FLU

Help protect your child against flu.

For parents of children aged 2–5 years old and not yet in school.

2–5 years*

* and not yet in school

NHS SCOTLAND

healthier scotland
SCOTTISH GOVERNMENT

2015 edition

Flu immunisation for children in Scotland

Flu immunisation is offered to children aged 2–5 years, and not yet in primary school, through their GP practice (children must be aged 2 years or above on 1 September 2015 to be eligible).

All primary school children are also offered the vaccine at school.

This is part of a major extension to the flu immunisation programme aiming to help protect children against flu. The flu vaccine will be offered to children aged 2 years and above every year until the end of primary school to continue to protect them against flu viruses.

Facts about flu:

- Flu is very infectious and can be very serious.
- Very young children are more vulnerable to flu, particularly as they are less likely to have built up any protection from previous infections.
- Even healthy children can become seriously ill from flu and can spread it to family, friends and others.
- Flu can lead to complications that may result in hospitalisation or even death.
- In Scotland, hundreds of children visit their GP each year with flu or its complications. Some children will be hospitalised for treatment.
- The flu vaccine helps protect children against flu and reduces the chance of them spreading the virus to others.

Flu can be very serious

Children get the same flu symptoms as adults. These symptoms are worse than a normal cold and include:

- fever
- chills
- aching muscles and joints
- headaches
- extreme tiredness.

Symptoms can also include a stuffy nose, dry cough and sore throat. These symptoms can last between two and seven days. Some children have a very high temperature, sometimes without other obvious symptoms, and need to go to hospital for treatment. Complications from flu can include:

- bronchitis
- pneumonia
- painful middle ear infection
- vomiting
- diarrhoea.

For children with certain long-term medical conditions (chronic respiratory, heart, kidney, liver or neurological disease; diabetes; immunosuppression; or no fully working spleen) getting flu can be even more serious as it's likely to make their medical condition much worse. In severe cases, which are very rare, flu can lead to disability and even death.

Help protect your child against flu

Why do we need to protect children and adults from flu?

The flu virus spreads quickly. It infects adults and children very easily, causing an unpleasant illness which can be serious. It may lead to days spent ill in bed rather than being at school or doing day-to-day activities. Children who get flu usually pass it on to family members too.

How does flu spread?

The flu virus spreads through the air when people cough and sneeze without covering their nose and mouth. Other people then breathe in the virus directly or pick it up by touching surfaces where it has landed and touch their eyes, nose and mouth. Because young children don't always cover their noses or mouths when coughing or sneezing, the virus can spread very quickly from them. Anyone who is in close contact with a young child should ensure good personal hygiene, for example, washing their hands.

The flu vaccine helps protect your child against flu and reduces the chance of your child spreading the virus.

Who is being offered the vaccine?

The vaccine is offered to all primary school children, as well as children aged 2–5 years who are not yet in primary school. Children in secondary school are not currently included in the programme. However, children of all ages with a long-term medical condition will still be offered the flu vaccine from 6 months of age.

Getting the vaccine

Where and when will my child get the vaccine?

All children aged 2–5 years and not yet in primary school will be offered the vaccine between October and December. You will be sent a letter about contacting your GP practice to arrange an appointment for your child.

How is the vaccine given?

For most children, the flu vaccine is given as a nasal (nose) spray into each nostril. It is not an injection. It's quick and it's painless. There's no need to sniff or inhale the vaccine; only a tiny amount is sprayed into each nostril.

An alternative form of the flu vaccine may be suitable for children who cannot have the nasal spray (see pages 7–8). These children will be offered a flu vaccine as an injection in the upper arm.

What if my child is ill on the day?

If your child is very unwell (for example, with a fever, diarrhoea or vomiting), or if your child's asthma has worsened (with more wheezing or increased use of their inhalers three days before their immunisation) they should not have the vaccine. Phone your GP practice to arrange another appointment. Otherwise there is no reason to delay.

I've heard the vaccine is live. Does this mean my child will get flu?

No, the virus in the vaccine has been weakened so that it doesn't cause flu. It helps your child build up immunity to flu, in the same way as a natural infection (but without the severe symptoms). Flu viruses are constantly changing – the strains may be different each year and are selected to offer the best protection each flu season. The flu vaccine should start to protect most children about 10 to 14 days after they receive their immunisation.

Does my child need a second dose?

Almost all children will only need one dose of the vaccine. However, if your child has an underlying medical condition and is getting the flu vaccine for the first time, they will need a second dose (4 weeks after the first) to make sure their immunity has fully built up. So the next time your child comes into contact with the flu virus they should be protected and will not get seriously ill. If your child is given the injectable vaccine and this was their first ever flu vaccine, they will require a second dose even if they do not have a long-term medical condition.

Are there any reasons why my child shouldn't have the nasal (nose) spray vaccine?

There are very few children who cannot have the nasal spray vaccine. The reasons for this are outlined below (and on page 8). These children will be offered an injection in the upper arm.

Children who are **severely immunosuppressed** (unable to fight off most infections) should not have the nasal spray vaccine. Children who are severely immunosuppressed include those:

- whose immune system is suppressed because they are undergoing treatment for a serious condition such as a transplant or cancer
- who have any condition which affects the immune system, such as severe primary immunodeficiency
- who are taking regular high doses of oral steroids.

