



Public Health
England

Protecting and improving the nation's health

Winter-readiness information for Kent, Surrey and Sussex schools and nurseries

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Asha Abrahams (on behalf of the London Health Protection Teams' schools leads).

For queries relating to this document, please contact: [sarah.lock @phe.gov.uk](mailto:sarah.lock@phe.gov.uk)

© Crown copyright 2014

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit [OGI](http://www.nationalarchives.gov.uk/ogl) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned. Any enquiries regarding this publication should be sent to sarah.lock@phe.gov.uk

Published October 2015



Contents

Introduction	4
Key messages for schools and nurseries on winter preparedness	5
Schools and nurseries planning checklist for seasonal influenza (flu)	6
Schools and nurseries planning checklist for norovirus season	8
Resources	9
Handwashing poster	11
Catch it, bin it, kill it poster	12
Norovirus poster - Stop norovirus spreading this winter	13
Flu poster - 5 reasons to get your child vaccinated against flu	14
Flu leaflet - Immunising primary children against flu	15-18
Flu leaflet - Protecting your child against flu	19-27
Flu leaflet - Vaccination - Who should have it and why	28-39
Meningitis and septicaemia poster - for students in schools and sixth form colleges	40
Meningitis and septicaemia leaflet - for school years 9-13	41

Introduction

As winter approaches, it is important that schools are reminded and updated on important health considerations for their pupils/students, parents/carers and staff.

Pupils and staff in schools are particularly susceptible to infections which increase over the winter months, such as seasonal influenza (flu) and stomach infections (such as norovirus). These can be very infectious and cause outbreaks in school settings due to the close contact amongst pupils and staff. The spread of these illnesses can be limited by improving infection control practices within the school.

Young children and/or those with chronic illnesses are also at risk of developing complications from certain vaccine-preventable infections such as measles and flu. It is important that they are immunised to prevent any complications and to reduce the likelihood of outbreaks in a school setting.

This briefing provides:

1. Key messages for head teachers on winter preparedness.
2. Two checklists on flu and norovirus readiness and when and how to report outbreaks.
3. Leaflets and further information on flu, norovirus and meningitis.

Key messages for schools on winter preparedness

1. Be prepared ✓

- Ensure your pupils and staff are immunised against flu, where eligible, and have access to personal protective equipment (PPE) (see checklist on page 6).
- Ensure your pupils and staff are immunised against measles, mumps and rubella infection (MMR).
- Ensure parents are reminded to exclude their child from school if they have symptoms of flu or diarrhoea and/or vomiting.

2. Recognise outbreaks ✓

3. Report outbreaks to your local health protection team seven days a week ✓

- Telephone: 0344 225 3861 and select the extension of your local team

Use the following web link to find details of your local health protection team:

www.gov.uk/health-protection-team

Schools and nurseries planning checklist for seasonal influenza (flu)

Date completed	Completed by	
Actions to prepare for cases of seasonal flu	✓	X
Flu vaccination		
1. Do you have any children and/or staff in clinical risk groups (including those with chronic respiratory, cardiac, kidney, neurological disease, diabetes, pregnant)?		
2. Did you know that all 2, 3, 4 year olds and children in Years 1 and 2 are now eligible for the flu vaccination (nasal spray)?		
3. Local healthcare teams will be in touch with the school where a school-based delivery model has been agreed.		
4. Parental/guardian consent will be required and schools may be asked to assist with collection of the consent forms.		
Respiratory hygiene and infection control precautions		
5. Ensure infection control policies are up to date, read and followed by all staff		
6. Immediately send home staff members and/or pupils who become unwell at the school/nursery and remind them not to return until they are symptom free.		
7. Check that you have procedures for isolating (with appropriate supervision) a child who falls ill during the day until their parents can collect them. This will include a suitable isolation room with hand washing facilities, PPE available if needed (e.g. for staff providing close personal care to an ill child for more than an hour*) – i.e. disposable gloves, aprons and surgical masks (for flu outbreaks), appropriately trained staff and plans in place for transporting children home who would usually use school bus or public transport. The isolation room should be thoroughly cleaned after use.		
8. Reinforce general education for children and staff about washing hands and respiratory hygiene ('catch it, bin it, kill it' message). Use education materials / resources (see resource page)		
9. Disposable tissues are available and staff and children understand the need for using them (whilst waiting for collection) and how to use them e.g. cover nose and mouth with tissue, use tissue, throw away and wash hands.		
10. Ensure liquid soap and disposable paper hand towels are available at each handwashing facility, this includes toileting areas and classrooms. Ensure stock levels are adequately maintained in anticipation of increased use		
11. Staff to check, encourage and supervise handwashing in young children, and handwashing / use of alcohol gel (where safe) for visitors when arriving and leaving premises		
12. If possible and safe to do so, use alcohol gel in places where handwashing facilities are not available (e.g. entrances/exits, and classrooms under supervision), and maintain supplies in view of increased use		
13. Foot operated bins are in use and in working order		
14. Increase regular cleaning of surfaces, equipment and toys using normal detergent, particularly frequently touched surfaces – taps, door handles, stair rails, light switches, computer keyboards etc. Ensure stock rotation of toys to ensure clean toys always available. Cleaning is recommended twice daily as a minimum in an outbreak and as necessary.		
15. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent, PPE)		

Reporting to the local health protection team	✓	X
16. Early recognition of an influenza/respiratory illness outbreak amongst staff and/or pupils is vital (two or more cases in 48 hours, or three or more cases in 72 hours, linked by place).		
17. Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team. (see page 5 for contact details)		
18. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of pupils in the school, location of cases).		
19. The health protection team will undertake a risk assessment and provide further advice (e.g. nose/throat swabs required and advice on those requiring antiviral treatment).		

