

Scottish Paediatric and Adolescent Rheumatology Network

SPARN statement on flu vaccination

The 2024/25 Scottish Flu Vaccine plan ⁽⁶⁾ is for all children between the ages of 2 and end of secondary education to be offered Flu vaccination regardless of clinical situation.

The standard offer will be the live attenuated intranasal influenza vaccine (LAIV), unless this is contra-indicated. If contraindicated (see below), cell based quadrivalent influenza vaccine (Seqirus Vaccines) (QIVc, an injection vaccine) should be offered ^(2,6).

Vaccine to be offered based on medications ⁽⁷⁾.

- **Low intensity immunosuppression** includes; less than 20mg prednisolone per day or less than 1mg/kg/day in children under 20kg, Plus Methotrexate at or below 15mg per m² of body surface area or Azathioprine at or below 3mg/kg/day. **Can have standard offer of live flu (LAIV). A 28kg child is 1 m²**
- **High intensity immunosuppression** is any combination of the above medications at doses higher than those above or in combination with/the addition of any biological or small molecule drugs (e.g. JAK inhibitors) or Mycophenolate. **LAIV is contraindicated**, to be offered a quadrivalent influenza (QIVc injection) vaccine.

Children in **at risk** groups from 6 months to less than 2 year will be lettered to invite for vaccination and will be offered vaccine as above.

Children in at risk groups between 18 months and 9 years who have never been vaccinated against flu (regardless of type) should be offered 2 doses one month apart ⁽¹⁾.

Scottish Government 24/25 plan extends vaccination coverage to those under 18 out with school, letters will be sent to those identified as home school or left fulltime education, patients and families in this group can call the national vaccine helpline to arrange an appointment 0800 030 8013, clinician can also refer through local health board pathways (6).

Individuals receiving any Disease Modifying Anti Rheumatic Drug or Biologic therapy, fulfil the criteria of “**at risk**” within the green book and should be encouraged to take up offer of annual Flu vaccination^(1, 3).

Patients over 18 not in secondary education who fulfill criteria of “at risk” will be offered Cell-based Quadrivalent Influenza Vaccine (Seqirus) (QIVc) via local systems ⁽⁶⁾ . A small number of patients over 18 within school will receive LAIV within school.

All SPARN teams should actively ensure that their children and young people on DMARDS and Biologics are aware we recommend annual flu vaccination as above. Children under 2 years and out with school may need highlighted to vaccination teams.

References

- 1) Green book chapter 19. 20 March 2020, updated 21 September 2022 “Influenza”
- 2) Green book chapter 6, 26 October 2017 , “Contraindications and special considerations”
- 3) Green book chapter 7, 10 January 2020, “Immunisation of individuals with underlying medical conditions”
- 4) Vaccinations in Paediatric Rheumatology: an Update on Current Developments (2015) Noortje Groot & Marloes W. Heijstek & Nico M. Wulffraat1 Paediatric Rheumatology 17: 46
- 5) EULAR recommendations for vaccination in paediatric patients with rheumatic diseases (2015) M W Heijstek, L M Ott de Bruin, M Bijl, R Borrow, F van der Klis, I Koné-Paut, A Fath, K Minden, A Ravelli, M Abinun, G S Pileggi, M Borte, N M Wulffraat 1 BMJ 6) <http://www.immunisationscotland.org.uk/vaccines-anddiseases/seasonalfu/childflu.aspx>
- 6) SEASONAL INFLUENZA (FLU) IMMUNISATION PROGRAMME 2024-25: CONFIRMATION OF ADULT AND CHILD COHORTS
 - a. <https://www.publications.scot.nhs.uk/files/cmo-2024-10.pdf>
- 7) <https://www.sparn.scot.nhs.uk/wp-content/uploads/2021/01/Vaccine-protocol.pdf>

NOTE

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.