Department of Health & Social Care

Department for Education

Baroness Walmsley
House of Lords
Childhood Vaccination Committee
House of Lords
London
SW1A 0PW

8th July 2026

Dear Baroness Walmsley,

Response to the Childhood Vaccinations Committee on school-aged vaccines

Thank you for your letter dated 16 June.

We welcome the Committee's important work on childhood vaccination and value the insights that will be generated through this inquiry. We also thank the committee witnesses for sharing their views and experiences.

We want to assure you that both our departments have been concerned about declining uptake in school-aged immunisations for some time and over the past year and a half have been undertaking extensive engagement with schools and School Aged Immunisation Service (SAIS) providers to better understand the delivery and relationship challenges within the system.

In response to what we have heard, we have been working closely across government to deliver a jointly agreed programme of work, including new initiatives, to improve uptake and strengthen delivery. Our current focus is on delivering tangible improvements across four key areas:

- First, enabling more parents and carers to provide digital consent by text for their child's vaccination. The number of schools with access will increase from around 8,000 to nearly 14,000 in September through expansion of the digital tool, Manage Vaccinations in Schools (MAVIS).
- Second, establishing new Regional Support Forums to bring together NHS Regional Commissioners and Department for Education (DfE) regional leads to respond together to local challenges;
- Third, strengthening targeted communications through a new unified cross-government communications plan. This will build on the national marketing campaign and be supported by updated, more user-friendly guidance to clearly set out roles and responsibilities for schools and immunisation providers; and

Department of Health & Social Care

Department for Education

- Fourth, continuing to build the evidence base through further research, principally via the UK Health Security Agency's (UKHSA) Health Protection Research Unit and DfE's Omnibus Survey Platform with school leaders, parents/carers and students, to deepen our understanding of the barriers and opportunities within the current delivery model.

Below we have provided our response to the questions raised by the Committee following your hearing of evidence from the witnesses:

Responsibility and accountability

1. **Who is responsible and accountable for ensuring access to vaccinations in schools, at national, local and school levels?**

The Secretary of State for Health and Social Care (hereafter Secretary of State) has a statutory duty under Section 2A of the NHS Act 2006 to protect the health of the population, including through immunisation and screening programmes.

Under Section 7A of the same Act, the Secretary of State is permitted to delegate – by agreement – the exercise of any of their public health functions to specified bodies, including NHS England (NHSE) and ICBs. In doing so Secretary of State retains ultimate accountability for functions that bodies have delegated accountability to deliver.

The Secretary of State currently delegates responsibility for the delivery of all national routine immunisations schedule, selective immunisations, and seasonal vaccination programmes, including vaccination of school-aged children, to NHSE via Section 7A through an annual NHS Public Health Functions Agreement. The agreement currently includes a range of KPIs and other delivery expectations for the list of delegated functions. Some vaccinations – such as travel vaccinations, are not delegated.

NHSE operates as a commissioning organisation, responsible for arranging vaccination services with healthcare providers rather than delivering them directly. For school-aged vaccinations, the core service is delivered through School Aged Immunisation Services (SAIS). These services are procured by NHSE regional teams via Provider Selection Regime (PSR)-compliant processes, ensuring that provision meets required standards and delivers value for money.

SAIS teams currently deliver these vaccinations to eligible school-aged children:

- Year 8 – HPV
- Year 9 - Td/IPV and MenACWY

- MMR Catch up
- Childhood flu - Reception to Year 11

Nationally set contractual requirements include a 100% offer to all school-aged children including children attending maintained, independent, and special schools and any other setting attended by children in the eligible cohorts including those schooled at home; delivery of parent information sessions to maximise return of consent forms and vaccine uptake; and catch up sessions via different initiatives to meet local population needs.

SAIS providers should also engage with and build collaborative relationships with school nurses, school staff and head teachers through a Memorandum of Understanding (MOU) in place to ensure that all parties are clear of what is expected to ensure the delivery of a seamless vaccination service minimising any disruptions.

