Yellow Card Centre Scotland

# Annual Report
# April 2025 to March 2026

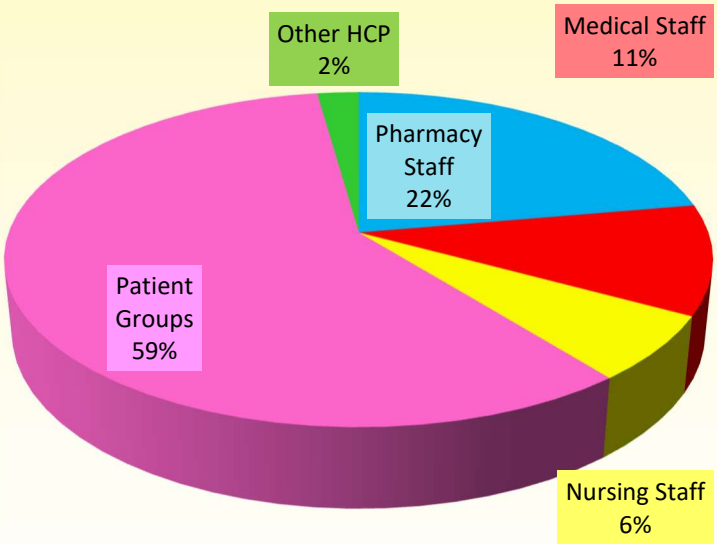
| Yellow Card Reports (Scotland) | 6% increase | 3072 total reports | 55 reports per 100,000 population |
|---|---|---|---|

**Reports submitted to the Yellow Card Scheme are for suspected adverse reactions that have not been proven to be related to the drug and should not be interpreted as known side-effects.**

## YCC Scotland Key Messages

**Reports for vaccines continue to make up a significant percentage of all reports in 2025/26, with most of these coming from patients, however the number of reports for vaccines is falling. A notable increase in reporting from healthcare professionals was seen largely within the pharmacy staff group, resulting in an increase in overall reporting, patient reporting has decreased for the first time in 4 years. Tirzepatide is now the top reported drug.**

### Source of Reports




# Top 5 Reported Medicines

1. Tirzepatide ▼
2. Varicella Zoster Vaccine
3. COVID-19 Vaccine ▼
4. Semaglutide ▼
5. Influenza Vaccine ▼

# CONTENTS

**1. TEAM ..... 1**

**2. EXECUTIVE SUMMARY ..... 2**

**3. YELLOW CARD DATA ..... 4**

**4. DISCUSSION OF YELLOW CARD DATA ..... 21**

**5. PROMOTIONAL ACTIVITIES ..... 24**

**6. PUBLICATIONS ..... 25**

**7. YCC WEBSITE/SOCIAL MEDIA ..... 26**

**8. RESEARCH AND ONGOING INITIATIVES ..... 26**

**9. CONCLUSION ..... 27**

**10. ACKNOWLEDGEMENTS ..... 28**

# ANNUAL REPORT OF THE YELLOW CARD CENTRE SCOTLAND TO THE MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY

# 2025–2026

## 1. Team

| | |
|---|---|
| **Professor Simon Maxwell** | Consultant Clinical Pharmacologist/Medical Director YCC Scotland |
| **Mr Scott Garden** | NHS Lothian Director of Pharmacy and Medicines |
| **Professor James Dear** | Consultant Clinical Pharmacologist/Deputy Medical Director YCC Scotland |
| **Ms Lesley Macher** | NHS Lothian Lead Pharmacist Medicines Advice and Guidance |
| **Mrs Louise Smith** | NHS Lothian Lead Medicines Information and Clinical Effectiveness Pharmacist |
| **Ms Zarah Swain** | NHS Lothian Lead Medicines Information and Clinical Effectiveness Pharmacist |
| **Mr Alexander Kiker** | NHS Lothian Information Officer Medicines Information Service |

# 2. Executive Summary

The Yellow Card Centre Scotland (YCCS) has continued to support the Medicines and Healthcare Products Regulatory Agency (MHRA) in monitoring the safety of medicines used with medical devices now also being reported on across Scotland during 2025/26. Through the collection and analysis of reports of suspected adverse drug reactions and defective devices, alongside education and promotional activity, YCCS contributes to the early identification of potential safety signals and to the wider development of a strong reporting culture across NHS Scotland and the public.

A total of 3,072 standard Yellow Card reports were submitted from Scotland during the year, equivalent to approximately 55 reports per 100,000 population. This represents an increase of approximately 6% compared with 2024/25 and maintains reporting at a level substantially above that seen before the COVID-19 pandemic. Importantly, the increase occurred despite a marked fall in reports involving COVID-19 vaccines, from 799 in 2024/25 to 183 in 2025/26. The overall rise therefore reflects broader reporting across a diverse range of medicines rather than continued reliance on pandemic-related vaccine reporting.

There was a notable change in the balance of reporter groups. Healthcare professionals submitted 1,273 reports, accounting for 41% of the Scottish total and representing a substantial increase from 1,017 reports in the previous year. Growth was evident across medical, nursing and pharmacy professions, with the largest increase arising from pharmacy staff. Conversely, reports from patients, parents and carers fell from 1,883 to 1,799, the first annual reduction in patient-group reporting for four years. Patient groups nevertheless remained the largest source of Yellow Cards, contributing 59% of the total. These findings underline the importance of sustaining public awareness while building on the encouraging increase in professional engagement.

The profile of suspected medicines also changed. Tirzepatide became the most frequently reported medicine in Scotland, increasing from 489 reports in 2024/25 to 567 in 2025/26 and accounting for approximately 18% of all reports. Varicella zoster, COVID-19 and influenza vaccines remained prominent, while semaglutide was the fourth most frequently reported medicine. The prominence of tirzepatide and semaglutide reflects the growing use of these medicines in diabetes and weight management, as well as their additional-monitoring status. As always, Yellow Card reports describe suspected reactions and do not, by themselves, establish that a medicine caused the reported event.

Of all reports, 1,257 were classified as serious, representing 41% of the total and a 10% reduction from 2024/25. Thirty-seven reports described a fatal outcome, although the presence of a medicine in such a report does not demonstrate a causal relationship. Reports involving paediatric patients accounted for 6% of the total, while 24% concerned people aged 65 years or over. The increasing number of reports in which the patient's age was not recorded highlights an opportunity to reinforce the importance of submitting complete clinical and demographic information.

For the first time, this report also includes Scottish data on medical devices. This includes devices which have safety concerns, adverse incidents, faults or quality problems identified. Seventy-three reports were received, 69% of which were submitted by healthcare professionals. The most frequently represented categories included implantable ocular prostheses, patient-monitoring systems, intraocular lenses and glucose-monitoring systems.

These data provide an important baseline for future monitoring and targeted promotion of device reporting.

YCCS continued to promote reporting through professional education, public engagement, online resources and collaboration with national partners. Use of the adverse drug reaction e-learning modules increased, with strong user feedback, while visits to the YCCS website more than doubled since 2024/25. The priorities for the coming year are to sustain the growth in healthcare-professional reporting, re-engage patients and the public, improve report completeness, develop awareness of device reporting, and ensure that all suspected adverse reactions continue to be reported promptly through the Yellow Card Scheme.

Please share the finding of this report, and the overall importance of reporting suspected adverse drug reactions with your colleagues and peers. For information on how we can help to support any local initiatives to raise awareness in your area please contact loth.yccscotland@nhs.scot.

The governance of the centre remains with the YCCS Management Board and the YCCS Advisory Group. The groups meet each year to manage operational issues gather Scottish stakeholders' oversight, support, and direction to our objectives. Details are available on our website http://www.yccscotland.scot.nhs.uk/.

# 3. Yellow Card Data

## 3a Total Scottish Reports

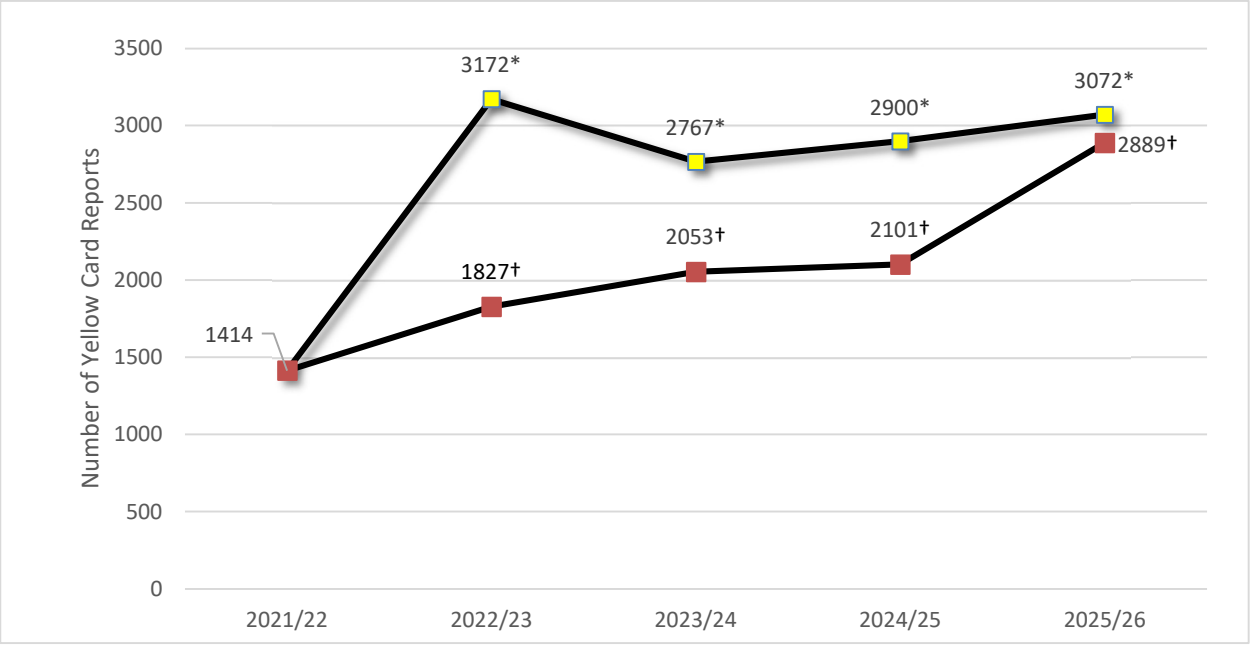
A total of **3072 reports** of suspected adverse drug reactions were submitted from Scotland in 2025/26 via standard Yellow Card reporting, representing an overall 6% increase compared to the previous year (2024/25). This slight increase represents an increase in reporting for tirzepatide from 489 reports in 2024/25 to 567 reports in 2025/26. Reports for COVID-19 vaccines have fallen from 799 reports in 2024/25 to 183 reports in 2025/26 despite this reduction the number of reports has increased with a wider range of drugs being reported outside of vaccines.

