



Flu
IS SERIOUS

Is your child aged 2–5*?

Flu is serious. With COVID-19 around,
it's more important than ever to get
the flu vaccine.

2020 edition

*on 1 September 2020 (and not yet in primary school)

Help protect your child, each other and the NHS.

www.nhsinform.scot/childflu



The flu vaccine is recommended for:

- all children in Scotland aged 2 to 5 years on 1 September 2020 (and not yet in primary school)
- all primary school children (vaccine is normally given at school).

NHS Scotland strongly recommends your child gets their flu vaccine this year for three reasons:

1. Flu can be serious, even for healthy children.
2. To reduce the risk of your child spreading flu to friends and family.
3. To help our NHS avoid the pressure that a spike in seasonal flu would put on top of COVID-19.



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What is flu?

- Influenza (flu) is an infectious virus and can be serious.
- Even healthy children can become seriously ill from flu.
- The flu virus spreads through the air when people cough or sneeze, or by touching surfaces where it has landed then touching their eyes, nose and mouth.
- Flu can lead to complications that may result in hospitalisation or even death.
- Every year in Scotland, children are hospitalised for the treatment of flu or its complications.

Symptoms of flu

Children get similar flu symptoms to adults. These symptoms are worse than a normal cold and may include:

- stuffy nose, dry cough and sore throat
- fever and chills
- aching muscles and joints
- headache
- extreme tiredness.

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.

COVID-19 and flu

It's likely that flu viruses and the virus that causes COVID-19 will both be spreading this autumn and winter. Flu is a respiratory virus and therefore has similar symptoms to COVID-19. For more information visit www.nhsinform.scot/childflu

Flu can be very serious

In some cases flu can lead to complications. These can include:

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

Flu can be even more serious for children with health conditions (for example, asthma, heart, kidney, liver, neurological disease, diabetes, immunosuppression or asplenia or dysfunction of the spleen) and can make their condition worse.

In the worst cases, flu can lead to disability and even death.



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

What are the benefits of the flu vaccine?

With COVID-19 around, it's more important than ever to get the flu vaccine.

The flu vaccine is the safest, most effective way to protect your child against flu.

It will reduce the risk of your child getting or spreading flu to friends and family who are at greater risk from flu and COVID-19, such as grandparents or people with health conditions.

The more people who are vaccinated against flu, the less likely it is that there will be a spike in flu. Help our NHS avoid the pressure that a spike in seasonal flu would put on top of COVID-19.



The flu vaccine

The flu vaccine is a painless nasal (nose) spray that is the best available protection against flu.

Where and when will my child get the vaccine?

All children aged 2 to 5 years on 1 September 2020 (and not yet in primary school) should get the flu vaccine. Flu immunisation begins in the autumn.

Visit www.nhsinform.scot/childflu or call **0800 22 44 88** to find out about getting the flu vaccine in your area.

The earlier your child can get the vaccine, the better.

How is the vaccine given?

A tiny amount of the flu vaccine is given as a nasal (nose) spray into each nostril (see below). It's not an injection. It's quick and painless and there's no need to sniff or inhale the vaccine. Your child will just feel a little tickle in their nose. During vaccination, strict infection prevention and control measures will be in place.



Is the vaccine safe?

All medicines (including vaccines) are tested for safety and effectiveness before they are allowed to be used. Once they're in use, the safety of vaccines continues to be monitored. The nasal (nose) spray flu vaccine has been used safely since 2014 and millions of doses of the vaccine have been given to children in the UK.

Reporting side effects

You can report suspected side effects of vaccines and medicines through the Yellow Card scheme. You can do this online at yellowcard.mhra.gov.uk or by calling the Yellow Card hotline on **0800 731 6789** (available Monday to Friday, 9 am to 5 pm).



Visit www.nhsinform.scot/childflu for a link to the full patient information leaflet, which lists vaccine ingredients and possible side effects.

How well does the vaccine work?

The flu vaccine should start to protect most children about 10 to 14 days after they get their immunisation. It is therefore important to get them immunised as early as possible.

The annual vaccine offers protection against the most common types of flu virus that are around each winter.

Over the last few years, the nasal spray flu vaccine has worked very well at protecting young children against flu. It has also reduced the chance of them spreading flu into the wider community.



What if my child is ill on the day of their appointment?

Your child should not have the vaccine if they're very unwell (for example, with a fever, diarrhoea or vomiting). **If this happens, please contact your health professional to rearrange your appointment.**

If your child's asthma is worse than usual in the three days before their vaccination, meaning they are wheezing more or have had to use their inhaler more than they normally do, tell the healthcare worker at their appointment. **There is no need to delay their immunisation, and they should be offered an alternative injectable form of the vaccine.**

Can the flu vaccine give my child flu?

No, the flu vaccine cannot give your child flu. The virus in the vaccine has been weakened so that it does not cause flu. It helps your child build up immunity to flu.

Does my child need a second dose?

Almost all children will only need one dose of the vaccine. Only certain children will need a second dose (four weeks after the first dose) to make sure their immunity has built up fully.

A second dose is only needed if your child is under 9 years old and getting the flu vaccine for the first time and...

Has a health condition

or

Is given the injectable vaccine

Your health professional will be able to tell you if your child needs a second dose, and where and when to get it.

Will my child be protected for life?

No, your child will need to have the flu vaccine every year. Flu viruses are constantly changing and a different vaccine has to be made every year to ensure the best protection against flu. This is why the flu vaccine is offered every year during autumn and winter.

Are there any reasons why my child should not have the nasal (nose) spray vaccine?

