

# FLU

**Protect  
your child  
against flu.**

Information  
for parents  
of primary-  
school-aged  
children.

**5–11  
years**



# Flu immunisation in Scotland

**In 2014, flu immunisation will be offered to all primary school children in Scotland.**

**The flu vaccine will also be offered to younger children aged 2–5 through their GP practice.**

This is part of a major extension to the flu immunisation programme aiming to help protect all children against flu. The flu vaccine will be offered every year to continue to protect your child against flu viruses.

Remember:

- Flu can be very serious.
- 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, thousands of children under the age of 14 visit their GP each year with flu or its complications. Some of these children will be hospitalised for treatment.
- The flu vaccine helps protect your child against flu and reduces the chance of them spreading the virus to others.



# Flu can be very serious

## What is flu like for children?

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 arising from flu can include:

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

For children with certain medical conditions, 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.

## 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 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 to others.**

## Who is being offered the vaccine this year?

As this is a large new immunisation programme, aiming to protect all children aged 2–17 years when fully rolled out, we are going to introduce this in phases over the next few years. Last year, we offered the flu vaccine to a small number of pupils in selected primary schools/classes across Scotland as well as 2 and 3 year olds. Based on the success of last year, we can now offer it to all primary-school-aged children as well as children aged 2–5 years.

## How will the vaccine be 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. A film of the flu vaccine being given to children in school is available on

[www.immunisationscotland.org.uk/childflu](http://www.immunisationscotland.org.uk/childflu)

An alternative form of the flu vaccine may be suitable for children who cannot have the nasal spray vaccine (see pages 6–8). These children will be offered a flu vaccine as an injection in the upper arm.



## When will my child get the vaccine?

Most children will be immunised in October and November.

If your child has a long-term medical condition they may previously have received the flu vaccine from your GP but, from this year, ALL children are being offered the vaccine in school. If for any reason you intend your child to be immunised by your

GP or they have already received the vaccine from your GP or hospital this year, please tell your school health team.

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

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 more severe symptoms). The flu vaccine will start to protect most children about 10 to 14 days after they receive their immunisation.

However, if your child is under 9 years of age, 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. You will be advised by your school health team or on your invitation letter of the local arrangements for your child having this second dose. This means that 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 under 9, was given the injectable vaccine and this was their first ever flu vaccine, they will require a second dose even if they do not have an underlying health 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. An alternative form of the flu vaccine may be suitable for children who cannot have the nasal spray vaccine. The reasons for this are shown on pages 7 and 8. These children will be offered a flu vaccine as 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 steroids.

Similarly, if anyone who has close contact with your child is severely immunocompromised (for example, close friends or family who are patients requiring isolation because they are having bone marrow transplants) you should speak to your school nurse team/GP before your child has the vaccine.



**Your school nurse team may need to contact you to understand more about your child's condition, so please ensure you provide up-to-date contact details on the consent form.**

Your child 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. This includes a **proven egg allergy** (skin rashes or hives, runny eyes or nose, stomach cramps or vomiting or breathing difficulties if they eat eggs or products containing egg).

Children who attend any hospital clinic for **severe asthma** should not have the nasal spray vaccine.

Children undergoing **salicylate treatment** should not have the nasal spray vaccine.

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; however, those who choose not to have the nasal spray vaccine for faith reasons may request the injectable alternative. (Please tick the box on the consent form if you wish to request this for your child.)

## **Will there be any side effects of the vaccine?**

As with all medicines, side effects to the nasal 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.

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.

Less common side effects include a nosebleed after the nasal spray.

For more information on side effects, visit

[www.immunisationscotland.org.uk/childflu](http://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 last year to thousands of children 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.**

## **What if my child is ill on the day the immunisation is due?**

If your child is very unwell (for example, with a fever, diarrhoea or vomiting), or is severely asthmatic or wheezy on that day, they should not have the vaccine. Speak to your school nurse team if you have any concerns.

## Where can I get more information?

[www.immunisationscotland.org.uk/childflu](http://www.immunisationscotland.org.uk/childflu)

You can also talk to your school nurse, 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.

You can report any suspected side effects of vaccines and medicines through the Yellow Card Scheme.

This can be done online by visiting [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) or by calling the Yellow Card hotline on **0808 100 3352** (available Monday to Friday, 10 am to 2 pm).



This publication is available:



online at [www.immunisationscotland.org.uk/childflu](http://www.immunisationscotland.org.uk/childflu)



or telephone **0131 314 5300**.

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**Russian** Имеется версия на русском языке

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email [nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)



or telephone **0131 314 5300**.

# Routine Childhood Immunisation Programme

Each immunisation is given as a single injection into the muscle of the thigh or upper arm, except rotavirus, which is given by mouth (orally) and flu, which is given as a nasal spray.

When to immunise	Diseases protected against	Vaccine given
2 months old	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)</li> </ul>	<ul style="list-style-type: none"> <li>DTaP/IPV/Hib</li> </ul>
	<ul style="list-style-type: none"> <li>Pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>PCV</li> </ul>
	<ul style="list-style-type: none"> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Rotavirus vaccine</li> </ul>
3 months old	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, polio and Hib</li> </ul>	<ul style="list-style-type: none"> <li>DTaP/IPV/Hib</li> </ul>
	<ul style="list-style-type: none"> <li>Meningococcal group C disease (MenC)</li> </ul>	<ul style="list-style-type: none"> <li>MenC</li> </ul>
	<ul style="list-style-type: none"> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Rotavirus vaccine</li> </ul>
4 months old	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, polio and Hib</li> </ul>	<ul style="list-style-type: none"> <li>DTaP/IPV/Hib</li> </ul>
	<ul style="list-style-type: none"> <li>Pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>PCV</li> </ul>
Between 12 and 13 months old – within a month of the first birthday	<ul style="list-style-type: none"> <li>Hib/MenC</li> </ul>	<ul style="list-style-type: none"> <li>Hib/MenC</li> </ul>
	<ul style="list-style-type: none"> <li>Pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>PCV</li> </ul>
	<ul style="list-style-type: none"> <li>Measles, mumps and rubella (German measles)</li> </ul>	<ul style="list-style-type: none"> <li>MMR</li> </ul>
2 to 11 years – annually	<ul style="list-style-type: none"> <li>Influenza (flu)</li> </ul>	<ul style="list-style-type: none"> <li>flu vaccine</li> </ul>
3 years 4 months old or soon after	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis and polio</li> </ul>	<ul style="list-style-type: none"> <li>dTaP/IPV or DTaP/IPV</li> </ul>
	<ul style="list-style-type: none"> <li>Measles, mumps and rubella</li> </ul>	<ul style="list-style-type: none"> <li>MMR (check first dose has been given)</li> </ul>
Girls aged 11 to 13 years old	<ul style="list-style-type: none"> <li>Cervical cancer caused by human papillomavirus (HPV) types 16 and 18</li> </ul>	<ul style="list-style-type: none"> <li>HPV vaccine</li> </ul>
Around 14 years old	<ul style="list-style-type: none"> <li>Tetanus, diphtheria and polio</li> </ul>	<ul style="list-style-type: none"> <li>Td/IPV, and check MMR status</li> </ul>
	<ul style="list-style-type: none"> <li>MenC</li> </ul>	<ul style="list-style-type: none"> <li>MenC</li> </ul>