**Table 1** and **Figure 1** below illustrate the trend in standard reporting in Scotland over the last 5 years.

***Table 1 – Number of Yellow Card reports from Scotland over the past 5 years***

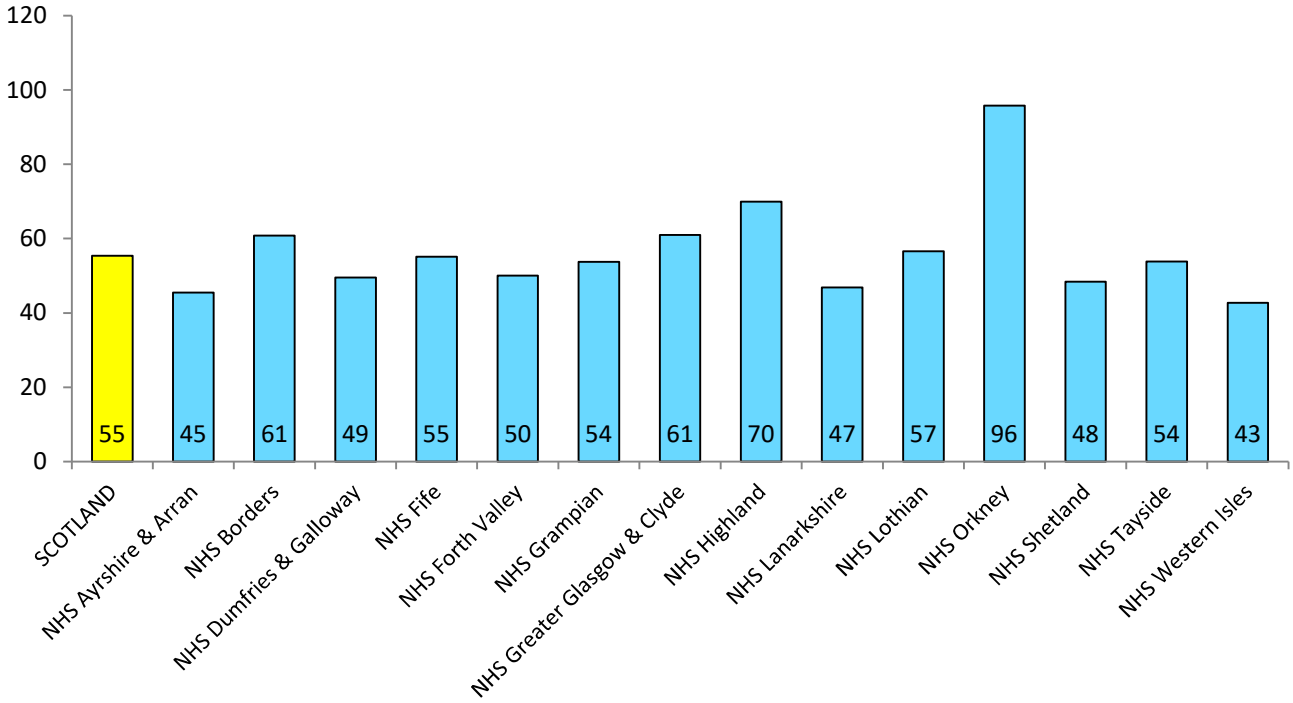
| Year | Number of reports | Percentage change on previous year |
|---|---|---|
| 2021/22 | 1414 | +18% |
| 2022/23 | 3172 | +124% |
| 2023/24 | 2767 | -13% |
| 2024/25 | 2900 | +5% |
| **2025/26** | **3072** | **+5.9%** |

***Figure 1 - Number of Yellow Card reports from Scotland over the past 5 years***




*All *standard data, including COVID-19 vaccine reports from July 2022 onwards* †*excluding COVID-19 vaccine reports*

***Figure 2 - Health board Yellow Card reporting per 100,000 population* (Scotland 2025/26)***




*Statistics from National Registers of Scotland, Population estimates mid-2025 as mid-2026 data was unavailable
†Reports for Golden Jubilee Hospital are included in NHS Greater Glasgow and Clyde
‡Reports for the State Hospital are included in NHS Lanarkshire

**Figure 2** shows how health board areas in Scotland compare to the Scottish average (reports per 100,000 population). The average number of Yellow Card reports in Scotland was 55 reports per 100,000 population in 2025/26, compared to 53 reports per 100,000 population in 2024/25.

The top 4 reporting health boards per 100,000 population in 2025/26 were NHS Orkney, NHS Highland, NHS Borders and NHS Greater Glasgow and Clyde, however, caution is needed when interpreting these results due to the very low number of reports received from some of the NHS Scotland Health Boards. It should be noted NHS Orkney received only 21 reports in 2025/26 for the entire health board, and its place in the top 3 reporting health boards is because of its very small population (~22,000 people).

***Figure 3 – Number of Yellow Card Reports submitted over the last 5 years (top 5 reporting health boards in 2025/26)***

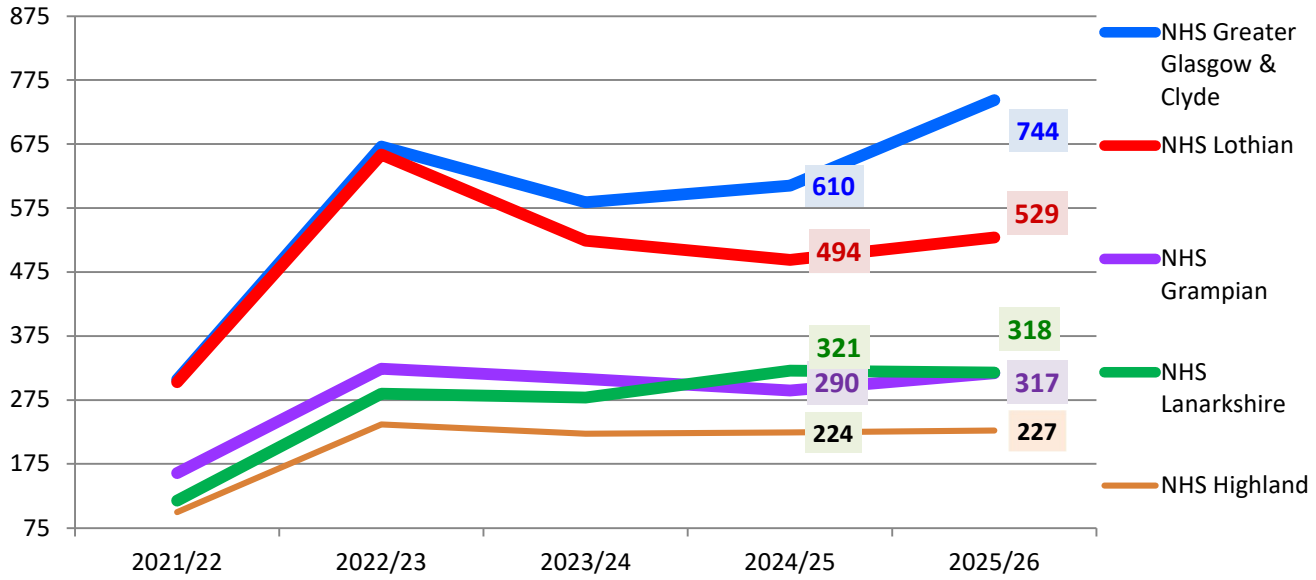



**Figure 3** shows the 5-year trend in reporting for the five health boards that submitted the highest number of reports (total) in 2025/26.

Some health board areas have seen an increase in Yellow Cards submitted in 2025/26 compared to 2024/25, while others have seen a decrease. Health board areas which saw a notable increase include NHS Forth Valley (+14%) and NHS Greater Glasgow and Clyde (+22%). NHS Lothian (+7%), NHS Fife (+9%) and NHS Grampian (+9%) also saw a moderate increase in Yellow Card reports on the previous year.

