

**Scottish Paediatric and Adolescent Rheumatology Network**

SPARN statement on flu vaccination

The 2023/24 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 (injection) vaccine.

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

The Green book and Scottish Government plan also recommend vaccination for children in clinical risk groups aged between 6 months to less than 2 years. They will be offered egg based quadrivalent influenza vaccine (Sanofi Pasteur Vaccines) (QIVe, an injection vaccine) (1, 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 aQIV - Adjuvanted Quadrivalent Influenza Vaccine (Seqirus) via local systems 9 .

**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 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) <http://www.immunisationscotland.org.uk/vaccines-anddiseases/seasonalflu/childflu.aspx>

1. Scottish Government SEASONAL FLU IMMUNISATION CHILDHOOD AND SCHOOL PROGRAMME 2023/24 – COHORT CONFIRMATION

a) www.sehd.scot.nhs.uk/cmo/CMO(2023)09.pdf

1. <https://www.sparn.scot.nhs.uk/wp-content/uploads/2021/01/Vaccine-protocol.pdf>
2. Scottish Government SEASONAL FLU IMMUNISATION PROGRAMME 2023/24: CONFIRMATION OF ADULT COHORTS
3. https://www.sehd.scot.nhs.uk/cmo/CMO(2023)05.pdf

**NOTE**

This guideline 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 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.