary**

| Eligible Group | Contacted by | Provider | Start Date | Complete |
|---|---|---|---|---|
| Individuals aged 75 years of age or older | GP | • GP<br>• Community Pharmacy<br>• Trust Clinics | October (date to be confirmed) | Early December |
| Immunosuppressed: | | | | |
| Individuals aged 18 years of age and over | GP | • GP<br>• Community Pharmacy<br>• Trust Clinics | | |
| Individuals aged 5 to 17 years of age | GP | Trust Clinics | | |
| Individuals aged 6 months to 4 years of age | Trusts | Trust Clinics | | |
| Care Home residents | N/A | Community Pharmacy | | As soon as possible |
| Housebound | Trusts based on GP notifications | Trust vaccination teams | GP referral as soon as possible, with most being referred by the end of September 2026. | Early December |

**Future COVID-19 vaccination campaigns**

34. Further detail on the COVID-19 spring 2027 campaign will be issued in early 2027. The JCVI is expected to issue updated advice before the end of 2026 on future COVID-19 campaigns beyond spring 2027, and we will write again at the appropriate time with further information.

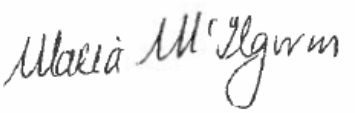
**Conclusion**

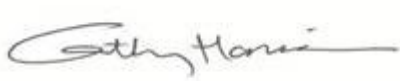
35. Vaccination remains the best form of individual defence against severe illness, hospitalisation, and death as a result of COVID-19. The COVID-19 vaccination is aimed at protecting the most vulnerable in our society.

36. The COVID-19 autumn 2026, along with the annual influenza and RSV vaccination programmes are a critical element in helping to reduce the pressures on our HSC system during the winter months. A high uptake rate will help to reduce GP consultations, unplanned hospital admissions and pressure on Emergency Departments. We would therefore encourage all staff and healthcare professionals to promote vaccination amongst the eligible cohorts at every opportunity.

37. We do not underestimate the challenges involved in continuing to deliver a COVID-19 autumn 2026 programme (as well as the annual influenza and RSV programmes) to a large cohort of people over a very short period of time and would like to express our sincere appreciation to all who continue to work hard to deliver these key vaccination programmes. Thank you for your continued hard work and dedication to these programmes.

Yours sincerely





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

**Professor Maria McIlgorm**
**Chief Nursing Officer**

**Professor 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
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

Dr 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