NHSE has a good relationship with DfE and works closely together to unblock any operational challenges that would compromise the delivery and offer of SAIS programs.

Whilst there is no legislative requirement for schools to host the delivery of school-aged vaccination programmes on their premises, the Government, through UKHSA, provides clear guidance on the roles and responsibilities of schools to support the delivery of school-aged vaccination programmes (see response to Q2 below for more detail) which is further endorsed and promoted by DfE. There has been a particular push this year to promote the role of schools, utilising sector emails and face-to-face opportunities with the sector, for example via a joint led education and health flu vaccination webinar with school leaders which ran on 24 June 2026.

2. What are schools expected and required to do to ensure access to school-aged immunisations?

In England, schools have a general duty under the Education Act 2002 to safeguard and promote pupils' welfare. Facilitating access to preventative healthcare, including vaccination, contributes to this duty. However, there is no direct legal requirement on schools to ensure access to school-aged immunisations.

Instead, expectations are set out in jointly developed government guidance (referenced in Q1) aimed at headteachers and school leaders, covering both primary school programmes (including flu vaccination) and secondary school programmes (including adolescent vaccinations). This guidance has been produced by UKHSA and is endorsed and promoted by DfE.

Department of Health & Social Care

Department for Education

The primary guidance, *Supporting Immunisation Programmes for Children and Young People*[1], alongside programme-specific materials (e.g. for flu vaccination[2]), has been updated this year (May/June 2026) to reflect delivery challenges and clarify schools' role in facilitating vaccination sessions. The new version incorporated feedback from leaders of education membership organisations, who welcomed the revisions.

This guidance makes clear that schools are expected to support access by:

- working with School Age Immunisation Service (SAIS) providers to coordinate delivery and follow up missed vaccinations;
- providing appropriate space, logistical support and access to eligible pupils;
- supplying accurate pupil data[3], including parent/carer contact details, where appropriate and in line with data protection requirements;
- supporting the informed consent process, for example by distributing materials and facilitating engagement between parents, pupils and providers;
- promoting vaccination through school communication channels and reinforcing public health messaging;
- supporting equitable access, including identifying and making reasonable adjustments for pupils with additional needs; and
- managing the school environment on vaccination days, including pupil flow and supervision.

This year, for the first time, we have asked schools to book their autumn flu vaccination sessions and do as much preparation as possible before the summer holidays, to support the flu programme getting off to a strong start when 2026/27 vaccine delivery commences from 1 September.

We expect to build on this later in the academic year when schools and SAIS provider focus on other school-age vaccinations, including HPV. We will also continue to closely monitor vaccinations offered as a "catch-up" in school, for example, MMR.

SAIS providers are responsible for delivery of the programme and for sharing this guidance with schools, supported by communications through DfE channels. For example, ahead of this year's flu programme, as mentioned in Q1, a

[1] Supporting immunisation programmes for children and young people - GOV.UK
[2] Flu vaccination programme briefing for primary schools
[3] Complemented by DfE's Data protection in schools - Sharing personal data - Guidance - GOV.UK

Department of Health & Social Care

Department for Education

cross-government webinar[4] for school leaders was delivered to reinforce expectations and support implementation. The webinar will also be available online and DfE will signpost education stakeholders to it.

3. Who is responsible and accountable for ensuring access to school-aged vaccinations for children who are not in school?

As referenced in Q1, nationally set contractual requirements for SAIS providers include a 100% offer to all school-aged children including children attending maintained, independent, and special schools and any other setting attended by children in the eligible cohorts including those schooled at home.

SAIS providers work closely with schools, regional Child Health Information Services (CHIS) and Local Authority Public Health teams to identify children who do not attend mainstream education settings. SAIS providers will identify children who are home educated via Local Authority Public Health Teams and an offer will be made for these children to attend a SAIS provider run community clinic. DfE also help to amplify health messages to the Local Authority Teams that engage with parents who choose to home educate, for example by recently also inviting these teams to the joint flu vaccination webinar along with schools.

