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Baroness Walmsley
hlchildhoodvaccination@parliament.uk

Our Reference: 202600520296
Your Reference: Childhood Vaccinations Committee

6 July 2026

Dear Baroness Walmsley,

Childhood Vaccination Rates in Scotland – Response to Committee inquiry

Thank you for your letter of 5 June 2026 to Angela Constance, Cabinet Secretary for Health and Care. As Minister with responsibility for vaccination policy in Scotland, I am replying on Ms Constance's behalf to your letter regarding the House of Lords' Childhood Vaccinations Committee inquiry into childhood vaccination coverage.

Public Health Scotland (PHS) is responsible for overseeing the delivery of Scotland's immunisation programmes, which is managed through the Scottish Vaccination and Immunisation Programme (SVIP). SVIP incorporates a public health and clinically led, person-centred approach to the programme. This is based on strong collaboration across the system with an emphasis on partnership working between Public Health Scotland (PHS), national and territorial NHS boards, Scottish Government, Health and Social Care Partnerships (HSCP) and third sector organisations.

Vaccination and immunisation is one of the most effective public health interventions, and it is particularly important that children are vaccinated. The higher vaccine uptake we can achieve, the more we can keep vaccine-preventable diseases at bay. Addressing inequalities in uptake and maximising opportunities for children to receive timely vaccination is one of my key priorities.

Given the breadth and level of detail of the material requested, I have set out the Scottish Government's responses to the Committee's questions in Annex A to this letter. This Annex has been developed

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collaboratively with Public Health Scotland (PHS) and brings together both policy and delivery perspectives on Scotland's approach to childhood immunisation.

The attached Annex provides detailed responses to the Committee's questions, including information on current policy and delivery arrangements, as well as the actions being taken to improve uptake and reduce inequalities in vaccination coverage.

I welcome the Committee's interest in learning from the approaches taken across the UK, and hope that the information provided is helpful in informing your inquiry and forthcoming report, which I look forward to reading.

Should the Committee require any further detail or clarification on the matters covered, officials would be happy to assist.

Yours sincerely



MAREE TODD

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