Scottish Paediatric & Adolescent Rheumatology Network (SPARN)

Statement on Flu Vaccination

NOTE
This guidance is not intended to be construed or to serve as a standard of care. Standards of care are determined based on 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 guidance 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 guidance or any local guidance derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

This guidance has been prepared by Public Services Delivery Scotland (PSD Scotland) on behalf of the Scottish Paediatric and Adolescent Rheumatology Network (SPARN) network. Accountable to Scottish Government, PSD Scotland works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. The SPARN network membership is made up of a multidisciplinary group of healthcare professionals who provide care to children and young people with rheumatological conditions. The network is supported by a PSD Scotland Programme Team to drive improvement.

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The 2025/26 Scottish Flu Vaccine plan [6,7] 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 trivalent Influenza Vaccine (Seqirus Vaccines) (TIVc, an injection vaccine) should be offered [2,7].

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 m^2 of body surface area or Azathioprine at or below 3mg/kg/day. **Can have standard offer of live intranasal flu (LAIV). A 28kg child is 1 m^2**

- **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. **Intranasal flu vaccine is contraindicated**. To be offered a trivalent influenza (TIVc injection) vaccine.

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].

Children in **at risk** groups from 6 months to less than 2 year will be lettered to invite for vaccination and will be offered TIVc[7].

Those children 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].

Vaccination coverage for those under 18 in at risk group but out with school, local healthcare systems should be in place to identify those young people, patients and families in this group can also call the national vaccine helpline to arrange an appointment 0800 030 8013, clinician can also refer through local health board pathways [7].

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 [7]. A small number of patients over 18 within school will receive LAIV within school[7].

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, SPARN audited vaccination in 2024/25 season showing; unvaccinated patients on DMARDS were 4 times more like to have flu compared to vaccinated patients,

vaccination was safe, however not all children received vacation as per Greenbook advice and rates were below WHO targets [8]. Children under 2 years and outwith 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 Fasth, K Minden, A Ravelli, M Abinun, G S Pileggi, M Borte, N M Wulffraat 1 BMJ 6)
    a. https://pubmed.ncbi.nlm.nih.gov/21813547/

7) WINTER PROGRAMME 2025 – SEASONAL FLU AND COVID-19 VACCINATION
    a. https://www.publications.scot.nhs.uk/files/cmo-2025-15.pdf

8) SEASONAL INFLUENZA (FLU) IMMUNISATION PROGRAMME 2025/26: CONFIRMATION OF ADULT AND CHILD COHORTS
    a. https://www.publications.scot.nhs.uk/files/cmo-2025-06.pdf

9) P275 Influenza vaccination rates and the use of live attenuated intranasal influenza vaccine (LAIV) and inactivated intramuscular vaccine (IIM) in children on immune modulating rheumatology medications (IMRM) in two centres in Proceedings of the 32nd European Paediatric Rheumatology Congress. *Pediatr Rheumatol* **23** (Suppl 2), 93 (2025). https://doi.org/10.1186/s12969-025-01138-8

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