<u>Cooperation between schools and school-aged immunisation services</u>

4. We have heard that schools and local authorities can be reluctant to share data about pupils, and children who are not in school, with school-aged immunisation services. Why is this? How is this issue being addressed?

We recognise that some schools and local authorities can be cautious about sharing data with School Aged Immunisation Services (SAIS).

The vast majority of schools and Local Authorities support the vaccination offer process by sharing pupils' data and parent contact details. Where there are challenges locally, this is often due to concerns around GDPR and data sharing. This can present operational delivery barriers that we are working to resolve in the following ways:

- NHSE is exploring how MAVIS can improve local data sharing arrangements currently in place by giving schools the ability to upload information directly into the system: providing a more consistent, secure approach to data sharing across the board.

[4] 'Webinar: Preparing your school for the seasonal flu vaccine 2026/27' run Wednesday 24th June 2026.

Department of Health & Social Care

Department for Education

- UKHSA guidance for schools[5] sets out the data that need to be shared with SAIS teams to enable effective delivery; specifically, information on eligible pupils and contact details for parents or carers. The guidance also explains the legal basis for sharing these data, including under Article 6(1)(e) of UK GDPR, where processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority. This is intended to provide clarity and reassurance to schools on their ability to share data appropriately in support of immunisation programmes.
- UKHSA's guidance is complemented by, and signposts to, DfE's data protection guidance for schools[6]. Like the UKHSA guidance, this explains that there is a lawful basis schools can use to share the required data with immunisation teams. DfE has made health officials aware of this guidance to support conversations with schools that may be reluctant to share data and, anecdotally, we have heard that this has helped to reassure schools that they can do this.
- DfE regional officials can engage directly with Multi-Academy Trusts (MATs) to provide reassurance that they can and should be sharing the data that SAIS teams need to fulfil their responsibilities. This was recently useful in unblocking issues with a large MAT in London. Our new Regional Support Forums will expand similar strategic-level conversations to other areas where delivery issues are identified.

5. A minority of schools do not allow access to school-aged immunisation services. How widespread is this issue? How is it being addressed?

There may be a very small minority of schools who do not allow access to school-aged immunisation services or who do not fully facilitate the school-aged vaccination offer. This should not be the case, as all schools should be fully facilitating their pupils receiving vaccination.

School level immunisation data is not routinely collected and reported at the national level. However, the roll out of MAVIS to increasing number of SAIS providers will allow quicker real-time regional oversight of any issues with school-based provision.

Where there are access issues, in the first instance regional commissioners work with the school or academy group concerned, their SAIS provider, Local Authorities

[5] Supporting immunisation programmes for children and young people - GOV.UK
[6] Data protection in schools - Sharing personal data - Guidance - GOV.UK

Department of Health & Social Care

Department for Education

and DfE colleagues to work through and address concerns. There is a route of escalation to national programme colleagues.

In addition, as referenced in earlier, our new Regional Support Forums will enable regional commissioning teams to engage with regional DfE leads on the school-aged offer. This will further promote joint working and engagement to address operational barriers that may arise.

These regional forums will strengthen the existing governance process and will be established from June 2026 to support the forthcoming school-aged seasonal flu vaccination programme, starting in September 2026. Any issues will continue to be escalated to the national team and DfE leads for support and direct engagement, where appropriate.

6. **What is your position on making it mandatory for schools to cooperate with school-aged immunisation services, or offering schools tailored support to do so, or both?**

The Government is not currently proposing to make cooperation between schools and SAIS providers mandatory through a statutory requirement because we believe we can do more to collaborate, remove misunderstanding and provide greater clarity on responsibilities and expectations. If cooperation has to be mandated, then it is not particularly cooperative: instead, we need to improve the conditions that make for effective joint-working. Our current focus is therefore on strengthening support within the existing system to enable effective collaboration, and bringing partners with us, which is key to support access and uptake.