Schools and nurseries planning checklist for norovirus season

Date completed	Completed by	
Actions to prepare for norovirus (winter vomiting bug) season	✓	X
Infection control precautions		
1. Ensure infection control policies are up to date, read and followed by all staff		
2. Check that you have procedures for isolating (with appropriate supervision) a child who falls ill during the day until their parents can collect them. This will include a suitable isolation room with handwashing facilities, PPE if needed, appropriately trained staff and plans in place for transporting children home who would usually use school bus or public transport. The isolation room should be thoroughly cleaned after use.		
3. Ensure that liquid soap and disposable paper hand towels are available in all toilets and classrooms where there is handwashing facilities		
4. Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves, aprons.		
5. Ensure foot operated bins are in use and in working order		
Reporting to the local health protection team		
6. Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or pupils/student in a school setting is vital (i.e. two or more cases within 48 hours, linked by place).		
7. Outbreaks of D&V should be reported promptly to the local health protection team (see page 5 for contact details) for a full risk assessment and further guidance (even if the nursery/school already aware of local diarrhoea and vomiting outbreak management guidelines).		
8. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of pupils in the school, location of cases).		

Resources

Flu

Checklist

See checklist on pages 6-7 for actions to prepare for seasonal influenza.

Leaflet - Flu vaccination: who should have it this winter and why

www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

Leaflet – Protecting your child against flu. Information for parents

www.gov.uk/government/uploads/system/uploads/attachment_data/file/431953/9312_PHE_Protecting_Child_Flu_DL_10_web.pdf

Leaflet – 5 reasons to vaccinate your child against flu

www.gov.uk/government/uploads/system/uploads/attachment_data/file/430141/9312_PHE_5_reasons_Flu_poster_2015_04_web.pdf

Leaflet – which flu vaccine should children have?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459302/8584_children_flu_vaccine_graphic-20-web.pdf

Immunising primary school children against flu – information for head teachers and other school staff

www.gov.uk/government/uploads/system/uploads/attachment_data/file/416641/PHE_9260_ImmFlu_PrimarySchool_InfoHT_A4_06_web.pdf

Leaflet - Flu leaflet for people with learning disability

An easy to read leaflet providing information on influenza (flu) and vaccination.

www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability

Further information and leaflets on flu can be found at:

www.gov.uk/government/collections/annual-flu-programme

Norovirus

Checklist

See checklist on page 8 for actions to prepare for the winter vomiting bug (norovirus).

Poster

Further information is available in this norovirus poster and can be displayed for staff and visitors

www.gov.uk/government/uploads/system/uploads/attachment_data/file/322947/Stop_norovirus_spreading_this_winter_leaflet.pdf

Meningitis

Leaflets

These leaflets describe meningitis and the benefits of vaccination for adults

Protect yourself against meningitis and septicaemia – In school years 9 to 13

www.gov.uk/government/uploads/system/uploads/attachment_data/file/438674/PHE_9268_MenW_leaflet_2015_8pages_09_web_cr.pdf

Meningitis and septicaemia – new information for students in school and sixth form colleges

www.gov.uk/government/uploads/system/uploads/attachment_data/file/457391/PHE_9427_MenACWY_A3_poster_05a_web.pdf

Further information on meningitis can be found on the NHS choices website:

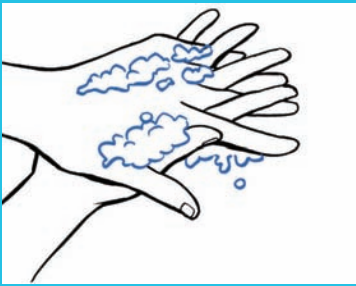
www.nhs.uk/conditions/meningitis/pages/introduction.aspx



Wet



Soap



Wash



Rinse



Dry

Stop germs spreading.
The power is in your hands.

Have you washed your germs away? Wash your hands.

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.





Stop norovirus spreading this winter

Norovirus, sometimes known as the ‘winter vomiting bug’, is the **most common stomach bug** in the UK, affecting people of all ages. It is **highly contagious** and is transmitted by contact with contaminated surfaces, an infected person, or consumption of contaminated food or water.

The symptoms of norovirus are very distinctive – people often report a sudden onset of **nausea** followed by **projectile vomiting and watery diarrhoea**.



Good hand hygiene is important to stop the spread of the virus.

People are advised to:

- Wash their hands thoroughly using soap and water and drying them after using the toilet, before preparing food and eating
- Not rely on alcohol gels as these do not kill the virus

An infection with norovirus is self-limiting and most people will make a full recovery in 1-2 days. It is important to keep hydrated – especially children and the elderly.

Do not visit either A&E or GPs with symptoms as this may spread the virus.

Further information and advice is available from NHS 111, including an online symptom checker at [nhs.uk](https://www.nhs.uk).

5 reasons to get your child vaccinated against flu

- There's now a safe and effective nasal spray vaccine to protect children aged two years and older against flu
- The vaccine is easy to give and painless and has been used safely in other countries for a number of years
- Flu can be a nasty illness that can lead to a stay in hospital, especially for children with other medical conditions like heart disease and diabetes
- If your child gets flu they won't be able to go to school/nursery for several days and will need to be cared for at home. You may have to take time off to look after them
- Protecting your child can stop the flu spreading to other children he/she may come into contact with, and to the rest of the family, in particular to grandparents, who may be at particular risk from flu



What should I do?

If your child is two or three years of age, your GP will contact you to arrange a vaccination appointment. If you haven't heard by the middle of October contact your surgery to request an appointment.

For more information visit: www.nhs.uk/child-flu

Information for headteachers and other school staff

Immunising primary school children against flu



This information is for headteachers and school staff to answer the most frequently asked questions regarding the nasal spray flu vaccination being offered to children in their schools during the autumn term 2015. It is not intended for children or parents/guardians as they will receive their own dedicated information at the appropriate time.

Background to the programme

From October 2015, all children of school years 1 and 2 age in England will be offered flu vaccination in the form of a nasal spray. For the majority of children this will be offered via a school-based programme, although in a few areas it may be through alternative schemes such as community pharmacies and general practices. The reason that the programme is mostly being offered in schools is because school-based immunisation programmes provide a very effective means of delivering important health programmes to school-aged children, ensuring good uptake. Children in reception year will also be offered vaccination, although this is more likely to be delivered by their GP.