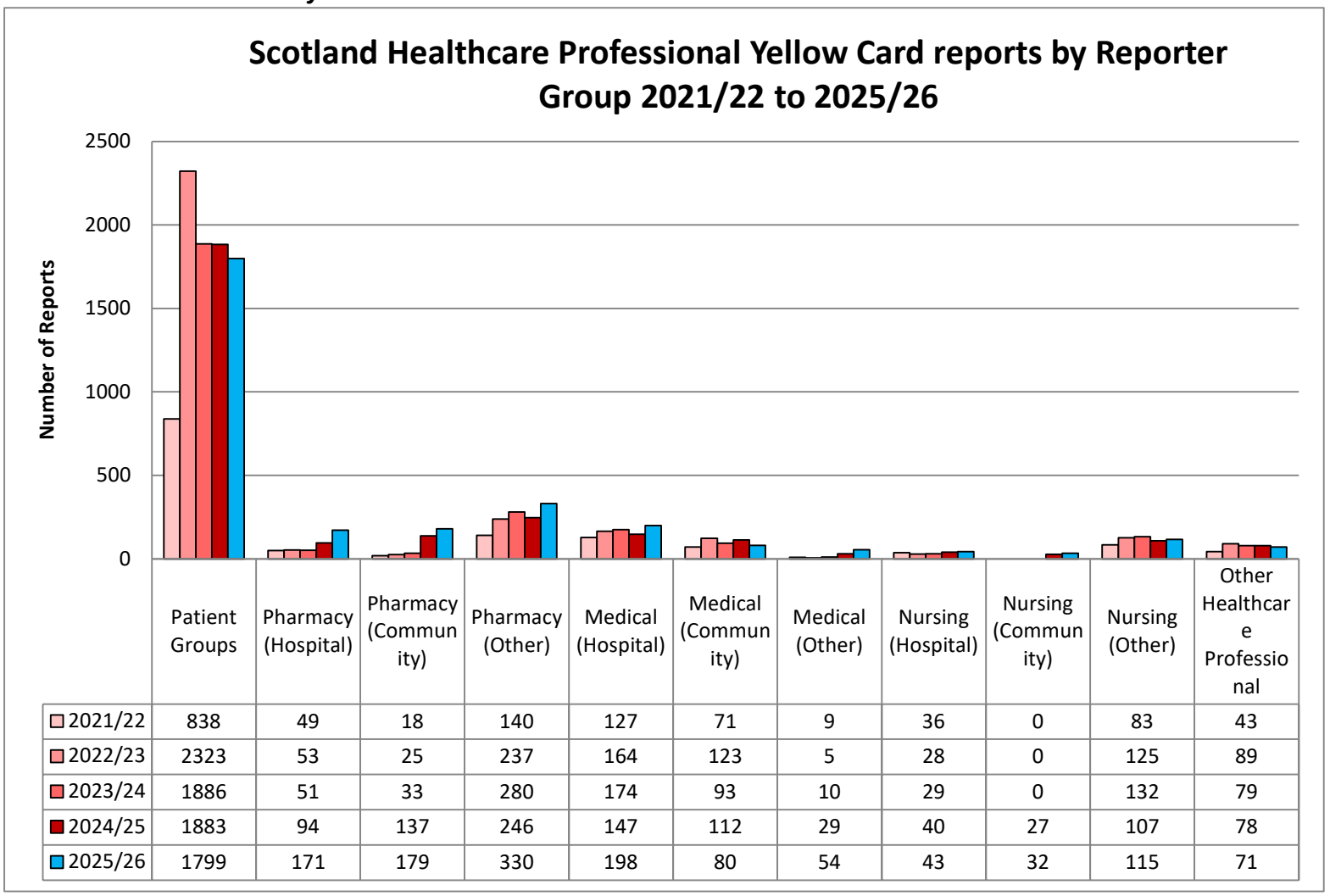
Moderate decreases in reporting from 2024/25 to 2025/26 were seen in NHS Borders (-7%), NHS Tayside (-14%) and NHS Dumfries and Galloway (-14%). For the NHS Western Isles, NHS Shetland and NHS Orkney, the number of reports is overall too low to allow trend analysis however reporting has continued with 91% increase on last year for Orkney with 21 reports submitted this year compared to 11 in 2024/25 while Shetland submitted 11 reports in comparison to 24 reports in 2024/25. Overall reporting from all other health board areas remained largely unchanged.

Total reporting, both including and excluding reports for COVID-19 vaccines, remains higher than pre-pandemic levels. This may be due to a persistent increased awareness of the Yellow Card Scheme because of awareness campaigns conducted during the COVID-19 pandemic.

A breakdown on the number of reports can be provided to health boards on request. Further detail on the reports received by health boards can be found in Table 2.

## 3b Reporter Groups

***Figure 4a - Scotland healthcare professional Yellow Card reports by reporter groups over the last 5 years***




| | Patient Groups | Pharmacy (Hospital) | Pharmacy (Community) | Pharmacy (Other) | Medical (Hospital) | Medical (Community) | Medical (Other) | Nursing (Hospital) | Nursing (Community) | Nursing (Other) | Other Healthcare Professional |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021/22 | 838 | 49 | 18 | 140 | 127 | 71 | 9 | 36 | 0 | 83 | 43 |
| 2022/23 | 2323 | 53 | 25 | 237 | 164 | 123 | 5 | 28 | 0 | 125 | 89 |
| 2023/24 | 1886 | 51 | 33 | 280 | 174 | 93 | 10 | 29 | 0 | 132 | 79 |
| 2024/25 | 1883 | 94 | 137 | 246 | 147 | 112 | 29 | 40 | 27 | 107 | 78 |
| 2025/26 | 1799 | 171 | 179 | 330 | 198 | 80 | 54 | 43 | 32 | 115 | 71 |

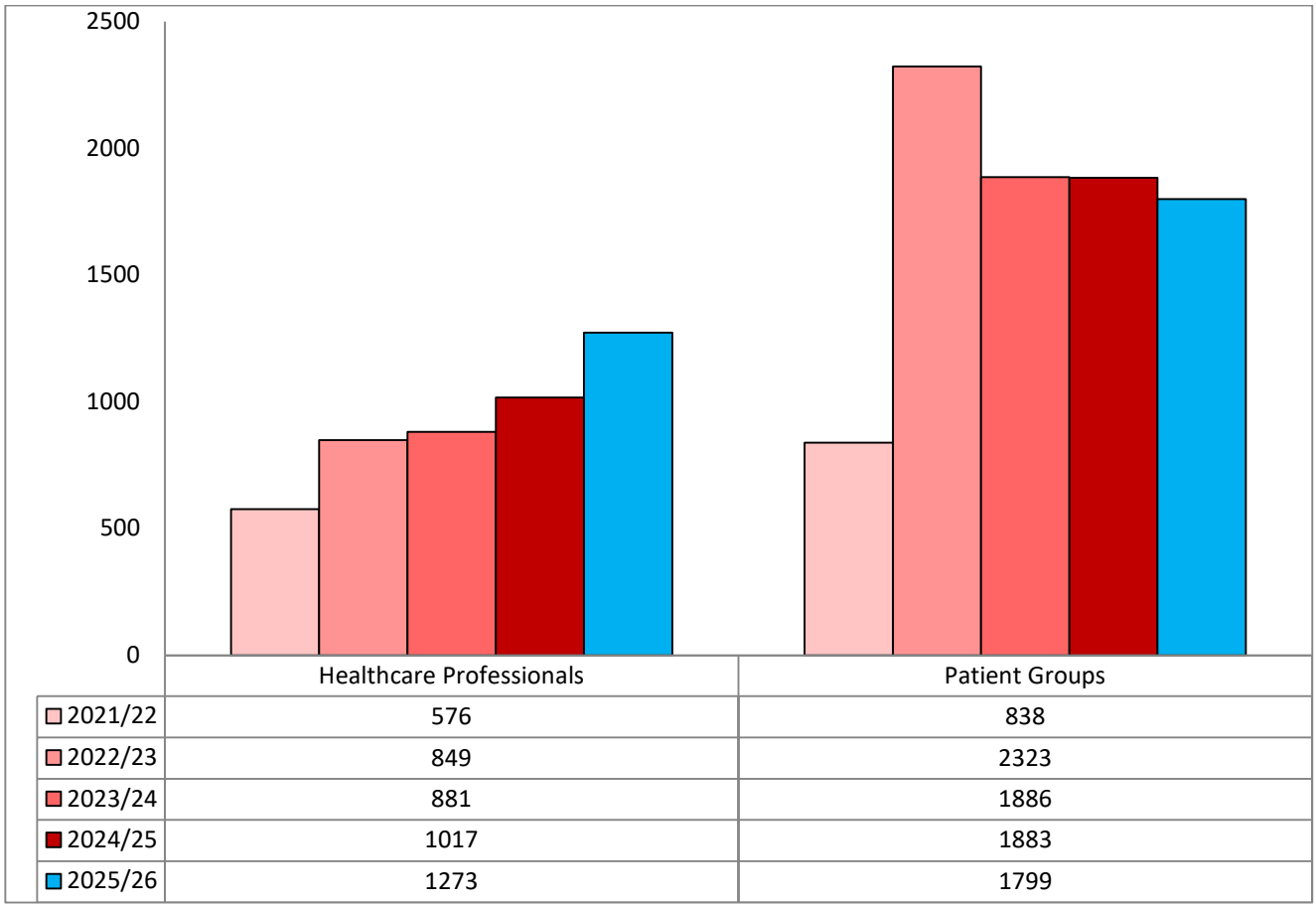
**Pharmacy (Other)**: Pharmacist (not specified); Pharmacy Assistant; Pharmacy Technician; Trainee Pharmacist; Pharmacy Student
**Medical (Other)**: Physician (not specified); Mental Health Physician; Medical Student
**Nursing (Other)**: Nurse (not specified); Midwife (not specified); Student Nurse; Mental Health Nurse
**Other Healthcare Professional**: Biomedical Scientists; Chiropodist; Dental Care Professional; Dental Nurse; Dentist; Healthcare Assistant; Hospital Healthcare Professional; Optometrist; Other Healthcare Professional; Paramedic; Radiation Safety Physicist; Radiographer; Unknown

**Figure 4a** shows the contribution of specific healthcare professional reporter groups to the total reports submitted in Scotland over the last five years. These are grouped by profession and subdivided into sector where the data allows. These user groups are defined by MHRA.

**Healthcare Professionals (HCPs)** accounted for 41% of the total reports in Scotland in 2025/26. This is a 6% increase from 2024/25, both in the percentage of total reports (from 35% to 41%) and in the overall number of reports from HCPs (from 1017 to 1273). This trend is encouraging, and increases can be seen from Medical, Pharmacy, and Nursing professionals.

A further breakdown of healthcare professional reporter groups for 2025/26 is illustrated in **Figure 5**.

***Figure 4b - Scotland total Yellow Card reports for patient groups and healthcare professionals over the last 5 years***




| | Healthcare Professionals | Patient Groups |
|---|---|---|
| 2021/22 | 576 | 838 |
| 2022/23 | 849 | 2323 |
| 2023/24 | 881 | 1886 |
| 2024/25 | 1017 | 1883 |
| 2025/26 | 1273 | 1799 |

**Figure 4b** shows the proportion of Yellow Card reports submitted over the last five years by patient groups compared with healthcare professionals.

**Patient groups**, including reports from patients, parents, and carers, accounted for 59% of the total reports in Scotland. This is proportionally lower than in 2025/26 (where patient reports accounted for 65% of the total number of reports) the number of actual reports from patients has also declined for the first time in 4 years from 2024/25 (n=1883) to 2025/26 (n=1799), and the proportional change can be attributed to the increase in reports from healthcare professional groups.

A further visual representation of reports submitted by reporter groups is illustrated in **Figure 5**. This includes a breakdown of the 'Other Healthcare Professional' reports, which represents professions which do not sit directly under the primary categories of Medical, Nursing, Pharmacy, or Patient groups. Examples of 'Other Healthcare Professionals' include healthcare assistants, dentists, radiographers, optometrists, and biomedical scientists, and collectively these constitute 5% of all Scottish reports in 2025/26.