Also, children should not have the nasal spray vaccine if:

- they have had a severe reaction to a previous dose of the vaccine, or any ingredients in it
- they are undergoing salicylate treatment (taking aspirin).

Children with an **egg allergy** can safely have the nasal spray vaccine, unless they have had a life-threatening reaction to eggs (or products containing eggs) that required intensive care.

The nasal spray vaccine may not be suitable for some children with **severe asthma** who are taking high doses of inhaled steroids, or if they have recently been prescribed oral steroids. Your GP will advise you about this.

The nasal spray vaccine contains a small trace of **pork gelatine**. Gelatine is a common and essential ingredient in many medicines, including some vaccines. Many faith groups, including Muslim and Jewish communities, have approved the use of

gelatine-containing vaccines. It is, however, an individual choice whether or not to receive the nasal spray vaccine and we recognise that there will be different opinions within different communities. The nasal spray is a much more effective vaccine than the injection in children. However, those who choose not to have the nasal spray vaccine for religious reasons may request the injectable alternative. Please discuss this with your GP or practice nurse.

Will there be any side effects of the vaccine?

As with all medicines, side effects to the flu vaccine are possible but usually mild and may include a headache and muscle aches. Some, but not all, children may experience a runny or blocked nose following the nasal spray. Less common side effects include a nosebleed after the nasal spray.

The vaccine is absorbed very quickly so, even if your child gets a runny nose or sneezes immediately after the spray, there's no need to worry that it hasn't worked.

For more information on side effects, visit **www.immunisationscotland.org.uk/childflu**

Is the vaccine safe?

Before they are allowed to be used, all medicines (including vaccines) are tested for safety and effectiveness. Once they are in use, the safety of vaccines continues to be monitored.

The nasal spray flu vaccine has been used successfully and safely for several years in the USA and was given safely to hundreds of thousands of children in the last two years in the UK.

Will the vaccine interfere with my child's natural immune system?

No, the vaccine helps children to build up immunity in the same way as a natural infection with flu, but without the severe symptoms.

Will my child be protected for life when they've had this vaccine?

No. Flu viruses are constantly changing and a different vaccine has to be made as time goes on to continue to protect against the new viruses. So next year's vaccine may protect against different viruses from this year's vaccine. This is why the flu vaccine is offered every year during autumn/winter.

The yearly vaccine offers protection against the types of flu virus that are most likely to be circulating each winter.

How effective is the vaccine?

During the last 10 years, the flu vaccine has generally been a good match for the circulating strains of flu, even though it is not possible to predict exactly which strains will circulate each year. Being immunised is the best protection available against an unpredictable virus that can cause severe illness.

Where can I get more information?

www.immunisationscotland.org.uk/childflu

You can also talk to your health visitor, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day from 8 am to 10 pm and also provides an interpreting service.

online at **www.immunisationscotland.org.uk/childflu**

or telephone **0131 314 5300**.

Arabic متاح باللغة العربية

Cantonese 提供繁體中文版

Gaelic Ri fhaotainn anns a' Ghàidhlig

Hungarian Magyar nyelven elérhető

Latvian Pieejams latviešu valodā

Lithuanian Galima gauti lietuviškai

Mandarin 提供普通话（简体中文）版本

Polish Dostępny w języku polskim

Portuguese Disponível em Português

Punjabi ਪੰਜਾਬੀ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

Romanian Disponibil în limba română

Russian Имеется версия на русском языке

Slovakian K dispozícii v slovenčine

Urdu اُردو میں دستیاب

This leaflet is available in Arabic, Cantonese, Gaelic, Hungarian, Latvian, Lithuanian, Mandarin, Polish, Portuguese, Punjabi, Romanian, Russian, Slovakian, Urdu and in an Easy Read format. NHS Health Scotland is happy to consider requests for other languages and formats.

email **nhs.healthscotland-alternativeformats@nhs.net**

or telephone **0131 314 5300**.

When to immunise	Diseases protected against	Vaccine given
2 months old	• Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	• DTaP/IPV/Hib
	• Pneumococcal disease	• PCV
	• Rotavirus	• Rotavirus vaccine
	• Meningococcal type B (MenB)	• MenB
3 months old	• Diphtheria, tetanus, pertussis, polio and Hib	• DTaP/IPV/Hib
	• Meningococcal type C (MenC)	• MenC
	• Rotavirus	• Rotavirus vaccine
4 months old	• Diphtheria, tetanus, pertussis, polio and Hib	• DTaP/IPV/Hib
	• Pneumococcal disease	• PCV
	• Meningococcal type B (MenB)	• MenB
Between 12 and 13 months old – within a month of the first birthday	• Hib and meningococcal type C	• Hib/MenC
	• Pneumococcal disease	• PCV
	• Measles, mumps and rubella (German measles)	• MMR
	• Meningococcal type B	• MenB
2 to 11 years – annually	• Influenza (flu)	• flu vaccine
3 years 4 months old or soon after	• Diphtheria, tetanus, pertussis and polio	• dTaP/IPV or DTaP/IPV
	• Measles, mumps and rubella	• MMR (check first dose has been given)
Girls aged 11 to 13 years old	• Cervical cancer caused by human papillomavirus (HPV) types 16 and 18	• HPV vaccine
Around 14 years old	• Tetanus, diphtheria and polio	• Td/IPV, and check MMR status
	• Meningococcal types ACWY	• MenACWY

www.immunisationscotland.org.uk