Flu can be a very unpleasant illness in children. Annual immunisation will not only provide important protection to individual children but will also reduce the spread of flu to their families and the wider community, protecting younger siblings, grandparents and others who are at increased risk of becoming seriously ill from flu. There is also some evidence to suggest that vaccinating children will have a positive impact on school absenteeism, improving the educational opportunities of children.

This extension of the national flu immunisation programme to children of school years 1 and 2 age is part of a phased roll-out of flu immunisation to children. It is based on the advice from an independent expert committee, the Joint Committee on Vaccination and Immunisation, that advises the Government on vaccination policies.

The role of schools and school staff

When do the vaccinations need to be given?

To be effective, vaccinations need to be given between October and December (preferably before flu starts circulating). As flu viruses can change, vaccines are made each year to provide protection against the predicted circulating flu viruses, hence the vaccine needs to be given on an annual basis.

When will schools be contacted?

If your local NHS England team plans to deliver this programme through schools in your area, local health service providers should be in touch between April and June 2015 (if they are not already in contact with you). They will explain how the programme is planned to be delivered in your area to children who attend your school, including whether children in the reception year will be offered vaccination in the school or by their GP.

What will schools be asked to do?

You will be asked to:

- work with the healthcare team to develop and agree the best approach for implementing the programme in your school. The more time that is given to planning, the more likely it is that the programme will run smoothly
- agree a date for the vaccination session and provide a suitable location for the immunisation to take place (e.g. school hall or classroom). The healthcare team will agree their specific requirements with you
- agree a process for providing parents with the invitation letter, information leaflet and consent form.

Schools may be asked to help with the tasks that cannot easily be done by the healthcare team such as sending information home with children, collecting completed consent forms, and taking children to and from the vaccination session where necessary. Local healthcare teams will be making contact with schools in areas where a schools-based delivery model has been agreed and will work with schools to ensure minimum disruption.

Delivery of the programme will be dependent on local circumstances, commissioning arrangements and schools agreeing to host the vaccination session. Where schools do not host sessions, or four-year-olds

already at school are being invited through general practice, then children may need to be released from school to receive their vaccine elsewhere.

Who will be giving the vaccine to the children?

The programme will be delivered by a healthcare team including nurses, healthcare support workers and administrative staff. They may be part of the school health service, or from a specialist immunisation team. The healthcare team will administer the vaccination and will work to nationally set standards. Staff will have appropriate qualifications and training.

How will parent/guardian consent be obtained?

Parental consent will be arranged via a letter, information leaflet and consent form that the healthcare team will provide. Ideally this will be sent home from school with the child. It should be signed by parents or guardians and returned to the healthcare team by the deadline agreed with the team. In most cases the healthcare team will ask that parents return these forms to the school and the healthcare team will collect them from there.

How will the healthcare team identify the children to be vaccinated?

The healthcare team will have a list of all eligible children for whom consent has been received. They may ask the class teacher or assistant to confirm the identity of younger children before giving the vaccination.

Who decides whether a child receives the vaccination?

Only eligible children for whom consent has been received will be vaccinated. The healthcare team will make all decisions regarding whether a child should receive the vaccination, taking into account information on the consent form and, for example, whether the child is well on the day.

Can parents refuse to have their child vaccinated?

Yes. The vaccination is not mandatory. Parents will need to give their informed consent for the vaccination. The nasal vaccine contains a highly processed form of gelatine (derived from pigs). Some faith groups may or may not accept the use of porcine gelatine in medical products – the decision is, of course, up to the parents/guardians.

What happens if a child is not present on the day when vaccination is offered in the school?

This will depend on local arrangements and the healthcare team will discuss arrangements with you.

What should be done if a child becomes unwell after receiving the vaccination?

If the healthcare team is still on site, seek advice directly from them. If the healthcare team have left the site, manage according to existing policies for pupil sickness in school and contact the healthcare team to ensure they are aware and can report any event related to the administration of the vaccine.

Can teachers have the vaccine?

Not as part of the programme. The nasal spray vaccine, Fluenz Tetra®, used in this programme is not licensed for adults. Some schools, however, may choose to provide an injectable vaccine for their teachers through their own occupational health services.

Staff with certain medical conditions that put them more at risk of flu, or who are pregnant, are entitled to free flu vaccination (injectable vaccine) through the NHS. Eligible staff should contact their GP practice.

Why are only children of school years 1 and 2 age being offered the vaccine in the majority of areas?

The extension of the national flu immunisation programme to children of school years 1 and 2 age is part of a phased roll-out of flu immunisation to children, based on the advice of independent experts. More birth cohorts will be included in future as the programme expands.

What about children in reception year?

Children in reception year may be offered vaccination as part of the schools-based programme, depending on local circumstances. If this is happening in your area your healthcare team will include this in your school plan. Where reception children are not included in the schools programme, their GP will offer vaccination.

Are pre-school children being offered flu vaccination in general practice?

Yes, all children who are aged two, three and four years old on 31 August 2015 will be offered flu vaccination through general practice. Depending on local circumstances, some four-year-olds who have started school may be offered flu vaccination through schools.

Why are all primary school age children being offered the vaccine in some areas?

Six areas around the country have been piloting the programme for the past two years. These pilot areas will continue to offer the vaccine to all primary school-aged children.

How effective is the vaccine?

You may have heard that the flu vaccine provided low protection against flu infection last year because of a mismatch between one strain, A(H3N2), selected for the vaccine and the main A(H3N2) strain that circulated during the winter. It is important that these results do not discourage parents/ guardians from taking up the vaccination for their child in 2015/16. Throughout the last decade, there has generally been a good match between the strains of flu selected in the vaccine and those that subsequently circulated. The vaccine still provides the best protection available to protect people at risk from flu and those individuals are advised to seek immunisation.