***Figure 5 – Percentage of total reports in Scotland for each reporter group***

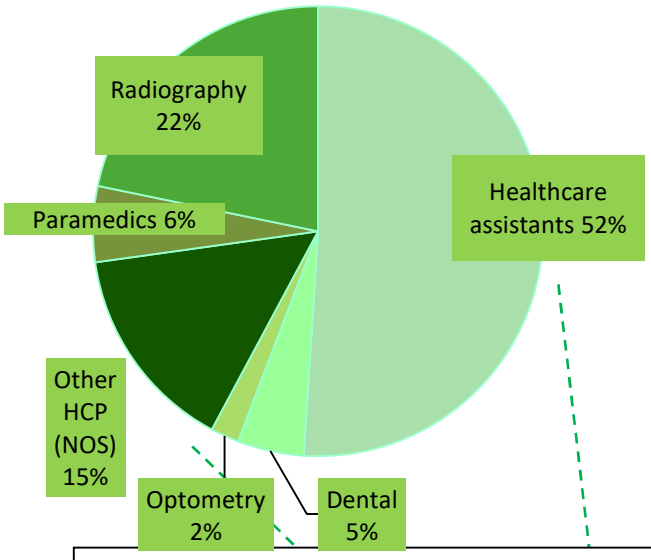



Figure 5a* – Percentage of reports for reporter types categorised as other healthcare professionals.

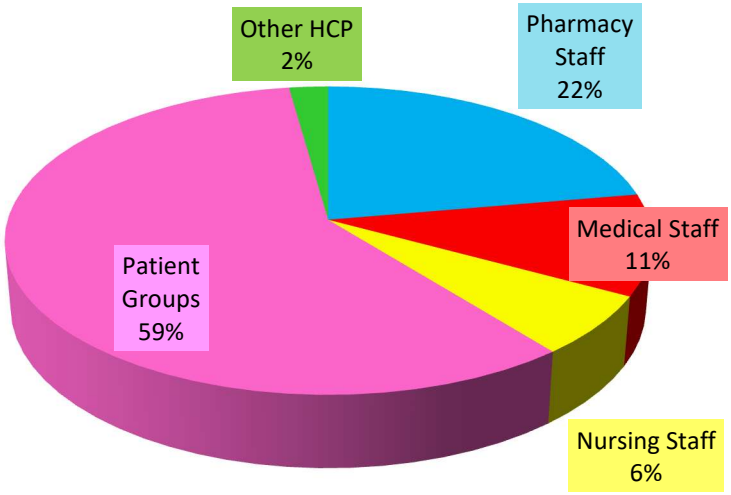



Figure 5b – Percentage of reports for the five primary reporter groups: patient; nursing; medical; pharmacy; and other

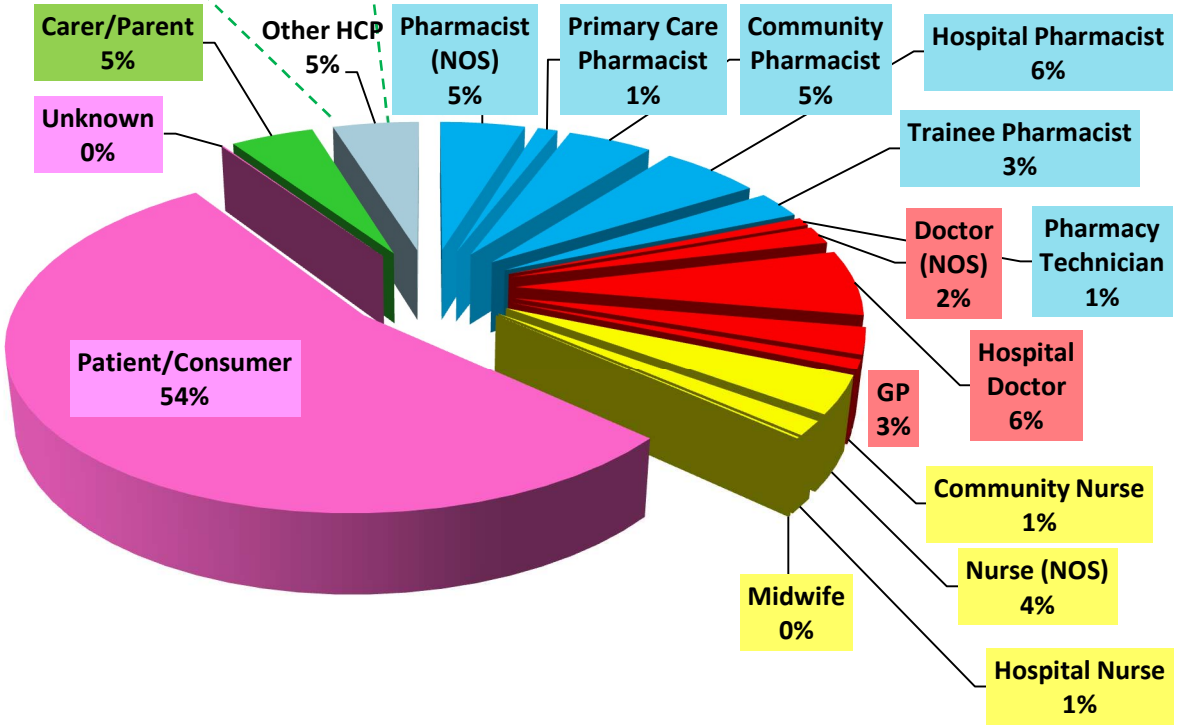



Figure 5c† – Percentage of reports for individual reporter type, coloured to reflect the five primary reporter groups in Figure 5a.

*Figure 5a includes reports of from the following groups: Healthcare Assistants; Biomedical Scientists; Chiropodists; Dentists & Dental Nurses, & Dental Care Professionals; Optometrists; Paramedics; Radiographers & Radiation Safety Physicists; and other healthcare professionals that are not otherwise specified (NOS).

†Figure 5c also includes reports of <1% total from Unknown and Midwives. These reports are less than 5 reports and percentages are rounded.

***Table 2 - Reports from hospital staff 2025/26 (Scotland)***

| Health Board Area | Total reports 2025/26 | Hospital reports 2025/26 | Hospital reports as a % of Board's total reports | |
|---|---|---|---|---|
| | | | 2024/25 | 2025/26 |
| NHS Ayrshire & Arran | 167 | 15 | 5% | 9% |
| NHS Borders | 71 | 6 | 7% | 8% |
| NHS Dumfries & Galloway | 72 | 9 | 11% | 13% |
| NHS Fife | 206 | 17 | 6% | 8% |
| NHS Forth Valley | 153 | 9 | 8% | 6% |
| NHS Grampian | 317 | 29 | 7% | 9% |
| NHS Greater Glasgow & Clyde | 744 | 132 | 16% | 18% |
| NHS Highland | 227 | 36 | 9% | 16% |
| NHS Lanarkshire | 318 | 45 | 9% | 14% |
| NHS Lothian | 529 | 85 | 9% | 16% |
| NHS Orkney | 21 | 3 | 0% | 14% |
| NHS Shetland | 11 | 1 | 17% | 9% |
| NHS Tayside | 225 | 15 | 8% | 7% |
| NHS Western Isles | 11 | 0 | 23% | 0% |
| **Total (Scotland)** | **3072** | **402** | **10%** | **13%** |

**Table 2** shows the number of reports submitted by each health board, and the proportion which originated from reporters who identified specifically as hospital staff in each health board.

NHS hospital staff submitted a total of 402 reports in 2025/26, which accounted for 13% of the total reports for the year. This figure has increased slightly compared to hospital-based reports from the previous year, where the number was 288 and the proportion or total reports for 2024/25 was 10%.

## 3c Serious Reports

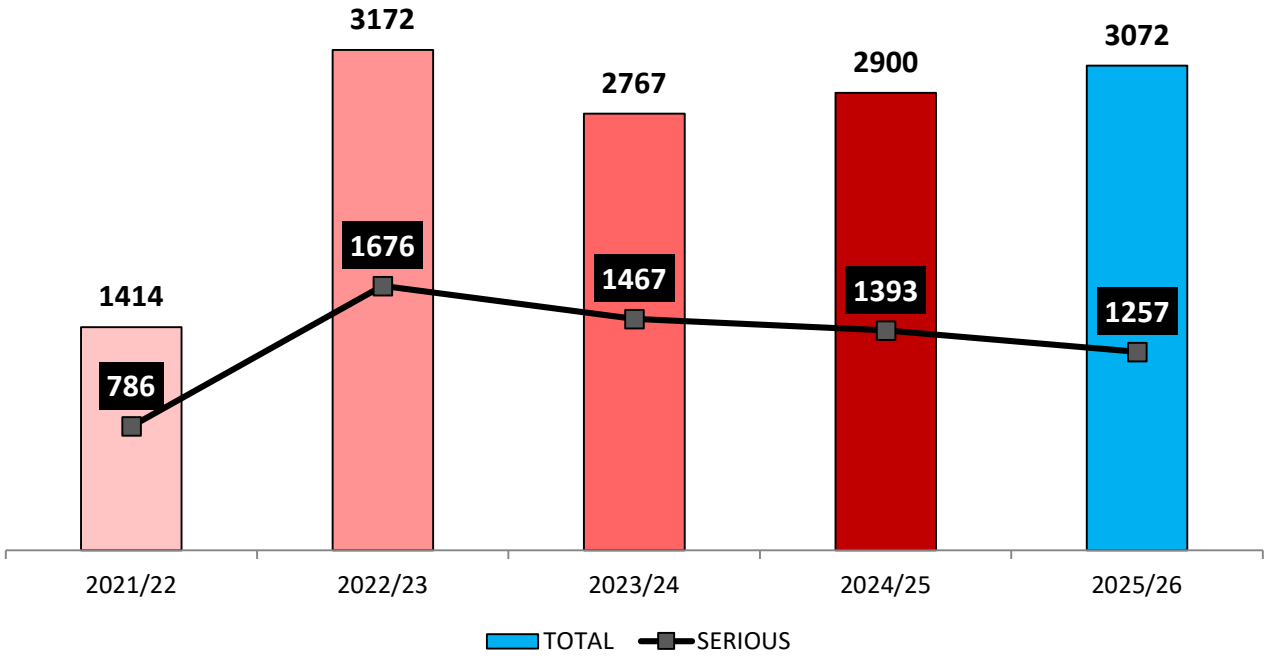
***Table 3 - Serious reports over last five years (Scotland)***

| Year | Number of serious reports | Percentage of total reports | Percentage change on previous year |
|---|---|---|---|
| 2021/22 | 786 | 55% | +18% |
| 2022/23 | 1676 | 53% | +113% |
| 2023/24 | 1467 | 53% | -12% |
| 2024/25 | 1393 | 48% | -5% |
| **2025/26** | **1257** | **41%** | **-7%** |

**Table 3** and **Figure 6** show the number and proportion of reports classed as serious that originated from Scotland in 2025/26, and the trend over the last 5 years. Both the overall number of serious reports and the proportion of the total have decreased 10% compared to the previous year, both as a change in overall number and as a difference in percentage of the total.