An alternative injectable form of the vaccine is available for children who cannot have the nasal spray vaccine. This includes children who:

- have their immune system suppressed because they are getting treatment for serious conditions, such as cancer, or if they have had a transplant
- have a serious condition which affects the immune system, such as severe primary immunodeficiency
- live with or are in close regular contact with very severely immunocompromised people who require isolation
- are taking regular high doses of oral steroids
- have had a severe reaction to a previous dose of the vaccine
- 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 that required intensive care.

The nasal spray vaccine may not be suitable for some children with **severe asthma** who regularly need oral steroids for asthma control. Your immunisation nurse will explain this.

The nasal spray vaccine contains a highly processed form of gelatine (pork gelatine), which is used in a range of many essential medicines. The gelatine helps to keep the vaccine viruses stable so that the vaccine provides the best protection against flu. Many faith groups, including Muslim and Jewish communities, have approved the use of vaccines containing gelatine. However, it's your choice whether or not you want your child to get the nasal spray vaccine.

The nasal spray vaccine is a much more effective vaccine than the injected flu vaccine and is the preferred option. If you do not want your child to get the nasal spray vaccine for religious reasons you may request the injectable alternative. Please discuss this with your GP or health professional.

Attending my child's appointment

Please take your invitation letter and your Personal Child Health Record (red book), if available, when you attend. It would also be helpful to bring a complete list of any medication your child may be taking. If possible, please also wear a face covering.

If you or your child are showing symptoms of COVID-19, please contact your health professional to rearrange your appointment.

What to expect after the flu vaccine

Most children will not experience any side effects. However, if your child has had the nasal (nose) spray vaccine, the most common side effects are a blocked or runny nose, reduced appetite, weakness, muscle aches and headache.

If your child had the injectable vaccine, they might experience similar side effects to the nasal (nose) spray vaccine (except the blocked or runny nose), but the most common side effects are at the site where the injection was given – this may include swelling, redness, tenderness or a small hard lump.

These potential side effects are much less serious than developing flu or complications associated with flu. They usually go away after a couple of days and you do not need to do anything about them.

Less common side effects include a slightly raised temperature (a body temperature over 37.5°C), shivering, tiredness or a nosebleed after the nasal (nose) spray vaccine.

If your child has a raised temperature (fever), keep them cool by making sure they do not have too many layers of clothes or blankets on, turning down the house heating or giving them plenty of cool drinks. As fevers are usually mild, you only need to give a dose of infant paracetamol if your child appears uncomfortable or unwell.

For more information, visit www.nhsinform.scot/childflu. You can also talk to a health professional, for example immunisation nurse, practice nurse or GP.

| When to immunise | Diseases protected against | Vaccine given |
|---|---|---|
| 8 weeks old | <ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (HepB) | <ul style="list-style-type: none"> • Six-in-one (DTaP/IPV/Hib/HepB) |
| | <ul style="list-style-type: none"> • Rotavirus | <ul style="list-style-type: none"> • Rotavirus |
| | <ul style="list-style-type: none"> • Meningitis B (MenB) | <ul style="list-style-type: none"> • MenB |
| 12 weeks old | <ul style="list-style-type: none"> • Diphtheria, tetanus, whooping cough, polio, Hib and HepB | <ul style="list-style-type: none"> • Six-in-one (DTaP/IPV/Hib/HepB) |
| | <ul style="list-style-type: none"> • Pneumococcal disease | <ul style="list-style-type: none"> • Pneumococcal |
| | <ul style="list-style-type: none"> • Rotavirus | <ul style="list-style-type: none"> • Rotavirus |
| 16 weeks old | <ul style="list-style-type: none"> • Diphtheria, tetanus, whooping cough, polio, Hib and HepB | <ul style="list-style-type: none"> • Six-in-one (DTaP/IPV/Hib/HepB) |
| | <ul style="list-style-type: none"> • Meningitis B (MenB) | <ul style="list-style-type: none"> • MenB |
| Between 12 and 13 months old – within a month of the first birthday | <ul style="list-style-type: none"> • Hib and meningitis C (MenC) | <ul style="list-style-type: none"> • Hib/MenC |
| | <ul style="list-style-type: none"> • Pneumococcal disease | <ul style="list-style-type: none"> • Pneumococcal |
| | <ul style="list-style-type: none"> • Measles, mumps and rubella (German measles) | <ul style="list-style-type: none"> • MMR |
| | <ul style="list-style-type: none"> • Meningitis B (MenB) | <ul style="list-style-type: none"> • MenB |
| Every year from age 2 until the end of primary school | <ul style="list-style-type: none"> • Influenza (flu) | <ul style="list-style-type: none"> • Flu |
| 3 years 4 months old or soon after | <ul style="list-style-type: none"> • Diphtheria, tetanus, whooping cough and polio | <ul style="list-style-type: none"> • Four-in-one (DTaP/IPV) |
| | <ul style="list-style-type: none"> • Measles, mumps and rubella (German measles) | <ul style="list-style-type: none"> • MMR (check first dose has been given) |
| 11 to 13 years old | <ul style="list-style-type: none"> • Cancers caused by human papillomavirus (HPV) including cervical cancer (in women) and some head and neck, and anogenital cancers (in men and women) | <ul style="list-style-type: none"> • HPV |
| Around 14 years old | <ul style="list-style-type: none"> • Tetanus, diphtheria and polio | <ul style="list-style-type: none"> • Td/IPV, and check MMR status |
| | <ul style="list-style-type: none"> • Meningitis ACWY (MenACWY) | <ul style="list-style-type: none"> • MenACWY |

Correct at the time of printing, but subject to change. For the most up-to-date timetable visit: www.nhsinform.scot/immunisation



Translations



Easy read



BSL



Audio



Large print



Braille

Other formats available at:



www.nhsinform.scot/childflu



0131 314 5300



phs.phs-otherformats@nhs.net

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