Get serious about flu
Why you must protect your child
Tear-off appointment reminder inside

2–5 years*

*on 1 September 2018 (and not yet in school)
The flu vaccine is recommended for:

- all children in Scotland aged 2 to 5 years, and not yet in school (vaccine given at their GP practice)
- all primary school children (vaccine given at school).

Flu is very infectious and can be serious. Even healthy children can become seriously ill from flu and can spread it to family, friends and others.

Having the flu vaccine every year is the best protection available against an unpredictable virus that can cause severe illness.

www.nhsinform.scot/childflu
Facts about flu

- Flu is very infectious and can be 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.
- Every year in Scotland, children are hospitalised for the treatment of flu or its complications.

What is flu?

Flu is a virus. It spreads quickly and can infect children and adults very easily. It causes an unpleasant illness which can be serious. It may lead to days spent ill in bed rather than being at nursery or doing day-to-day activities.

Symptoms of flu

Children get the same flu symptoms as adults. These symptoms are worse than a normal cold and 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.
Flu can be very serious

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

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

For children with health conditions (for example asthma, heart, kidney, liver, neurological disease, diabetes, immunosuppression or a spleen that doesn’t work fully) getting flu can be even more serious.

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.

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 they pick it up by touching surfaces where it has landed and then touching 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 make sure they have good personal hygiene, for example, washing their hands.

www.nhsinform.scot/childflu
The flu vaccine

The flu vaccine is a painless nasal 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 of age on 1 September 2018 (and not yet in school) should get the flu vaccine at their GP practice from October 2018. Contact your GP practice to make an appointment for your child.

The vaccine is available up to December, but the earlier your child can get it 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.
Are there any reasons why my child shouldn’t have the nasal (nose) spray vaccine?

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

- have their immune system suppressed because they are getting treatment for serious conditions, such as a transplant or cancer
- have a serious condition which affects the immune system, such as severe primary immunodeficiency
- 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 are taking high doses of inhaled steroids, or if they have recently been prescribed oral steroids. Your GP will explain this.

The nasal spray vaccine contains a small trace of **pork gelatine**. Many faith groups, including Muslim and Jewish communities, have approved the use of gelatine-containing vaccines. However, it’s your choice whether or not you want your child to get the nasal spray vaccine.
The nasal spray vaccine is much more effective than the injectable form of the vaccine in children. If you don’t 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 practice nurse.

**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)
- their asthma is worse than usual, meaning they are wheezing more or have to use their inhaler more than they normally do within three days of their appointment.

If this happens, phone your GP practice to arrange another appointment. Otherwise there is no reason to delay getting the vaccine.

**Can the flu vaccine give my child flu?**

No, the flu vaccine can’t give your child 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.

Children who don’t get the vaccine are not at risk of catching flu, either by being in the same room where the flu vaccine is being given or by being in contact with a child who has recently had the vaccine. The only exception to this would be children who are extremely immunocompromised (have a weakened immune system).
Does my child need a second dose?

Almost all children will only need one dose of the vaccine. The boxes below show when 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 + Health condition
- Under 9 years old + First time getting the flu vaccine

or

- Under 9 years old + Given the injectable vaccine
- Under 9 years old + First time getting the flu vaccine

Your GP or practice nurse will be able to tell you if your child needs a second dose, and where and when to get it.

Will the vaccine cause any side effects?

As with all medicines, side effects to the nasal spray 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. Less common side effects include a nosebleed after the nasal spray vaccine.

Visit www.nhsinform.scot/childflu for a link to the full patient information leaflet.
Is the vaccine safe?

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

The nasal spray flu vaccine has been used successfully and safely for several years and millions of doses of the vaccine have been given to children in the last five years in the UK.

Will my child be protected for life?

No, your child will need to get 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.

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.

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.
Where can I get more information?

Visit www.nhsinform.scot/childflu for more information and to watch a film of the nasal spray flu vaccine being given to children.

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 and also provides an interpreting service.

Use the tear-off sheet opposite to write down your child’s flu vaccine appointment details and stick it up as a useful reminder.
This resource may also be made available on request in a range of alternative languages and formats.

Please make sure the parents of children who speak other languages are aware of where to access these alternative formats.

www.nhsinform.scot/childflu – click Further Information to access this leaflet in other languages

0131 314 5300

nhs.healthscotland-alternativeformats@nhs.net

Cantonese 提供繁體中文版

Polish Dostępny w języku polskim

Urdu اردو میں وستیاب

This leaflet is available in Arabic, Traditional Chinese (Cantonese), Gaelic, Latvian, Lithuanian, Simplified Chinese (Mandarin), Polish, Portuguese, Punjabi, Romanian, Russian, Urdu, Hungarian and Slovakian.

You have rights in relation to the access and the use of your personal health information. For more information about your rights or how the NHS uses your personal information in accordance with the General Data Protection Regulation, you can phone the NHS inform helpline free on 0800 22 44 88 (textphone 18001 0800 22 44 88) and ask to speak to a healthcare adviser or on the internet at: www.nhsinform.scot/confidentiality
Get serious about flu

Don’t risk your child’s health this flu season

*on 1 September 2018 (and not yet in school)
My name is:

I’m getting my flu vaccine on:

Date                  Time

Help protect me from flu

1) Book your child’s flu vaccine with your GP
2) Tear off and ask your child to colour in
3) Pin up your reminder
<table>
<thead>
<tr>
<th>When to immunise</th>
<th>Diseases protected against</th>
<th>Vaccine given</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 weeks old</td>
<td>• Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (HepB)</td>
<td>Six-in-one (DTaP/IPV/Hib/HepB)</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
<td>Pneumococcal</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
<td>Rotavirus</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal group B (MenB)</td>
<td>MenB</td>
</tr>
<tr>
<td>12 weeks old</td>
<td>• Diphtheria, tetanus, whooping cough, polio, Hib and HepB</td>
<td>Six-in-one (DTaP/IPV/Hib/HepB)</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>16 weeks old</td>
<td>• Diphtheria, tetanus, whooping cough, polio, Hib and HepB</td>
<td>Six-in-one (DTaP/IPV/Hib/HepB)</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
<td>Pneumococcal</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal group B (MenB)</td>
<td>MenB</td>
</tr>
<tr>
<td>Between 12 and 13 months old – within a month of the first birthday</td>
<td>• Hib and meningococcal group C</td>
<td>Hib/MenC</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
<td>Pneumococcal</td>
</tr>
<tr>
<td></td>
<td>• Measles, mumps and rubella (German measles)</td>
<td>MMR</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal group B (MenB)</td>
<td>MenB</td>
</tr>
<tr>
<td>Every year aged 2 until the end of primary school</td>
<td>• Flu</td>
<td>Flu</td>
</tr>
<tr>
<td>3 years 4 months old or soon after</td>
<td>• Diphtheria, tetanus, whooping cough and polio</td>
<td>Four-in-one (DTaP/IPV)</td>
</tr>
<tr>
<td></td>
<td>• Measles, mumps and rubella (German measles)</td>
<td>MMR (check first dose has been given)</td>
</tr>
<tr>
<td>Girls aged 11 to 13 years old</td>
<td>• Cervical cancer caused by human papillomavirus (HPV) types 16 and 18</td>
<td>HPV</td>
</tr>
<tr>
<td>Around 14 years old</td>
<td>• Tetanus, diphtheria and polio</td>
<td>Td/IPV, and check MMR status</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal groups ACWY</td>
<td>MenACWY</td>
</tr>
</tbody>
</table>