A fatal outcome was reported in 37 Yellow Card reports in 2025/26. This is a significant increase in reports associated with a fatal outcome when compared to previous years, as shown in **Table 4**.

***Figure 6 - Serious reports as a proportion of total reports from Scotland over the last 5 years***



## 3d Fatal reports*

***Table 4 - Number of fatalities reported for Scotland in patients with suspected side-effects in association with medicines over the last five years.***

| Year | Number of fatal reports | % change on previous year |
|---|---|---|
| 2021/22 | 29 | −12% |
| 2022/23 | 56 | +93% |
| 2023/24 | 74 | +32% |
| 2024/25 | 24 | -68% |
| **2025/26** | **37** | **+54%** |

*It is important to note that suspected adverse drug reactions do not necessarily have an established causal link between the suspect medicines and the fatal outcome.

## 3e Age Banding (Scotland)

**Tables 5 to 7** and **Figures 8 and 9** show the number of Yellow Cards reported in Scotland, stratified by the patient's age, for the past 3 years.

***Table 5 - Age Banding Reports Scotland over the last 3 years***

| Age Banding | Reports 2023/24 | Reports 2024/25 | Reports 2025/26 |
|---|---|---|---|
| Unknown | 554 | 585 | 699 |
| Under 2 years | 38 | 13 | 24 |
| 2–6 years | 37 | 34 | 46 |
| 7–12 years | 34 | 37 | 42 |
| 13–17 years | 30 | 30 | 51 |
| 18–24 years | 124 | 119 | 114 |
| 25–34 years | 250 | 283 | 292 |
| 35–44 years | 234 | 328 | 339 |
| 45–54 years | 319 | 275 | 347 |
| 55–64 years | 378 | 350 | 391 |
| 65–74 years | 473 | 487 | 446 |
| 75+ years | 296 | 359 | 281 |
| **TOTAL** | **2767** | **2900** | **3072** |

*Table 6 - Age Banding Paediatric Reports Scotland 2025/26*

| Age Range | Number of Paediatric Yellow Card Reports | % of Paediatric Yellow Card Reports |
|---|---|---|
| Children (0–11 months) | 6 | <1% |
| Children (12–23 months) | 18 | 1% |
| Children (2–11 years) | 77 | 3% |
| Adolescents (12–17 years) | 63 | 2% |
| **TOTAL** | **164** | **6%** |

*Table 7 - Age Banding over 65 years Reports Scotland 2025/26*

| Age Range | Number of over 65 yrs Yellow Card Reports | % of over 65 yrs Yellow Card Reports |
|---|---|---|
| 65–74 years | 446 | 15% |
| 75–84 years | 235 | 8% |
| 85–94 years | 43 | 1% |
| 95+ years | 3 | <1% |
| **TOTAL** | **727** | **24%** |

Reports of adverse drug reactions that occurred in paediatric patients accounted for 6% of all Scottish Yellow Card reports in 2025/26. Similarly, 24% of all reports were for adverse reactions in patients over 65 years of age.

Over the last 10 years, there had been an overall decreasing trend in reports for adverse drug reactions in paediatric patients, as can be seen in **Figure 7**. However, for the first time paediatric reports have increased to pre-pandemic rates. This was also one of the focuses of our medicine's safety stall during medicines safety week in November 2025.