The nasal spray flu vaccine

- Almost all children will be eligible to have the vaccine as a nasal spray (up the nose), which is a quick and painless process
- Serious side effects are uncommon but many children can develop a runny or blocked nose, headache, some tiredness or loss of appetite that lasts for a short period.
- The 'Protecting your child against flu' leaflet provides more information for parents on the vaccine, including how it works and contraindications

All questions on the suitability of the vaccine for individual children should be directed to the healthcare team. School staff will not be expected to answer questions about this programme.

Further information

The healthcare team will share a copy of a template letter to be sent to parents, the 'Protecting your child against flu' printed leaflet, and consent form. This information will include a contact point so any queries from school staff or parents about the programme can be directed to the healthcare team. This will ensure parents are able to access advice about the suitability of the vaccine for their child in confidence.

Further updates on the national flu immunisation programme, including the extension of the programme to children, will be added to the Public Health England website in the lead up to the 2015/16 flu season at: www.gov.uk/government/collections/annual-flu-programme



For more information on the Joint Committee on Vaccination and Immunisation see: www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation

Protecting your child against flu

Information for the parents of children aged
from 2 to 13 (years 7 and 8 at school)



Flu mmunisation 2014/15

Helping to protect everyone, every winter

This year, the flu vaccine is being offered to children:

- aged two, three and four years*
- of primary school age in those pilot areas that offered the vaccine in 2013/14
- in school years 7 and 8 in several large pilot areas around the country.

This leaflet explains why these various groups of children are now being offered the vaccination, as well as describing the disease and the vaccine.

*i.e. your child's birthday falls on or after 2 September 2009, or on or before 1 September 2012.

Why should children have the flu vaccine?

Flu can be a very unpleasant illness in children causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can often last several days. Some children can also get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Complications of flu can include a painful ear infection, bronchitis, and pneumonia – these may be severe.

Why aren't all children up to 13 years of age now being offered the vaccine?

Vaccinating very large numbers of children in a short period of time requires a lot of planning and resources. So last year, children aged two

and three were vaccinated in GP surgeries, and children aged four to ten were vaccinated in a small number of pilot areas around England, to see what worked best in terms of reaching the maximum number of children.

The experience gained from this exercise – which was so successful that it will be repeated in the same areas in 2014/15 – will also now be used in vaccinating children in school years 7 and 8 in several large pilot areas around the country.

Why is it necessary to vaccinate so many children all at once?

For the best protection, flu vaccine should be given before flu starts circulating which is why children will be offered vaccination in the autumn and early winter. By offering vaccination to so many children at once the disease isn't able to spread as easily, so not only are individual children protected but also their younger brothers and sisters, and other family members including their grandparents.



Will all children be offered the vaccine?

The pilot programmes in primary and secondary schools are designed to help us understand how best to vaccinate large numbers of children in a very short period of time. Using this information, it may prove possible to offer the vaccination to all children aged two to 16. Exactly how the programme will roll out year by year, and for how long, will be guided by the experience of the previous years' programmes.

What are the benefits of the vaccine?

Having the vaccine will help protect your child from what can be a very nasty illness and will also reduce the chance of others in your family getting it. It can help you avoid having to take time out because you are ill or to look after your sick child.

How will the vaccine be given?

For most children, it will be given as a nasal spray.

Who will give my child their vaccination?

That will depend on your child's age, whether they are still at home or at school and how the programme is being delivered in your area, e.g. it could be the practice nurse at your GP surgery, a nurse or healthcare assistant at your child's school, or in a pharmacy.

How does the new nasal vaccine work?

The nasal vaccine contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity, so that when your child comes into contact with the flu virus they are unlikely to get ill.

Are there any side effects of the vaccine?

Serious side effects are uncommon but many children can develop a runny or blocked nose, headache, some tiredness or loss of appetite that last for a short period. The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having had the spray, there's no need to worry that it hasn't worked.

Are there any children who shouldn't have the nasal vaccine?

Children should not have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past week (vaccination should be delayed until at least seven days after the wheezing has stopped)
- are severely asthmatic, i.e. being treated with oral steroids or high dose inhaled steroids
- are allergic to eggs or any part of the vaccine* or
- have a condition that severely weakens their immune system.

Also, children who have been vaccinated should avoid close contact with people with very severely weakened immune systems for around two weeks following vaccination because there's an extremely remote chance that the vaccine virus may be passed to them.

*see the website at <http://xpil.medicines.org.uk> and enter Fluenz or Fluenz tetra in the search box for a list of the ingredients of Fluenz vaccine'

I believe the nasal vaccine contains products derived from pigs (porcine gelatine), which means my child can't have it because of our beliefs.

The nasal vaccine contains a highly processed form of gelatine (derived from pigs), which is used in a range of many essential medicines. The nasal vaccine provides the best protection against flu, particularly in young children.

This nasal vaccine not only helps protect your child against disease but, if enough children are vaccinated, the disease won't spread from one person to another, and so their friends and family are also protected.

Some faith groups accept the use of porcine gelatine in medical products – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine, see www.gov.uk/government/news/vaccines-and-gelatine-phe-response

Can't my child have the injected vaccine that doesn't contain gelatine?

The nasal vaccine offers the best protection for your child and it reduces the risk to, for example, a baby brother or sister who is too young to be vaccinated, as well as other family members (for example, grandparents) who may be more vulnerable to the complications of flu. The injected vaccine is not thought to reduce spread as effectively and so is not being offered to healthy children as part of this programme.

However, if your child is at high risk from flu due to one or more medical conditions or

treatments and can't have the nasal flu vaccine because of this, they should have the flu vaccine by injection.

Has the vaccine been used in other countries?

Yes; it has been used safely in America for many years and it was used in 2013/14 flu season in the UK where hundreds of thousands of children were successfully vaccinated.

What will happen next?

