

## Standard responses for school aged immunisation providers on live attenuated influenza vaccine (LAIV) queries

A number of letters to schools and to NHS providers have been received expressing concerns about the safety and effectiveness of the children's flu vaccine nasal spray. These concerns appear to relate to some misconceptions about the vaccine, many of which are addressed in the information leaflets you can access through the links below. Some of the specific misconceptions are also addressed in these standard responses below which you may wish to use to reply to the concerns.

### Use of the live attenuated influenza vaccine (LAIV)

Flu can be a very unpleasant illness in children. Some children may need to go to hospital for treatment, including intensive care. For instance, in 2022 to 2023, 10,000 children were admitted to hospital with flu.

All vaccines go through a regulatory approval process to ensure they meet strict safety and effectiveness checks. The nasal flu vaccine contains a live attenuated (weakened) influenza virus which helps protect against influenza infection in those who receive it. Over 30 million doses of the nasal spray have now been given in the UK and it has an excellent safety profile. Experience in UK schools has shown that children are happy not to have their parent present when being given the vaccine.

### Exposure to vaccine virus during administration

A very small dose of vaccine fluid (around 1/50<sup>th</sup> of a teaspoon) is given in each nostril. No 'mist' of vaccine virus escapes into the air and therefore other people in the room are not at risk of "catching" the vaccine virus. The room in which administration has taken place does not require any special cleaning.

During the extensive use of the vaccine over many years in the UK and the USA, no transmission of the vaccine virus to healthcare workers has been reported to date.

### Vaccine effectiveness

Since the introduction of the LAIV programme for children in the UK in 2013, the vaccine effectiveness for laboratory confirmed infection has been good. During 2014/15, pilots were carried out in selected areas of England in which all primary school aged children were offered LAIV. These areas saw a 93% reduction in hospital admissions due to confirmed influenza and a 94% reduction in GP consultations for influenza-like illness in primary school children.

The vaccine also reduces the chance of others, who could be at greater risk from flu, such as grandparents or those with certain long term health conditions, getting flu from the child.

## Shedding of vaccine virus

Although vaccinated children do shed a small amount of vaccine virus for a few days after vaccination, the virus does not survive for long outside of the body and the dose is below that normally needed to infect others.

There is no need for any child or staff member to be excluded from school during the period when LAIV is being offered or in the following weeks. This is in contrast to natural flu infection, which spreads easily during the flu season. In schools where most children are vaccinated the overall risk from influenza virus is massively reduced. Expert doctors at Great Ormond Street Hospital, who deal with many children with very serious immune problems, do not recommend keeping such children off school purely because of vaccination.

Children with immune problems, and their siblings and family contacts, should themselves be vaccinated, usually with an injected (inactivated) vaccine.

## Who will be giving the vaccine to the children?

The programme is delivered by an NHS commissioned immunisation team who specialise in school aged vaccinations and administer them according to nationally set standards. Staff have appropriate qualifications and training, including safeguarding training.

It's very rare for anyone to have a serious allergic reaction to the flu vaccine. The person who vaccinates the children will be trained to deal with allergic reactions and to treat them immediately.

## Consent to immunisation

Vaccination is not mandatory. Parents/guardians will be asked to give their informed consent for the vaccination.

The NHS and UK Health Security Agency have produced an information leaflet for parents of the younger aged children and one for secondary school aged children. These can be found at: [www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters](http://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters)

Some older children may be sufficiently mature to provide their own consent if their parents have not returned a consent form and they express a wish to have a vaccine on the day of the session. The immunisation team will speak to the young person and will be responsible for assessing the appropriateness of administering the vaccine. This will include making every effort to contact the parent to seek their verbal consent and/or an assessment of the individual child's capacity to self-consent, where appropriate.

## Summary

The nasal spray vaccine has an excellent safety record and has been widely used in the UK and worldwide. It helps prevent flu in children reducing the risk of them becoming seriously ill from flu, or from passing it on to others who may be more vulnerable to flu. Vaccination is not mandatory and parents/ guardians have access to a range of resources giving details about the vaccine. Excluding children from school during the period when the nasal spray vaccine is being offered, or in the following weeks is not necessary.

## Further information

Further information for head teachers can be found in the leaflet:

“Flu vaccination 2024 to 2025: Briefing for primary schools”:

[www.gov.uk/government/publications/flu-vaccination-in-schools](http://www.gov.uk/government/publications/flu-vaccination-in-schools)

and

“Adolescent vaccination programme: Briefing for secondary schools”:

[www.gov.uk/government/publications/adolescent-vaccination-programme-in-secondary-schools](http://www.gov.uk/government/publications/adolescent-vaccination-programme-in-secondary-schools)

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