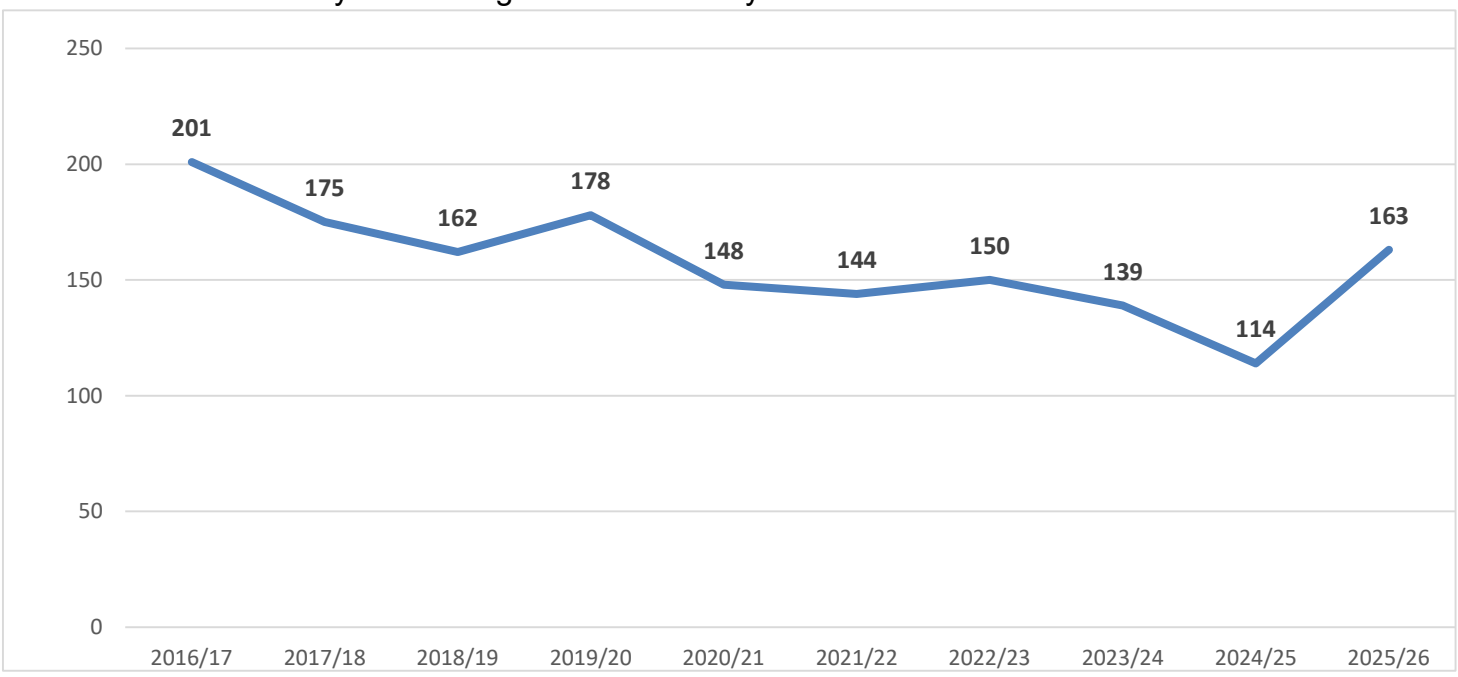



***Figure 7 – Paediatric reports based on age ranges in table 6 from 2015/16 to 2024/25.***

***Figure 8 - The percentage of Yellow Card reports from Scotland, stratified by age group over the last 3 years.***

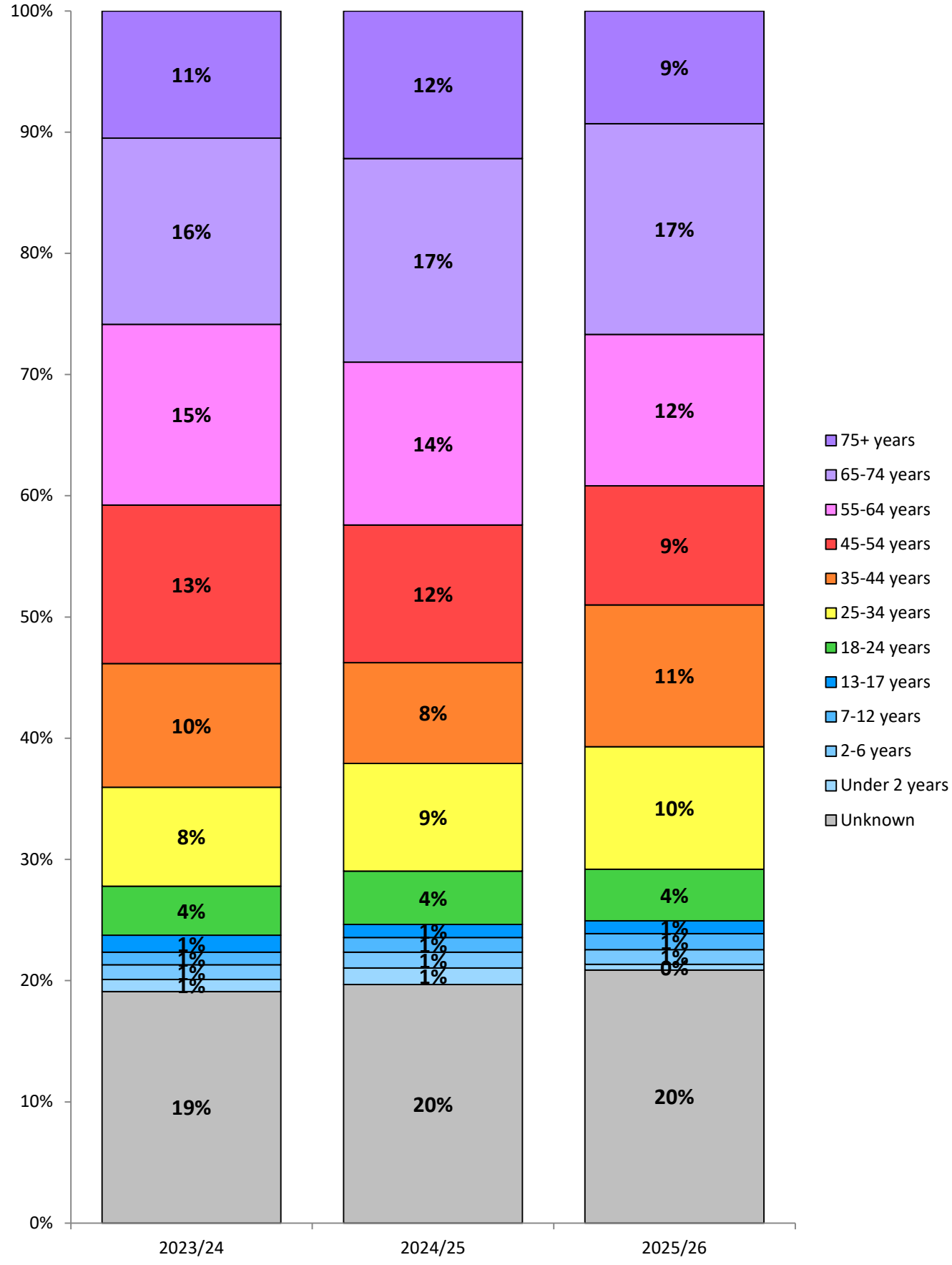
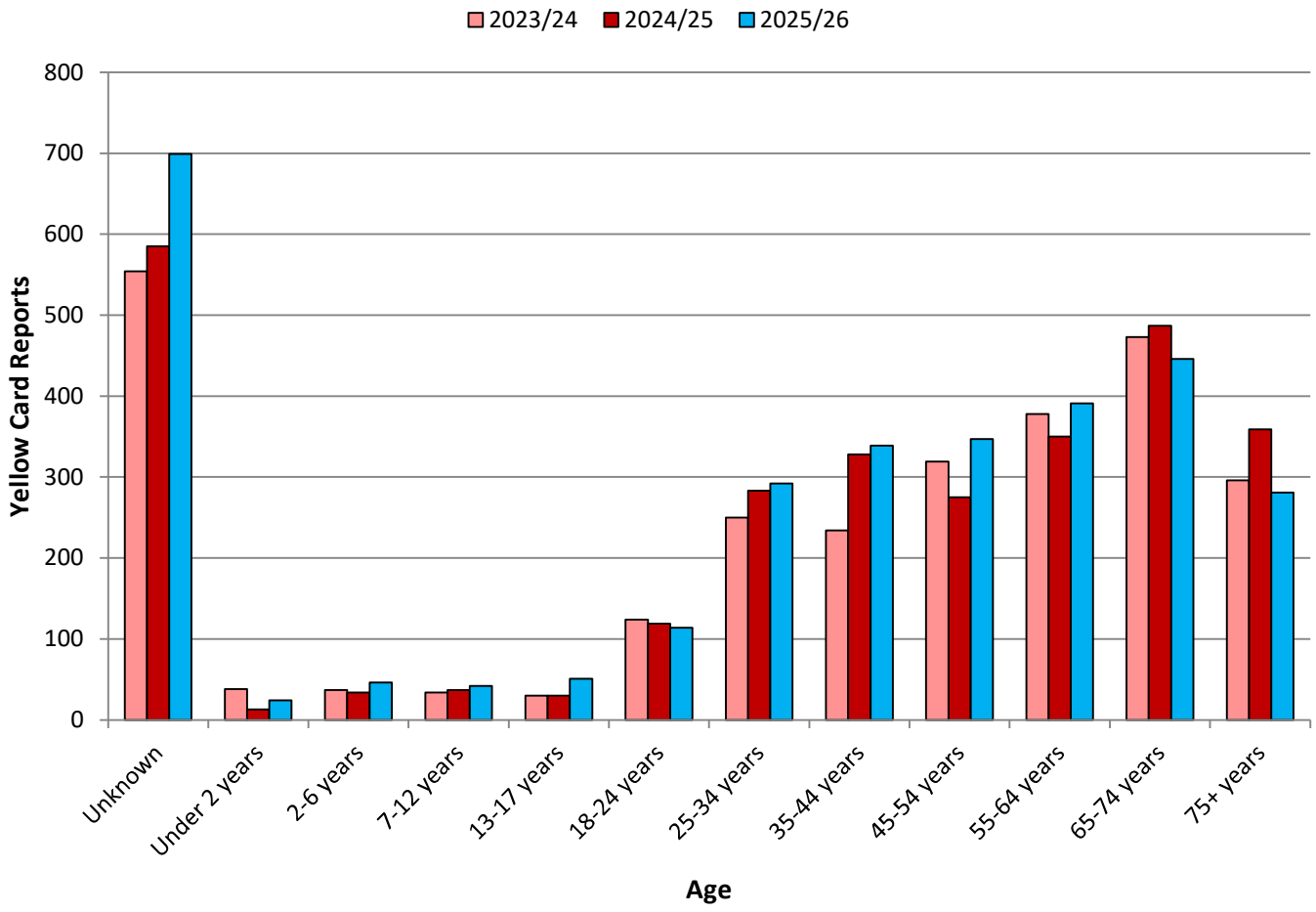


***Figure 9 - The number of Yellow Card reports from Scotland for each age group over the last 3 years***




The number of reports completed without the age of the patient documented has increased again in 2025/26 (n=699). On review many of these reports without complete patient demographics have been submitted by the patient themselves. This could be an area of targeted education during this year's Medicines Safety Week to show the importance of a complete report.

## 3f Top 10 Suspected Medicines

***Table 8 - Scottish top ten suspected medicines reported 2024/25 & 2025/26.***

| | 2024/25 | | 2025/26 | |
|---|---|---|---|---|
| **Rank** | **Drug Name** | **Reports** | | |
| **1** | COVID-19 Vaccine▼* | 799 | Tirzepatide▼ | 567 |
| **2** | Tirzepatide▼ | 489 | Varicella Zoster Vaccine | 185 |
| **3** | Varicella Zoster Vaccine | 257 | COVID-19 Vaccine▼* | 183 |
| **4** | Influenza Vaccine▼ | 248 | Semaglutide▼ | 147 |
| **5** | RSV Vaccine▼ | 215 | Influenza Vaccine▼ | 135 |
| **6** | Semaglutide▼ | 154 | Atogepant ▼ | 38 |
| **7** | Beclometasone/Formoterol ▼ | 77 | Sertraline | 38 |
| **8** | Sertraline | 73 | Flucloxacillin | 33 |
| **9** | Pneumococcal Vaccine▼ | 60 | Atorvastatin | 29 |
| **10** | Metronidazole | 55 | =Pneumococcal Vaccine▼ = Trimethoprim | 29 |

***Table 9 - Top Five Medicines reported for paediatrics and aged 65+ in 2025/26 (Scotland)***

| | **Paediatrics** | | **65 Years Plus** | |
|---|---|---|---|---|
| **Rank** | **Drug Name** | **Reports** | **Drug Name** | **Reports** |
| **1** | Tirzepatide▼ | 567 | Varicella Zoster Vaccine | 131 |
| **2** | Varicella Zoster Vaccine | 185 | COVID-19 Vaccine ▼* | 112 |
| **3** | COVID-19 Vaccine▼* | 183 | Influenza Vaccine ▼ | 42 |
| **4** | Semaglutide▼ | 147 | Tirzepatide ▼ | 31 |
| **5** | Influenza Vaccine▼ | 135 | Pneumococcal Vaccine ▼ | 20 |

**Notes**
▼ Black triangle status (medicines subject to additional monitoring) at time of report – in some cases this is brand specific
* COVID-19 vaccine total reports represent the combined number of reports for all COVID-19 vaccine brands.

## 3g Sources of Reports

***Table 10 – Detail for Scottish reports stratified by reporter over last 3 years.***

| Reporter | 2023/24 | | 2024/25 | | 2025/26 | |
|---|---|---|---|---|---|---|
| | **Number** | **% of total** | **Number** | **% of total** | **Number** | **% of total** |
| Carer | 3 | <1% | 38 | 1% | 34 | 1% |
| Consumer | 55 | 2% | 58 | 2% | 51 | 2% |
| Parent | 98 | 4% | 82 | 3% | 108 | 4% |
| Patient | 1730 | 63% | 1705 | 59% | 1606 | 52% |
| Community Pharmacist | 33 | 1% | 107 | 4% | 145 | 5% |
| Hospital Pharmacist | 51 | 2% | 94 | 3% | 171 | 6% |
| Primary Care Pharmacist | — | — | 30 | 1% | 34 | 1% |
| Pharmacist | 233 | 8% | 170 | 6% | 145 | 5% |
| Pharmacy Assistant | 12 | <1% | 7 | <1% | 75 | 2% |
| Pharmacy Technician | — | — | 14 | 1% | 25 | <1% |
| Trainee Pharmacist | 35 | 1% | 53 | 2% | 81 | 3% |
| Hospital Nurse | 29 | 1% | 40 | 1% | 43 | 1% |
| Mental Health Nurse | — | — | 6 | <1% | 10 | <1% |
| Community Nurse* | — | — | 25 | 1% | 29 | 1% |
| Nurse | 129 | 5% | 97 | 3% | 103 | 3% |
| GP | 93 | 3% | 112 | 4% | 80 | 3% |
| Hospital Doctor** | 174 | 6% | 147 | 5% | 198 | 6% |
| Mental Health Physician | — | — | 2 | <1% | 11 | <1% |
| Physician | 3 | <1% | 25 | 1% | 38 | 1% |
| Paramedic | 2 | <1% | 2 | <1% | 8 | <1% |
| Dental Healthcare Professionals† | 8 | <1% | 7 | <1% | 7 | <1% |
| Midwife | 3 | <1% | 5 | <1% | 1 | <1% |
| Optometrist | 4 | <1% | 3 | <1% | 3 | <1% |
| Chiropodist | 1 | <1% | 2 | <1% | 0 | 0% |
| Radiographer | 28 | 1% | 35 | 1% | 32 | 1% |
| Hospital Healthcare Professional | 5 | <1% | 7 | <1% | 3 | <1% |
| Healthcare Assistant | 5 | <1% | 2 | <1% | 0 | 0% |
| Other Healthcare Professional †† | 26 | 1% | 20 | 1% | 15 | <1% |
| Healthcare Students | 7 | <1% | 5 | <1% | 10 | <1% |
| **Total** | **2767** | | **2900** | | **3072** | |

*includes “practice nurse” and “school nurse” | **includes “surgeon” and “anaesthetist” | †includes “dentist”, “dental nurse”, and “dental care professional” | ††includes “biomedical scientists” and “radiation safety physicist” |

### 3h Types of reports (Scotland)

***Table 11 - Report submission routes***

| Report Type | 2024/25 | | 2025/26 | |
|---|---|---|---|---|
| | Number | % of total | | |
| App | 310 | 11% | 53 | 2% |
| Electronic Yellow Card | 2539 | 88% | 2973 | 96% |
| MiDatabank (Pharmacy Medicines Information) | 12 | <1% | 2 | <1% |
| Paper | 21 | <1% | 27 | 1% |
| Email | 18 | <1% | 1 | <1% |
| Vision (GP system) | 0 | 0% | 2 | <1% |

**Table 11** shows the ways in which reporters in Scotland submitted Yellow Cards in 2025/26 compared with 2024/25. Reports submitted by the App have declined significantly with an increased number of reports submitted via online methods. Reporting from the GP software Vision has stopped altogether due to ongoing technical issues preventing reports from being submitted via this platform however 2 reports are noted to have been made during 2025/26. The MHRA continue to discuss software capability with the provider. MiDatabank reporting activity has declined significantly reflective of the integrated Yellow Card reporting function no longer working and reports must be submitted manually by email.