Your GP or child's school will contact you about the vaccination. Talk to your GP, practice nurse, your child's school nurse or your health visitor if you have any further questions. Or you can visit www.nhs.uk/child-flu



5 reasons to get your child vaccinated

- 1** Nasal spray vaccine to protect children aged two years and older against flu is effective and has an excellent safety record
- 2** The vaccine was introduced in the UK in 2013/14, it is easy to give, is painless, and has been used in other countries for a number of years
- 3** Flu can be a nasty illness that can lead to a stay in hospital, especially for children with other medical conditions like heart disease and diabetes
- 4** If your child gets flu they won't be able to go to school/nursery for several days and will need to be cared for at home. You may have to take time off to look after them
- 5** Protecting your child can stop the flu spreading to other children he/she may come into contact with, and to the rest of the family, in particular to infants and grandparents, who may be at particular risk from flu

© Crown copyright 2014 2902552 3p 150k Oct 14 (ESP)
First published July 2014

Produced by Williams Lea for Public Health England



Public Health
England

NHS

The flu vaccination Winter 2015/16

Who should have it and why

Includes information for children
and pregnant women



Flu **i**mmunisation 2015/16

Helping to protect everyone, every winter

This leaflet explains how you can help protect yourself and your children against flu this coming winter, and why it's very important that people who are at increased risk from flu have their free flu vaccination every year.

What is flu? Isn't it just a heavy cold? How will I know I've got it?

Flu occurs every year, usually in the winter, which is why it's sometimes called seasonal flu. It's a highly infectious disease with symptoms that come on very quickly. Colds are much less serious and usually start gradually with a stuffy or runny nose and a sore throat. A bad bout of flu can be much worse than a heavy cold.

The most common symptoms of flu are fever, chills, headache, aches and pains in the joints and muscles, and extreme tiredness. Healthy individuals usually recover within two to seven days, but for some the disease can lead to hospitalisation, permanent disability or even death.

What causes flu?

Flu is caused by influenza viruses that infect the windpipe and lungs. And because it's caused by viruses and not bacteria, antibiotics won't treat it. If, however, there are complications from getting flu, antibiotics may be needed.



How do you catch flu? Can I avoid it?

When an infected person coughs or sneezes, they spread the flu virus in tiny droplets of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed. You can prevent the spread of the virus by covering your mouth and nose when you cough or sneeze, and you can wash your hands frequently or use hand gels to reduce the risk of picking up the virus.

But the best way to avoid catching and spreading flu is by having the vaccination before the flu season starts.

How do we protect against flu?

Flu is unpredictable. It is not possible to predict fully the strains that will circulate each year, and there is always a risk of a change in the virus as was seen in the recent season. However, this does not happen very often. During the last ten years the vaccine has generally been a

good match for the circulating strains. The vaccine still provides the best protection available against an unpredictable virus that can cause severe illness.

The most likely viruses that will cause flu each year are identified in advance of the flu season in the UK and vaccines are then made to match them as closely as possible. The vaccines are given in the autumn ideally before flu starts circulating.

Flu vaccines protect against the main three or four types of flu virus most likely to be circulating.

What harm can flu do?

People sometimes think a bad cold is flu, but having flu can be much worse than a cold and you may need to stay in bed for a few days.

Some people are more susceptible to the effects of flu. For them, it can increase the risk of developing more serious illnesses such as bronchitis and pneumonia, or can make existing conditions worse. In the worst cases, flu can result in a stay in hospital, or even death.

Am I at increased risk from the effects of flu?

Flu can affect anyone but if you have a long-term health condition the effects of flu can make it worse even if the condition is well managed and you normally feel well. You should have the free flu vaccine if you are:

- pregnant
- or have one of the following long-term conditions:
- a heart problem
 - a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
 - a kidney disease
 - lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
 - liver disease
 - had a stroke or a transient ischaemic attack (TIA)
 - diabetes

- a neurological condition, eg multiple sclerosis (MS), cerebral palsy or learning disability
- a problem with your spleen, eg sickle cell disease, or you have had your spleen removed.
- are seriously overweight

Who should consider having a flu vaccination?

All those who have any condition listed on this page, or who are:

- aged 65 years or over
- living in a residential or nursing home
- the main carer of an older or disabled person
- a household contact of an immunocompromised person
- a frontline health or social care worker
- pregnant (see the next section)
- children of a certain age (see page 6)

By having the vaccination, paid and unpaid carers will reduce their chances of getting flu and spreading it to people who they care for. They can then continue to help those they look after.

The flu vaccination for pregnant women

I am pregnant. Do I need a flu vaccination this year?

Yes. All pregnant women should have the flu vaccine to protect themselves and their babies. The flu vaccine can be given safely at any stage of pregnancy, from conception onwards.

Pregnant women benefit from the flu vaccine because it will:

- reduce their risk of serious complications such as pneumonia, particularly in the later stages of pregnancy
- reduce the risk of miscarriage or having a baby born too soon or with a low birth weight
- help protect their baby who will continue to have some immunity to flu during the first few months of its life
- reduce the chance of the mother passing infection to her new baby

I am pregnant and I think I may have flu. What should I do?

If you have flu symptoms you should talk to your doctor urgently, because if you do have flu there is a prescribed medicine that might help (or reduce the risk of complications), but it needs to be taken as soon as possible after the symptoms appear.

You can get the free flu vaccine from your GP, or it may also be available from your pharmacist or midwife.



I had the flu vaccination last year. Do I need another one this year?

Yes; the flu vaccine for each winter helps provide protection against the strains of flu that are likely to be present and may be different from last year's.

For this reason we strongly recommend that even if you were vaccinated last year, you should be vaccinated again this year. In addition protection from the flu vaccine may only last about six months so you should have the flu vaccine each flu season.

I think I've already had flu, do I need a vaccination?

Yes; other viruses can give you flu-like symptoms, or you may have had flu but because there is more than one type of flu virus you should still have the vaccine even if you think you've had flu.

What about my children? Do they need the vaccination?

If you have a child over six months of age who has one of the conditions listed on page 4, they should have a flu vaccination. All these children are more likely to become severely ill if they catch flu, and it could make their existing condition worse. Talk to your GP about your child having the flu vaccination before the flu season starts.

