

Resource

Live vaccines

As many with RA are unable to have live vaccines due to the medications they take, we have looked into the levels of risk for those with RA coming into contact with live vaccines, whether directly or through contact with people or pets who have had live vaccines.

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Nasal flu vaccines

NRAS had an enquiry about the “nasal” spray flu vaccine that is being rolled out in schools to children which prompted us to ask some of our medical advisors for some guidance.

The concern is that the “nasal” vaccine is a live vaccine, and of course, these are not recommended

for children or young people with juvenile idiopathic arthritis. However, we also wanted to be able to reassure adults with RA who may have, or be around, children who have had this nasal vaccine.

NRAS Statement on Flu Vaccination for Children with JIA (juvenile idiopathic arthritis)

As children who are on medication for their JIA may have a weakened immune system, it is advisable to speak with your child's rheumatologist or nurse about their flu vaccination and also about coming into contact with others who will have had the nasal spray flu vaccination.

The nasal spray is a LIVE vaccine and is the choice for all children eligible year on year. It is this live vaccine that can theoretically give children who are immunosuppressed the flu.

If your child is in school, parents of children with JIA (juvenile idiopathic arthritis) should be aware that they should not have the live nasal vaccination but should have the injectable form of flu vaccination which ideally needs to be given at least 2 weeks prior to the start of the whole flu vaccination programme in their school and that the injectable form of vaccine is the only choice for any child on JIA medication.

If you are worried about the timings of the school vaccination programme, please speak with your child's consultant or specialist nurse.

NRAS statement for those with RA who care for or are in close contact with school-aged children who are being offered the Nasal Spray Flu vaccination.

For parents, grandparents, teachers, carers the following is the guidance some of our medical advisors have suggested.

This is largely an "evidence-free" zone, and the advice that tends to be given is both overly conservative: "should not be in contact with anyone who is 'immune-compromised' for two weeks" which is often impractical. Everyone living with RA is advised to have their flu vaccination as a matter, of course, anyway so if your child is about to have the live vaccine and you've had your own flu vaccine at least 2 weeks prior then this should give you adequate flu protection. However, the nasal flu vaccination spray does contain 4 strains of flu, whereas the injectable contains just 3 strains.

Generally, the view is that someone on standard DMARDs (methotrexate, leflunomide, sulfasalazine, hydroxychloroquine) may NOT be regarded as immunocompromised but those on regular steroids of greater than 7.5mg daily or any biologic/biosimilar or small molecule therapy (JAK inhibitors), they should be regarded as "potentially immune-compromised" for this purpose, especially also if over 70 years of age.

In summary, being aware and trying to take precautions ahead of being in close proximity to a vaccinated child is suggested. If you have already been in contact with a vaccinated child and are showing symptoms of flu, don't delay seeking medical advice from your GP or rheumatology team. Ideally, get your own flu vaccine 2 weeks in advance of the child/children being vaccinated in school.

If you have any concerns, contact your rheumatology team for further advice.

Exposure to kennel cough vaccination when you have RA

The question of whether or not it's safe to be around your dog when they are having or have just had the live kennel cough vaccination has been asked a few times on our helpline, and it's not necessarily something that everyone with RA would have considered to be a risk. We found what looks to be a very good, common-sense approach article on this on the 'Worms and Germs Blog' website, which aims to promote safe pet ownership.

Live vaccines for your pets can be a risk to you as a pet owner if the bacterium that causes the condition being vaccinated against can infect people. Many bacteria would not pass to humans, so are not an issue, but 'kennel cough' can cause occasional infections in people. If you came into contact with the live vaccine, this could therefore put you at risk, but if your dog contracted kennel cough because they weren't vaccinated against it, that could also put you at risk, so this needs to be weighed up.

As with all animals, dogs carry various bacteria on them, which can pose just as much, if not more of a risk to owners, yet often this gets taken for granted. As the author of the article puts it:

"This often doesn't get considered. If you show me a dog vaccinated with a modified live vaccine and asked me to list the top things with which the dog is likely to infect a person, the modified live bug won't even crack the top 10 (or 20)".

So, what should you do if your dog needs a kennel cough vaccine? The author offers up a few common-sense suggestions. If at all possible, get someone else to take your dog to get vaccinated. Dogs can sometimes sneeze when the vaccine is squirted up their nostrils, so this is the time that you are most likely to come into contact with the live vaccine. It might also be an idea for you (or someone else) to wipe your dog's face after they have been vaccinated. You should also minimise close contact with their face and wash your hands after petting them, especially around the face.

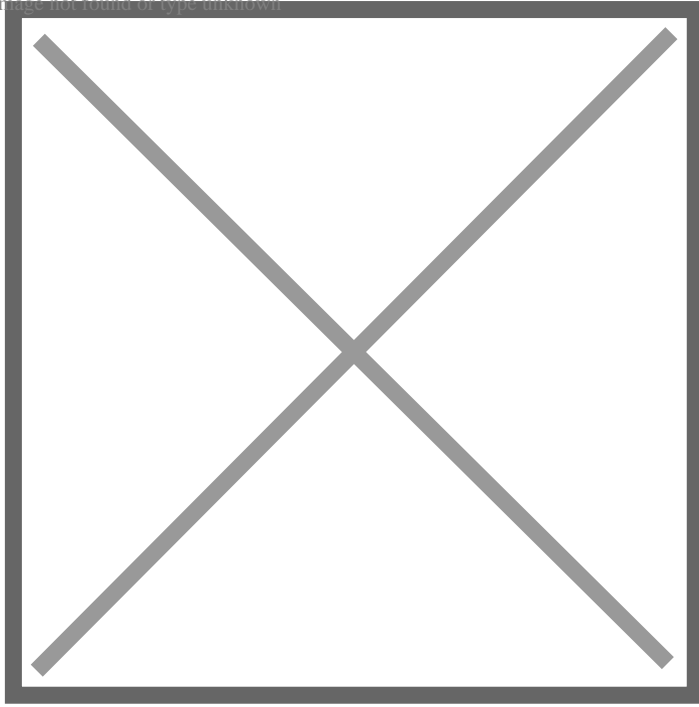
To anyone considering becoming a dog owner, the good news is that the risks of getting an infection from a dog, particularly through their live vaccines, are pretty small. Being a dog owner can, of course, have many benefits, including regular exercise, lower blood pressure, reduced stress and of course companionship.

Medicines in rheumatoid arthritis

We believe it is essential that people living with RA understand why certain medicines are used, when they are used and how they work to manage the condition.

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