### 3i Device reports

For the first time in the annual report, we are now able to include information received from Yellow Card reports on defective devices. A total of **73 reports** were received in 2025/26. **Table 12** shows the top 10 reports received per Global Medical Device Nomenclature (GMDN) CT name.

***Table 12 – Top 10 GMDN CT codes***

| | **2025/26** | |
|---|---|---|
| **Rank** | **GMDN CT** | **Reports** |
| **1** | CT1376-Implantable ocular prostheses | 11 |
| **2** | CT1444-Patient monitors/monitoring systems | 10 |
| **3** | = CT1187-Intraocular lenses<br>= CT2347-Glucose monitoring systems | 9 |
| **5** | = CT1186-Intraocular lenses and associated devices<br>= CT935-Orthopaedic orthoses | 8 |
| **7** | CT2295-Lower-limb orthoses | 7 |
| **8** | = CT2924-Endoscopic surgical instrumentation (post-access)<br>= CT2818-Catheterization/Cannulation/Fluid path devices<br>= CT2724-Tissue/Fluid collection and preservation devices<br>= CT230-Ophthalmic devices<br>= CT1006-Orthopaedic devices | 4 |

***Figure 10 - Scotland total Yellow Card reports for defective devices per health board in 2025/26.***

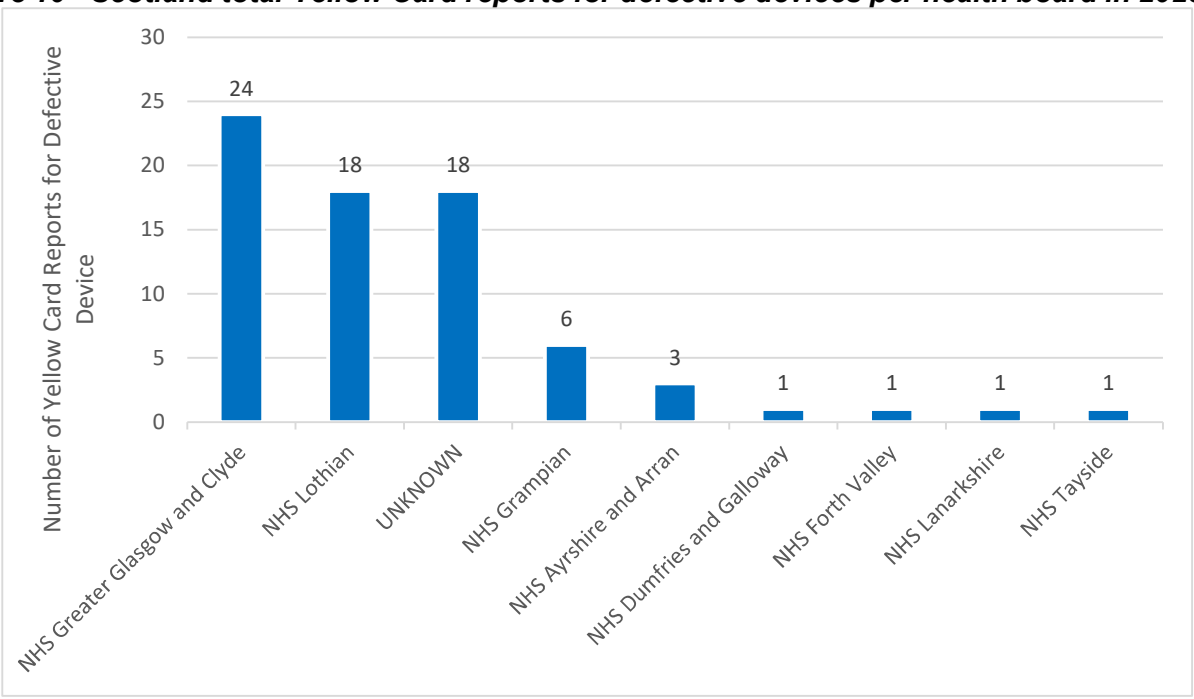



**Figure 10** shows the reporting for the health boards that submitted a yellow card for a defective device in 2025/26. 18 of the 73 reports had the postcode field not completed or marked as

private, on review of the reports all 18 of these yellow cards were submitted by patients or lay users.

Of the 73 reports submitted for a defective device 69% (n=52) were submitted by a healthcare professional with 31% (n=21) submitted by patient or lay user.

# 4. Discussion of Yellow Card Data

A total of 3072 Yellow Card reports were submitted in Scotland in 2025/26.

Comparing the total number of Yellow Card reports in 2025/26 (n=3072) with 2024/25 (n=2900) shows an overall increase of 6% in Yellow Card reporting. This increase can be largely attributed to a rise in reporting from healthcare professional groups across professions from 2024/25 (n=1017) to 2025/26 (n=1273).

Reports for COVID-19 vaccines have declined in 2025/26 (n=183) to the Yellow Card Scheme from Scotland compared to 2024/25 (n=799). This may be due to smaller patient cohorts now being offered the vaccine. Tirzepatide (n=567) reports in 2025/26 account for 18% of total reports. Reports for varicella zoster vaccine have remained largely the same in 2025/26 (n=185) compared to 2024/25 (n=168).

**Reporter Groups Trends:**

- **Patient groups:** Reporting by patients, parents, and carers accounted for 58% of the total reports in Scotland. Patient reporting fell for the first time from 2022/23 to 2023/24, this remained consistent into 2024/25 but has further fallen in 2025/26.

- **Healthcare professionals:** 2025/26 saw a notable rise in reports from healthcare professionals in all major groups compared to 2024/25, including from medical, nursing, and pharmacy groups. Overall, reporting from healthcare professionals increased from 1017 in 2024/25 to 1273 in 2025/26.
    - While reporting has increased from medical staff (+15%) and nursing staff (+9%), the most notable increase was seen from pharmacy staff, with an increase of +43% from 2024/25 (n=477) to 2025/26 (n=680). This has been driven by increased reporting from an online pharmacy based in NHS Greater Glasgow and Clyde where 75 reports were submitted.

**Health Board Trends:**

- **Top 4 reporting health boards (per 100,000 population):** NHS Orkney, NHS Highland, NHS Borders and NHS Greater Glasgow and Clyde displayed the highest reporting by population, although it is worth noting that NHS Shetland's small population (~22,000 people) means that very small changes in the number of reports have a significant impact on these figures.

- **National trend:** Fluctuation in reporting was seen across the different health board areas, with some rising and others falling. Significant increases in reporting seen from NHS Orkney (+91%) and NHS Greater Glasgow and Clyde (+22%) and NHS Forth Valley (+14%) offset the moderate decline from NHS Tayside (-14%), NHS Dumfries and Galloway (-14%) and NHS Borders (-7%).

**Suspect Medicines:**

- **Range of medicines:** It should be noted that, excluding vaccines, the range of suspect medicines reported is very diverse. In 2025/26 there were 489 different suspect non-vaccine medicines reported across all reports, with most suspect medicines associated with only 1 or 2 reports. For vaccines, there were 32 different vaccines reported, with most reports for the varicella zoster, COVID-19, and influenza vaccines. It should be

noted that some reporters will include multiple suspect medicines and these will be represented as individual medicines in reports.

- **Top 10:** In 2025/26, 3 of the top five reported suspect medicines were for vaccines, with most reports for varicella zoster vaccines, COVID-19 vaccines and influenza vaccines. Vaccine reporting is known to be influenced by their black triangle status as new medicines or as more patient cohorts are identified as part of public health campaigns. Other non-vaccine products in the top 10 are tirzepatide, semaglutide, atogepant, sertraline, flucloxacillin, atorvastatin and trimethoprim.

- **Tirzepatide:** 567 reports - First authorised for use in the UK in January 2024, tirzepatide is licensed for the treatment of type 2 diabetes and for weight management. It is therefore subject to additional monitoring with a 'black triangle' annotation and healthcare professionals are asked to report any suspected adverse reactions. A popular medicine provided by both public and private healthcare providers, tirzepatide has been mentioned in MHRA drug safety updates reminding healthcare professionals to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists. They also note the risks associated with falsified medicines which is a known issue with tirzepatide use, driven by its popularity as a weight management treatment.

- **Semaglutide:** Initially authorised for use in the UK as an injection for the treatment of type 2 diabetes, semaglutide is now available in both tablet and injectable form and in 2022 an additional injectable brand became licensed for weight management. It is therefore subject to additional monitoring with a 'black triangle' annotation and healthcare professionals are required to report any suspected adverse reactions. A popular medicine provided by both public and private healthcare providers, semaglutide has been mentioned in MHRA drug safety updates reminding healthcare professionals to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists. Like tirzepatide, the MHRA note the risks associated with falsified medicines which is a known issue driven by its popularity as a weight management treatment.

- **Atogepant:** Approved for use in NHS Scotland in late 2023 and is licensed for the acute treatment of migraine with or without aura in adults and prophylaxis of migraine in adults who have at least 4 migraines days per year. However, Scottish Medicines Consortium (SMC) have accepted it for restricted use within NHS Scotland for patients with chronic and episodic migraine who have had prior failure on 3 or more migraine preventative treatments, for the prophylaxis of migraine in adults who have at least 4 migraine days per month. As atogepant is still a relatively new drug to market and it is subject to additional monitoring with a 'black triangle' annotation, healthcare professionals are asked to report any suspected adverse reactions. Reported reactions are consistent with the known side effect profile of the drug and includes migraine, headache, constipation, fatigue, Raynaud's phenomenon, and nausea. 86% of reports were from healthcare professionals. Reports from outside NHS Lothian, NHS Greater Glasgow and Clyde and NHS Lanarkshire are few and this may reflect the position atogepant has been given on the other health board formularies and/or location of specialists working in this clinical area.