We are taking a range of actions to make it easier for schools to engage with immunisation services. This includes, as set out earlier, clarifying expectations through updated national guidance, which sets out schools' roles and responsibilities and is designed to support more consistent and productive working relationships with SAIS providers.

In parallel, we are reducing administrative burdens and making consent easier for schools, parents and families through digital transformation. The NHS's end-to-end digital service, MAVIS, streamlines the consent process through automated requests, reminders and data sharing, supporting both schools and immunisation teams to deliver vaccinations more efficiently. In the longer team, we are also supporting parents/carers to access their children's vaccination records through the NHS, under 'My Vaccines' and exploring options for consent to be given via the App.

Department of Health & Social Care

Department for Education

We are also strengthening local collaboration through the introduction of the new Regional Support Forums, enabling education and health partners to identify and respond to delivery challenges in a targeted and locally appropriate way.

Finally, we recognise that some schools face particular barriers to engagement. Targeted support is therefore being developed and delivered for these settings, including a joint UKHSA and NHS information leaflet for special educational needs and disabilities (SEND) school, which has been developed with engagement from SEND stakeholders, facilitated by DfE. This is due to be published in time for the upcoming academic year, with the draft receiving positive feedback on its clarity and usefulness from stakeholders who reviewed it. This is an example of our increased focus on audience segmentation within schools – ensuring that the right messages reach the right professionals – from headteachers to site staff and those working in SEND schools.

Taken together, our approach prioritises practical support and system improvement to maximise uptake, rather than introducing a mandatory requirement at this stage.

Vaccination status checks

7. **According to NICE guidelines, a child's vaccination status should be checked at specific educational stages. Who is responsible for doing this, and how consistently does it happen?**

Responsibility for checking vaccination status at specific educational stages sits across several parts of the system, but only general practice has an ongoing contractual duty to identify missing vaccinations and undertake proactive follow-up, for vaccines given at up to 6 years of age.

Under the Healthy Child Programme, health visiting and school nursing services are expected to check whether children are up to date at key universal contacts, including school entry, using available child health records. School-age immunisation services also check vaccination status for vaccines within their commissioned remit, such as flu, HPV, Td/IPV, MenACWY and MMR catch-up.

In practice, however, this does not happen through a single nationally standardised model, and consistency varies depending on local arrangements, workforce capacity, data access and commissioning. There is currently no formal national policy or legal mechanism requiring systematic vaccination status checks at defined educational stages in England. This is an area that our departments share an interest in exploring further and we have asked officials to take this forward.

Department of Health & Social Care

Department for Education

8. **What is your position on making it mandatory for vaccination status to be checked and vaccination offered at specific educational stages?**

There are public health benefits of linking vaccination status checks more closely to school entry and transition points, particularly to identify children who have missed routine vaccinations and support catch-up. This is an intervention which – because of the breadth with which it would be applied at population level – has the potential to improve uptake by reaching a broad cross-section of children, including those who may not be engaged through other approaches and reduce health inequalities.

NICE guidance recommends opportunities to review vaccination status in educational settings, and this approach is endorsed by some health partners, including UKHSA. We are currently exploring policy options for promoting and strengthening vaccination status checks.

This summer, for the first time, DHSC and DfE will provide agreed wording that schools can use in their own communications to remind parents which vaccines their children should have been offered by the time they start school. This recognises the value of educational transition points like entry into Reception Year as an opportune moment for health partners and schools to engage with parents about the importance of their children's vaccines being up to date.

Teaching about vaccinations

9. **From September 2026, statutory RSE and Health Education guidance will include teaching the facts and scientific evidence relating to vaccination in the school curriculum, in coordination with the delivery of vaccinations in schools. How will school staff be trained and supported to teach about vaccinations and answer students' questions?**

Schools play an important role in providing general education about vaccination, including how vaccines work and the diseases they protect against. More detailed clinical information relating to specific vaccines, particularly where this supports the informed consent process, continues to be provided by appropriately trained clinical staff working with SAIS providers.

