



T: 0300 244 4000
E: CabSecHSC@gov.scot

Gillian Martin MSP
Convener, Health, Social Care and Sport Committee

20 October 2022

Dear Convener,

Adverse Event in the Shingles and Pneumococcal Vaccination Programmes

I am writing to inform you of a recent adverse event which has occurred in the Shingles and Pneumococcal vaccination programmes, resulting in a number of individuals incorrectly receiving an additional dose of either Shingles or Pneumococcal vaccine, or both vaccines.

All individuals affected have been contacted to reassure them that it is unlikely that an additional dose of vaccine will have resulted in any significant harm, and steps are being taken to ensure the underlying reasons are fully understood and that this does not happen again.

An Adverse Event Management Team meeting has been established, chaired by Public Health Scotland and attended by Scottish Government officials as well as NHS Health Board representatives.

They have led a thorough investigation to identify and address the root causes. This has identified that there were two separate issues that have been identified as underlying causes:

- Prior to 1 April 2022, GPs would add a code to medical records to indicate a vaccination had been given. A lesser-used code was not included when the Shingles cohort file was being processed by NHS National Services Scotland, which meant individuals were not shown to have received the vaccine and therefore received another appointment.
- The records of individuals who have received a vaccination and then moved to a new GP practice must be sent and added to the GPIT system. Where this is not updated, then these individuals were invited for another appointment.

Letters to all affected individuals were sent on Tuesday, 18 October, emphasising there is no significant risk to their health and apologising unreservedly for the error, and for any concern. As well as detailed information, the letter also provided contact details if individuals have any questions or in the unlikely event they have suffered an adverse reaction.

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Current estimates are that the first issue of the coding problem has resulted in 468 patients incorrectly receiving an additional Shingles vaccine in error. The second issue of GP to GP transfers has resulted in 698 patients incorrectly receiving an additional dose of Shingles vaccine, and 4,244 patients incorrectly receiving an additional dose of Pneumococcal vaccine.

I can confirm that the issue relating to the lesser-used code on patients' medical records has now been rectified and fully contained. This code is now factored into the process for generating Shingles cohort files, any patient with that code will be accurately flagged as having received a vaccination.

The extent of the GP to GP transfer issue is still being investigated, however colleagues in NHS National Services Scotland (NHS NSS) have advised that they have been able to identify numerous instances where a patient's previous vaccination records have not been summarised by the practice they have subsequently registered at, and all patients that have had previous Shingles and Pneumococcal vaccinations have now been identified. This will enable Health Boards to contact GP practices and ask them to summarise the Shingles and Pneumococcal vaccination records where necessary, ensuring future cohort files are as accurate as possible.

I hope this information is helpful to reassure the Committee that all individuals affected have been contacted to reassure them that it is unlikely that an additional dose of vaccine will have resulted in any significant harm, and steps are being taken to ensure this does not happen again.

Kind regards,



HUMZA YOUSAF

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St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

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