- **Sertraline:** 75% of reports were from patients, with a spread across Scotland. The reported reactions were in keeping with the known side effect profile including gastrointestinal, nervous system, sex hormone dysfunction, mood, and skin reactions. Sertraline is one of the most commonly prescribed antidepressants across NHS Scotland.

- **Paediatrics:** The top 5 drugs reported in 2025/26 have changed slightly from 2024/25. Tirzepatide was the most commonly reported in the paediatric age group, with varicella zoster vaccine, COVID-19 vaccine, semaglutide and influenza vaccine all appearing in the top 5.

- **Over 65s:** The top 5 drugs in this age group were consistent with the top reported drugs for adults. No concerns were identified within this age group.

**Serious ADRS:**

- 1257 reports were classed as serious (41% of total), which is a reduction of 10% compared with 2024/25 reports (n=1393). Healthcare professionals are more likely to report serious reactions (i.e. those that are life-threatening, cause or prolong hospitalisation or are debilitating). Patients frequently report non-serious reactions (not life-threatening or resulting in hospitalisation) as serious. This limits interpretation of trends.

- **Fatal:** a fatal* outcome was reported in only 37 of all reports (1% of total), which is notably lower than the 74 reports with fatal outcomes in 2023/24. The top 3 suspect substances associated with fatal reactions were tirzepatide, semaglutide, apixaban and colchicine.

*It is important to note that suspected adverse drug reactions do not necessarily have an established causal link between the suspect medicines and the fatal outcome.

# 5. Promotional activities

## 5a Training delivered to healthcare professionals and their respective groups.

**NES/YCCS ADR e-learning modules**

The series of six adverse drug reaction modules produced by YCC Scotland and NHS Education for Scotland have a wide reach. In 2025/26, around 1200 users completed the two core modules (module 1 – basic principles of Adverse Drug Reaction (ADR) and module 2 – pharmacovigilance), while around 1050 users completed the remaining four additional modules. This has shown an increase on the number of users accessing the resource in 2024/25.

The modules have a wide reach and are used within advanced prescribing courses across Scotland. The TURAS modules are well received by users, with an average feedback rating of 4.6 out of 5.

***Table 13 - Training delivered to healthcare professionals and their respective groups.***

| Audience | Session | Duration (hours) | No of sessions | Total attendees | Total hours Training |
|---|---|---|---|---|---|
| Non-Medical Prescribers | Adverse Drug Reaction & Yellow Card Training Session | 2-2.5 | 5 | ~50 | 11.5 |
| Healthcare Professionals | Individual Correspondence & Response to Enquiries | 0.5 | 1 | 1 | 0.5 |
| Hospice Nurses | Yellow Card Scheme Teaching & Training | 0.5 | 4 | ~100 | 2 |
| Healthcare Professionals | Promotional Material Provided | 0.25 | 7 | - | 1.5 |
| Healthcare Professionals | Quote for Health Improvement Scotland for Citizens Panel Report | 0.75 | 1 | - | 0.75 |
| MHRA/Public Health Scotland | Feedback for Public Health Scotland and MHRA collaboration project | - | 1 | - | - |
| Healthcare Professionals | Contribution to BPS Assessment | - | - | - | - |
| Healthcare Professionals | Medicines Safety Week Stall in Paediatric Hospital | 5 | 2 | - | 10 |
| **Totals** | | | **21** | **~150** | **26.5** |

Additional activity included a meeting with the Scottish Government to discuss objectives, and the provision of promotional, educational, and informational materials to colleagues throughout NHS Scotland on request.

In response to the increased dependence on digital solutions for promoting and teaching, YCC Scotland continues to review the content for e-Learning modules and work with Scottish universities to support remote learning sessions in response to undergraduate and postgraduate education now being delivered in hybrid models.

**5b Training delivered to patients and their respective groups.**

***Table 14 - Patient Group Engagement***

| Audience | Session type | Duration (hours) | Number of sessions | Audience numbers | Total staff hours |
|---|---|---|---|---|---|
| Member of the Public | Telephone Conversation | 0.25* | 7 | 7 | 1.75 |
| Member of the Public | Email Conversation | 0.25* | 8 | 8 | 2 |
| Member of the Public | Patient Group – Breath-takers Bronchiectasis | 2 | 1 | 20 | 2 |
| *Average number of hours across all instances; actual time spent for each instance ranged from 0.2 hours to 0.4 hours | | | | | |

YCCS continued to receive queries from the public via email and telephone, and supported members of the public to report suspected reactions to their medications and to seek appropriate medical advice where appropriate.

# 6. Publications


- Dixon EG, Biraua E, Brencsēns E, Pašuks V, Riekstina V, Šperberga A, Muckian MD, Dear JW, Kuksa L, Sloan DJ, Stagg HR. Adverse drug reactions, particularly liver disorders, drive interruptions in anti-tuberculosis treatment: A retrospective cohort study. Br J Clin Pharmacol. 2025 Dec;91(12):3461-3470.

# 7. YCCS Website/Social Media

## 7a Website Updates

The YCCS website on SHOW has been maintained and updated to reflect the most current information. GDPR-compliant usage data for 2025/26 has been obtained from the Independent Analytics plugin and can be seen in table 15.

***Table 15 – YCCS website usage data 2025/26***

| Analytics | 2024/25 | 2025/26 |
|---|---|---|
| Visitors | 865 | 2088 |
| Views | 1608 | 2806 |
| Sessions | 1441 | 2538 |
| Avg. Session Duration | 6.25 minutes | 7.75 minutes |

Most users accessed the website through a direct link (n=2079) rather than from Google or social media. The three pages with the most views were the home page for the website (n=1225), the reporting page (n=52), and black triangle drugs page (n=21). The month with the largest number of users was November 2025, with 373 visitors and 438 views in the month.

## 7b Social Media Statistics

The number of followers for the YCCS X account has not been monitored for 2025/26 as the account has not been actively used during this timeframe. The team are reviewing the YCC social media strategy for 2026/27.

Administrative changes to the platform now mean that analytics are only available to paying subscribers, and so the number of engagements and impressions can no longer be determined.

# 8. Research and ongoing initiatives

No research and ongoing initiatives were noted for 2025/26. YCC Scotland continues to be available as a resource and potential collaborator for research and quality improvement projects across Scotland. Scottish health board areas are encouraged to contact YCC Scotland with potential suggestions or ideas for collaboration.

# 9. Conclusion

It is encouraging to see that the total number of reports has increased for the second year running and continues to remain at a level substantially higher than that seen before the COVID-19 pandemic. Despite the number of reports for COVID-19 vaccines significantly falling the number of reports for 2025/26 has increased reflecting broader reporting across a diverse range of medicines.

Patient reporting continues to be the largest source of Yellow Card reports in 2025/26 however the number of reports completed by patients has fallen for the first time in four years. Healthcare professional reporting has increased for 2025/26 with the largest increase arising from pharmacy. This appears to be driven by private healthcare providers supporting reporting on behalf of patients. These findings underline the importance of continuing to raise public awareness alongside the increase in healthcare professional engagement. YCC Scotland have also noted an increasing number of reports in which patient's age was not recorded on the report. This highlights an opportunity to reinforce the importance of submitting complete clinical and demographic information.

YCC Scotland continues to deliver training and promotion through established links with organisations across Scotland as well as where requested. It has been encouraging to see an increase in teaching session requests with more of these now requested as in-person sessions rather than online teaching sessions. The YCC Scotland website has continued to be well used with an encouraging increase in visits in 2025/26 and users are visiting the site for longer. TURAS module engagement also continues to be strong with the number of people completing these increasing from 2024/25. During Medicines Safety Week November 2025, YCC Scotland focused on reporting for paediatric patients, noting a slight increase in the number of reports for 2025/26 in this age group.

From the data for 2025/26 there are still challenges around reaching reporter groups like GPs, midwives and hospital practitioners who have had a decrease in reports compared to the previous year. System issues with reporting via Vision in general practice is contributing to the decline of Yellow Card reports submitted by GPs. YCC Scotland also notes that there continues to be extremely small numbers of reports for blood products, unlicensed medicines, complementary and herbal medicines, and e-cigarette (vapes). These should be highlighted in education and promotional campaigns amongst patients and healthcare professionals.

Moving forward for 2026/27, YCC Scotland will focus on ways to improve knowledge of medical device reporting. Patients and carers can report directly to MHRA Yellow Card Scheme while reporting within NHS Scotland and local authorities should continue to follow local incident reporting procedures with escalation through the Incident Reporting and Investigation Centre (IRIC). IRIC works with MHRA, notifying them of medical device incidents reported in Scotland. YCC Scotland will continue to collaborate with Scottish Government and IRIC on priority areas. Further work will also continue by YCC Scotland on identification of new social media opportunities and how this can be utilised to increase awareness amongst the public and healthcare professionals of the need to support Yellow Card reporting for ongoing safe use of medicines and medical devices.

# 10. Acknowledgements

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- Professor Alison Strath, Chief Pharmaceutical Officer
- Gemma McCormack, Senior Policy Manager
- Frauke Hunter, Medicines Policy Team Leader

**Yellow Card Centre Scotland Advisory Group**

- Sarah Brady, Principal Medicines Information Pharmacist, NHS Lanarkshire
- Sue Cole, Patient Representative
- Peter Hamilton, Principal Lead for Professional Development, NHS Education for Scotland
- Scott Hill, Area Drug and Therapeutics Committee Collaborative National Clinical Lead
- Susan Lloyd-MacGilp, Incident Reporting & Investigation Centre (IRIC) Co-ordinator
- Professor Tom MacDonald, Professor of Clinical Pharmacology & Pharmacoepidemiology, University of Dundee
- Catriona Sinclair, Community Pharmacy Scotland (CPS) Representative

**Abbreviations and descriptions**

| | |
|---|---|
| YCCS | Yellow Card Centre Scotland |
| YC | Yellow Card |
| ADR | Adverse Drug Reaction |
| HCP | Healthcare Professional |
| NES | NHS Education for Scotland |
| TURAS | NHS Education for Scotland's single, unified platform |
| MHRA | Medicines and Healthcare Products Regulatory Agency |
| PHS | Public Health Scotland |
| GMDN | Global Medical Device Nomenclature |
| HIS | Health Improvement Scotland |
| IRIC | Incident Reporting and Investigation Centre |
| CPS | Community Pharmacy Scotland |
| NHS | National Health Service |