The flu vaccine does not work well in babies under six months of age so it is not recommended. This is why it is so important that pregnant women have the vaccination – they will pass on some immunity to their baby that will protect them during the early months of their life.

This year some other groups of children are also being offered the flu vaccination. This is to protect them against the disease and help reduce its spread both to other children, including their brothers or sisters, and, of course, their parents

and grandparents. This will avoid the need to take time off work because of flu or to look after your children with flu.

The children being offered the vaccine this year, are:

- all two, three or four years of age*
- all children in school years 1 and 2**
- all primary school aged children in some parts of the country

* ie born between 1 September 2010 and 31 August 2013

** ie born between 1 September 2008 and 31 August 2010

Children aged two, three and four will have the vaccination in their GP's surgery although

Don't wait until there is a flu outbreak this winter, get your free flu jab now.

in some areas four-year-olds who have started school may be offered flu vaccination in school instead.

All children in school years 1 and 2 throughout England, and in some areas all primary school-aged children, will be offered the flu vaccine. It is likely that in most areas the vaccinations will be in schools, although it may be offered through other schemes such as general practices and local pharmacies.

For most children, the vaccine will be given as a spray in each nostril. This is a very quick and painless procedure.

For more information on children and flu vaccination see the NHS Choices information at nhs.uk/child-flu



Can the flu vaccine be given to my child at the same time as other vaccines?

Yes. The flu vaccine can be given at the same time as all routine childhood vaccines. The vaccination can go ahead if your child has a minor illness such as a cold but may be delayed if your child has an illness that causes a fever.

Is there anyone who shouldn't have the vaccination?

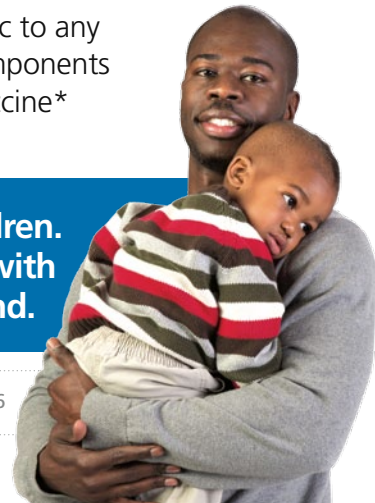
Almost everybody can have the vaccine, but you should not be vaccinated if you have ever had a serious allergy to the vaccine, or any of its ingredients. If you are allergic to eggs or have a condition that weakens your immune system, you may not be able to have certain types of flu vaccine – check with your GP. If you have a fever, the vaccination may be delayed until you are better.

What about my children?

Children should not have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past three days (vaccination should be delayed until at least three days after the wheezing has stopped)
- are severely asthmatic, ie being treated with oral steroids or high dose inhaled steroids
- have a condition that severely weakens their immune system or have someone in their household who needs isolation
- have severe egg allergy. Most children with egg allergy can be safely immunised with nasal flu vaccine. However, children with a history of severe egg allergy should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine*

Not all flu vaccines are suitable for children. Please make sure that you discuss this with your nurse, GP or pharmacist beforehand.



If your child is at high risk from flu due to one or more medical conditions or treatments and can't have the nasal flu vaccine because of this, they should have the flu vaccine by injection.

Also, children who have been vaccinated with the nasal spray should avoid close contact with people with very severely weakened immune systems for around two weeks following vaccination because there's an extremely remote chance that the vaccine virus may be passed to them.

*see the website at <http://xpil.medicines.org.uk> and enter Fluenz Tetra in the search box for a list of the ingredients of the vaccine

Does the nasal vaccine contain gelatine derived from pigs (porcine gelatine)?

Yes. The nasal vaccine contains a highly processed form of gelatine (porcine gelatine), which is used in a range of many essential medicines. The gelatine helps to keep the vaccine viruses stable so that the vaccine provides the best protection against flu.

Can't my child have the injected vaccine that doesn't contain gelatine?

The nasal vaccine provides the best protection against flu, particularly in young children. It also reduces the risk to, for example, a baby brother or sister who is too young to be vaccinated, as well as other family members (for example, grandparents) who may be more vulnerable to the complications of flu. The injected vaccine is not thought to reduce spread so effectively and so is not being offered to healthy children as part of this programme. However, if your child is at high risk from flu due to one or more medical conditions or treatments and can't have the nasal flu vaccine they should have the flu vaccine by injection.

Some faith groups accept the use of porcine gelatine in medical products – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine, see www.gov.uk/government/news/vaccines-and-gelatine-phe-response

Will I get any side effects?

Side effects of the nasal vaccine may commonly include a runny or blocked nose, headache, tiredness and some loss of appetite. Those having the injected vaccine may get a sore arm at the site of the injection, a low grade fever and aching muscles for a day or two after the vaccination. Serious side effects with either vaccine are uncommon.

Will the flu vaccine protect me completely?

Because the flu virus can change from year to year there is always a risk that the vaccine does not match the circulating virus. During the last ten years the vaccine has generally been a good match for the circulating strains although last year it was less so.

How long will I be protected for?

The vaccine should provide protection throughout the 2015/16 flu season.

What do I need to do now?

If you belong to one of the groups mentioned in this leaflet, it's important that you have your flu vaccination. The vaccines are normally available from late September or early October, depending on supplies.

Speak to your GP or practice nurse, or alternatively your local pharmacist, to book a vaccination appointment and get the best possible protection. For pregnant women, the vaccine may also be available through maternity services. The flu jab is free. So make an appointment to receive the vaccine as soon as possible

Organisations wishing to protect their employees against flu (unless they are at risk) will need to make arrangements for the vaccinations to be given through their occupational health departments. These vaccinations are not available on the NHS and will have to be paid for by the employer.

If you are a frontline health or social care worker, find out what arrangements have been made at your workplace for providing flu vaccination. It's important that you get protected.