Vaccination in the school curriculum:

The facts and science relating to immunisation and vaccination have been a part of the statutory RSHE curriculum since 2020. These topics remain in the updated RSHE statutory guidance for introduction from September 2026. The guidance states that from primary, as part of learning about health protection, children should learn the facts and scientific evidence relating to vaccination and immunisation and

that the introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

Teachers are also able to cover this topic in biology at Key Stage 4 under the statutory topic ‘Health, disease and the development of medicines’, which requires that pupils are taught about pathogens, the body’s immune system, the prevention of infectious diseases, and the development of medicines. Vaccines are explicitly covered in the GCSE subject content for combined science under ‘Treating, curing and preventing disease’ which requires students to “explain the use of vaccines and medicines in the prevention and treatment of disease”.

We expect schools to provide training for teachers to ensure they are equipped to deliver the RSHE curriculum with confidence, sensitivity and accuracy, which would include structured training, and ongoing support focused on emotional safety, inclusive pedagogy, and effective classroom management.

Health-led actions to support teaching about vaccination:

Alongside curriculum requirements, the health system, via UKHSA, has supported the development, and advocated the wider use of a range of resources to support education about vaccination in schools including nationally-endorsed materials such as the online e-bug tool; and EDUCATE, a lesson planning tool to support education on HPV vaccination developed by the University of Bristol that was co-developed with young people.

In Wales, public health officials are piloting Immune Patrol, an education package developed by the WHO Europe office in collaboration with vaccine experts, to help young people aged 10-12 understand how the immune system works, how vaccines prevent disease transmission and how to recognize misinformation online.

UKHSA will continue to draw on other models of good practice from other countries to expand the evidence base on what works in this context and more broadly, work with DfE to strengthen the integration of vaccination and vaccine science within the curriculum, recognising that curriculum development is a long-term process. This includes work to ensure that teachers are supported with appropriate materials and approaches to address questions from students.

10. What standards, if any, are there for teaching about vaccinations in schools? How will teaching be evaluated and good practice shared?

Schools are encouraged to draw on good practice and advice from professional organisations and are free to select the resources and partners that best meet the

Department of Health & Social Care

Department for Education

needs of their pupils. While DfE does not endorse specific initiatives, it supports collaboration between schools and external organisations to share best practice, ideas, and expertise. Decisions regarding resource use remain local. The Government commissioned Oak Academy to make lesson materials which reflect the new RSHE guidance freely available. Oak's newest RSHE resources are aligned with the statutory guidance coming into effect in September 2026. This includes content on vaccinations.

Evaluating teaching about vaccination

Schools play a crucial role in preparing pupils for their adult lives, teaching them to understand how to engage with society and providing them with the opportunities and experiences to do so.

Ofsted's inspections evaluate how well schools do this, through their 'curriculum and teaching' and 'personal development and wellbeing' evaluation areas. The renewed framework and toolkits are based on existing professional standards and the statutory and non-statutory guidance already placed on education leaders and their provision.

Inspectors will evaluate the extent to which school make sure that pupils build strong foundations for good health and well-being, including through delivering the health education required by law. They will also look at how well the school ensures that pupils receive the care and support to achieve and thrive, in school and beyond.

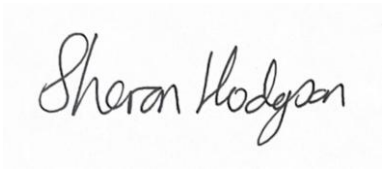
However, Ofsted inspections do not look at whether specific topics are included in what schools teach. This is a matter for schools, with reference to the requirements set out by DfE.

We trust that the information provided above is helpful to the Committee and look forward to supporting its important work as the inquiry progresses.

Yours sincerely,

Department of Health & Social Care

Department for Education



Josh MacAlister OBE MP

Minister for Children and Families

Department for Education

Sharon Hodgson MP

Parliamentary Under-Secretary of State for Public Health and Prevention

Department of Health and Social Care