Summary of those who are recommended to have the flu vaccine:

- everyone aged 65 and over
- everyone under 65 years of age who has a medical condition listed on page 4, including children and babies over six months of age
- all pregnant women, at any stage of pregnancy
- all two-, three- and four-year-old children
- all children in school years 1 and 2
- all primary school-aged children in some parts of the country
- everyone living in a residential or nursing home
- everyone who cares for an older or disabled person
- household contacts of anyone who is immunocompromised
- all frontline health and social care workers

For advice and information about the flu vaccination, speak to your GP, practice nurse or pharmacist.

It is best to have the flu vaccination in the autumn before any outbreaks of flu. Remember that you need it every year, so don't assume you are protected because you had one last year.



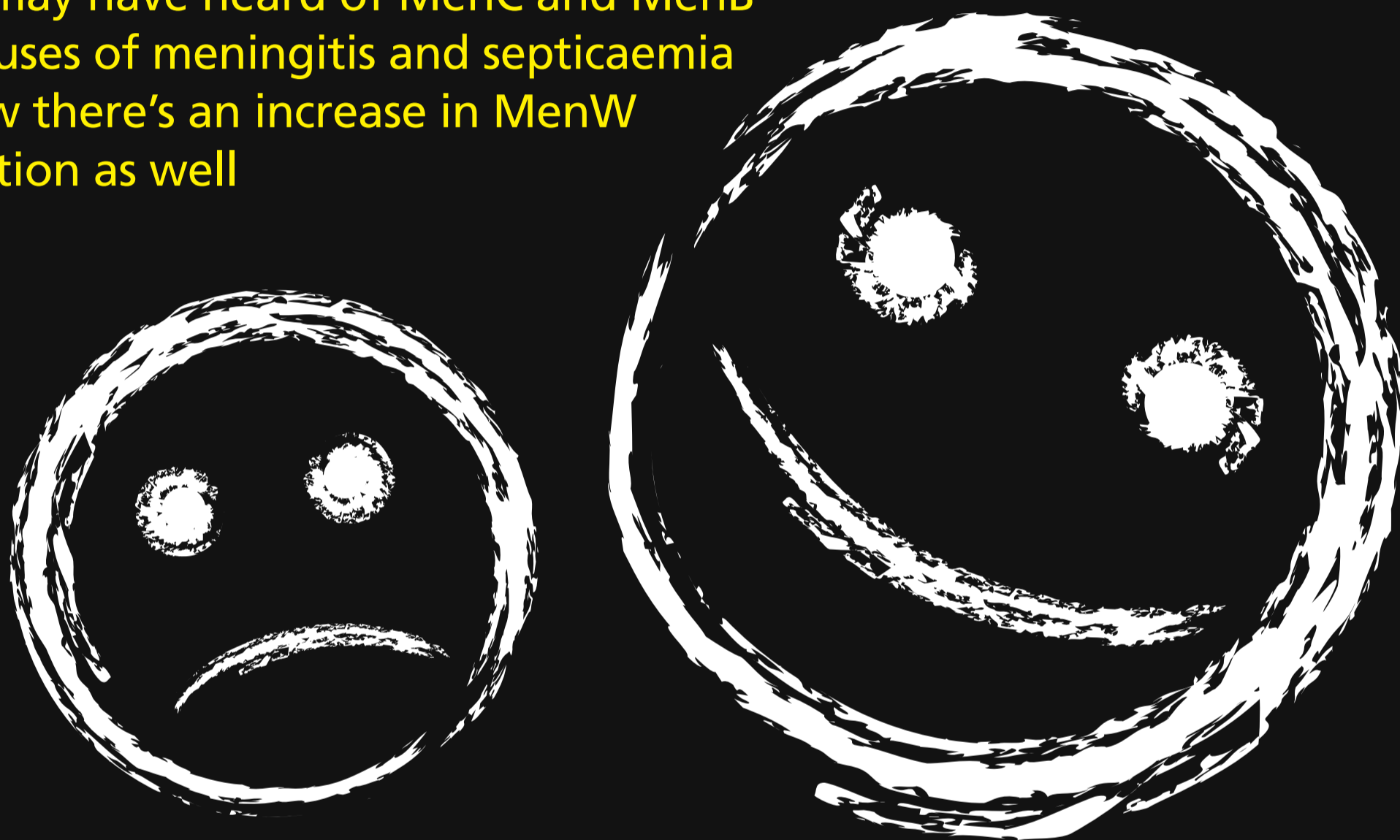
© Crown copyright 2015
3079111 1p 200k July 2015 (REF)
Produced by Williams Lea for Public Health England

www.nhs.uk/vaccinations

New information for students
in schools and sixth form colleges

MENINGITIS AND SEPTICAEMIA

You may have heard of MenC and MenB
as causes of meningitis and septicaemia
– now there's an increase in MenW
infection as well



- Meningitis and septicaemia can kill very quickly
- Cases caused by meningococcal W (MenW) bacteria are increasing in the UK
- All age groups are being affected but teenagers and young adults have a higher risk of meningococcal disease
- A vaccination programme is being introduced to provide added protection against MenW and to reduce the spread of the disease to others
- The MenACWY vaccine that will be used will protect against 4 meningococcal groups (A, C, W and Y) and will start in schools in September 2015
- Even if you have already had a MenC vaccine you should have the MenACWY vaccine
- If you're in school years 9 to 13 (aged 13-18 years) you're in a high risk group, so make sure you don't miss out on your vaccination
- Look out for the vaccination team visiting your school – you will be contacted when you are due to be vaccinated
- If you are going to university in 2015, go to your GP to get the vaccination before you go but if you miss out register with a GP at uni and get the vaccination there

For more information, speak to your school nurse or your doctor, or visit
www.nhs.uk/meningitis, www.meningitis.org or www.meningitisnow.org

In school years 9 to 13?

Protect yourself against

**meningitis and
septicaemia**



Are you in school
years 9 to 13 (aged 13 to
18 years)? Living in England?

You need to get the MenACWY
vaccination before you leave school
or soon after. This leaflet tells you
what to expect next.

MENINGOCOCCAL DISEASE

is a rare but life-threatening disease caused by meningococcal bacteria which are divided into several groups. The most common are A, B, C, W and Y. Infants, young children, teenagers and young adults have the highest risk of meningococcal disease.

This leaflet explains why it's important that students in school years 9 to 13 have MenACWY vaccination to protect against meningococcal disease.



Since 2009 there has been a year on year increase in the number of cases of meningococcal W (MenW) disease and there is no sign of the numbers declining. Older teenagers and young adults are more at risk of getting meningitis and septicaemia from MenW. A catch – up programme offering a MenACWY vaccination to every pupil from years 10 to 13 is starting in general practice from late August and in schools from September 2015 onwards.

The MenACWY vaccine will also replace the teenage MenC vaccine usually offered to year 9 or 10 students and become the routine vaccination for teenagers.


What is meningococcal disease?

Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). Both diseases are very serious and can kill, especially if not diagnosed early.

The early symptoms of meningococcal disease are similar to those of flu, so you need to be able to recognise the symptoms very quickly (even if you have been vaccinated, the vaccines offered through the routine immunisation programme do not protect against all forms of the disease). A full description of the signs and symptoms of meningitis and septicaemia can be found at www.meningitis.org and www.meningitisnow.org

What causes meningococcal disease?

There are five main groups of meningococcal bacteria that can cause meningitis and septicaemia – A, B, C, W and Y. The same bacteria that cause this serious disease are also commonly carried in the back of the nose and throat, especially in young adults.



Look out for any of these symptoms

- Fever, cold hands and feet
- Vomiting and diarrhoea
- Drowsiness, difficult to wake up
- Irritability and/or confusion
 - Dislike of bright lights
- Severe headache or muscle pains
 - Pale, blotchy skin with or without a rash
 - Convulsions/seizures
 - Stiff neck

How common is it?

Meningococcal group C disease is now rare since MenC vaccination was introduced to the national immunisation programme in 1999. MenB is now the most common cause of meningococcal disease in children and young adults, while MenW and MenY used to mainly cause serious illness in older adults. Since 2009, however, there has been a large increase in MenW disease in England, resulting in several deaths among infants and teenagers. From September 2015, MenB vaccine will become part of the routine infant programme to help protect young babies.

Why do I need to get the vaccine?

As an older teenager, you become at higher risk of getting MenW meningococcal disease, so you need to get vaccinated to protect yourself. Vaccination also reduces the risk of you carrying the bacteria and so protects other people around you. This should, in turn, prevent the numbers increasing to serious levels. You may have had a MenC vaccination as a baby and again more recently but this will not protect you against

other meningococcal groups. The MenACWY vaccine will increase your protection against MenC and help to protect you against three other meningococcal groups (A, W and Y). It is still important to know the signs and symptoms of meningitis and septicaemia because there are many other bacteria that can also cause these illnesses, including the group B strain that is not covered by this vaccination.

When will I get the vaccination?

It's recommended that all teenagers in school years 10 to 13 have the MenACWY vaccination before or soon after they leave school. The catch – up programme will start in August 2015 and end in around October 2017. With so many pupils to vaccinate, the programme will be rolled out gradually, with year 13 pupils offered the vaccine first. These older teenagers are at greatest risk of the disease especially when starting university where they will come into contact with many new people of a similar age.

In addition, all year 9 students (and year 10 students in some areas) will be offered the MenACWY vaccine routinely instead of the MenC vaccine.

Do I have to have it?

All vaccinations in the UK are voluntary but it's recommended that everybody in this age group has the MenACWY vaccine to help protect themselves and others, such as young infants, who may be particularly susceptible to this disease. You, or your parent/guardian, have to consent to have the vaccine.

What if I want the vaccination but my parents don't agree?

If you can show that you understand the benefits and risks of MenACWY vaccination, you can consent to have the vaccine. But it's hoped that you will discuss the matter as a family and come to a shared decision.

What if I want more information before consenting?

If you feel you need more information about any aspect of vaccination you or your parents can always speak to the nurse or GP. You can also call the NHS helpline 111 or contact the meningitis charities listed at end of this leaflet.

What do I need to do if I'm in year 13 now?

You will get an invitation from your GP to have the vaccine in the summer. Students in lower years will be offered the vaccine through schools or general practice. You will get further information about this later in the year.

What do I need to do if I'm planning to go to university?

New university students are at particularly high risk in the first weeks of term. You should always register with a GP in the area when you start university and you can arrange to get the vaccine there. You should do that straight away – ideally in your first week of term – don't leave it till later.


Is the vaccine safe?

The vaccine has been used for many years across the world and has an excellent safety record. Serious side effects from the vaccine are rare.

Does the vaccination hurt?

What are the common side effects?

It's like a sting. You may get soreness and some redness and swelling in your arm after the injection - you may also get a headache, but these symptoms should disappear after one or two days. If you feel unwell at any time after vaccination, you should contact your GP.



Meningitis and septicaemia are very serious and require urgent attention. If you think you've got either, get help immediately and make sure your fellow students know to look out for you and each other.

Do the glass test

Someone with septicaemia may develop a few spots or a widespread rash with fever. Later on the rash can develop into purple blotches that do not fade under pressure. You can do a test for this by pressing the side of a drinking glass against the rash. If you have a fever and a rash, and the rash does not fade under pressure, get medical help immediately by calling 999 or getting someone to take you to the nearest hospital emergency department. Never wait for a rash, though. It can be a late sign or may not appear at all. If someone is ill and getting worse get medical help immediately.



How can I find out more?

There is more information about the MenACWY vaccination on the NHS Choices website at www.nhs.uk/conditions/Meningitis/Pages/Introduction.aspx or you can talk to your GP, nurse or university health centre if you have any questions.

The following charities also provide information, advice and support:

Meningitis Now

Freephone Meningitis Helpline
0808 80 10 388
9am to 10pm every day
www.meningitisnow.org

Meningitis Research Foundation

Free helpline 080 8800 3344
(9am to 10pm weekdays, 10am to 8pm weekends and holidays)
www.meningitis.org