



Public Health
England

Protecting and improving the nation's health

London Health Protection Team

Winter-readiness information for London schools and nurseries

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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.

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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:

- key messages for care head teachers on winter preparedness
- two checklists on flu and norovirus readiness and when and how to report outbreaks
- leaflets and further information on flu, norovirus and meningitis

Key messages for schools on winter preparedness

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

Recognise outbreaks ✓

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

- North West London: 020 3326 1658
- North East and North Central London: 020 3837 7084
- South London: 0344 326 2052

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

www.gov.uk/health-protection-team

London 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 & 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 (eg for staff providing close personal care to an ill child for more than an hour*) – ie 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. Ensure disposable tissues are available and staff and children understand the need for using them (whilst waiting for collection) and how to use them eg 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 hand washing facility, this includes toileting areas and classrooms and stock levels 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 (eg entrances/exits, and classrooms under supervision), and maintain supplies in view of increased use		
13. Ensure 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 (eg 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 (ie two or more cases linked by time and place).		
17. Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team.		
18. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (ie 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 (eg nose/throat swabs required and advice on those requiring antiviral treatment).		
Actions to take in the event of a flu outbreak		
20. In the event of a flu outbreak discourage the sharing of communal toys/equipment. Encourage the cleaning of hands and objects when passing round shared toys. Suspend use of communal soft toys due to problems with cleaning them adequately. Do not allow children to share objects that may become contaminated with respiratory secretions (eg wind instruments).		
21. Avoid bringing children together in large crowds in enclosed spaces (eg whole school assemblies)		
22. Display flu posters (exclusion poster, hand washing poster and 'catch it bin it kill it')		
23. Send information to parents informing them that there is an outbreak of flu and reinforcing exclusion criteria, ie do not send children back to school until they are symptom free, and basic hygiene.		

London 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 hand washing 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 hand washing facilities			
4. Ensure that Personal Protective Equipment (PPE) is available – ie 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 (ie two or more cases linked by time and place).			
7. Outbreaks of D&V should be reported promptly to the local health protection team 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 (ie 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).			
Diarrhoea and/or vomiting outbreak control measures			
9. Immediate control measures to be put into place when an outbreak of D&V is recognised are: <ul style="list-style-type: none"> • Exclusion of cases for 48 hours after any symptoms have ceased, this includes nursery/school staff • Enhanced cleaning of the environment with a hypochlorite solution. • Effective hand washing with liquid soap and water. 			
10. Brief all staff on infection prevention and control measures during the outbreak eg during handover sessions throughout the day.			
11. Inform the school nurse and local authority as per local protocol			
12. Maintain high standards of record keeping to investigate the outbreak and help identify the source of the infection by completing a log sheet (ie list of staff and pupil cases incl. dates of birth, GP details, symptoms and frequency, date of onset of symptoms of the first case, location of cases, number of pupils at the school)			
13. Remove all alcohol gel in use in the event of a D&V outbreak (it is only effective if used in addition to liquid soap and water).			
14. Discourage the sharing of communal toys/equipment. Encourage the cleaning of hands and objects when passing round shared objects/toys. Suspend use of communal soft toys (due to the problems with cleaning them adequately), water, soft dough and sand play. Do not allow children to share objects that may become contaminated.			

15. 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.		
16. Ensure pupils/staff are encouraged to seek advice from a healthcare provider and have samples taken		
17. Send information to parents informing them that there is an outbreak of diarrhoea and vomiting at the nursery/school and reinforce exclusion criteria and basic hygiene		
18. During an outbreak restrict visitors to the school as much as possible and any visitors should be advised of the outbreak and the need for thorough hand washing prior to leaving the school.		
19. Consider suspending visits to other schools and any organised school events, etc until the outbreak is declared over (48 hours of no new cases at the school which includes both staff and pupils).		

Resources

Flu

Checklist

See checklist on pages 5-6 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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526367/PHE_Protecting_Child_Flu_May16.pdf

Leaflet: 5 reasons to vaccinate your child against flu

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/527475/9833_PHE_5_reasons_Flu_poster_2016_02b_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/525898/PHE_Flu_PrimarySchool_HeadTeacher_May2016.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/uploads/system/uploads/attachment_data/file/530741/9833_PHE_Flu-learning-disability-A4-8pp-6-WEB.pdf

Further information and leaflets on flu can be found at:

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

Norovirus

Checklist

See checklist on pages 8-9 for actions to prepare for the winter vomiting bug (norovirus) and what to do in an outbreak.

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/543950/PE_9909_MenW_leaflet.pdf

Meningitis and septicaemia: important information for new university entrants in England

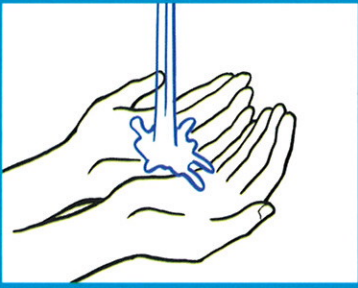
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545554/PE_9909_MenACWY_leaflet.pdf

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547738/PE_MenW_A3_Studentposter.pdf

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

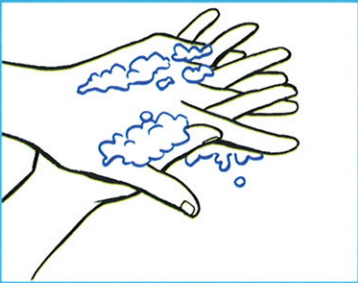
www.nhs.uk/conditions/meningitis/pages/introduction.aspx



Wet



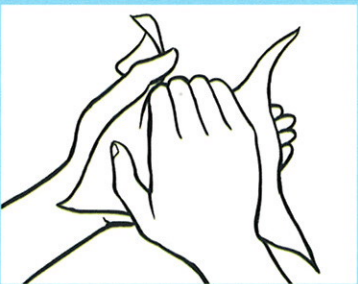
Soap



Wash



Rinse



Dry

Stop germs spreading.
The power is in your hands.

Have you washed your germs away? Wash your hands.



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 vaccinate your child against flu

- The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record
- The nasal spray is painless and easy to have
- Flu can be really serious, especially for children with medical conditions like heart disease and diabetes
- If your child gets flu you may have to take time off to look after them
- Protecting your child can stop flu spreading to other children and the family, especially babies and grandparents, who may be at higher risk from flu.

What should I do?

This year all 2-, 3- and 4-year-olds and children in school years 1, 2 and 3 are being offered the free flu vaccination. You will be contacted to let you know where your child will be vaccinated.*

* In some parts of the country, all primary school-aged children will be offered the vaccine.

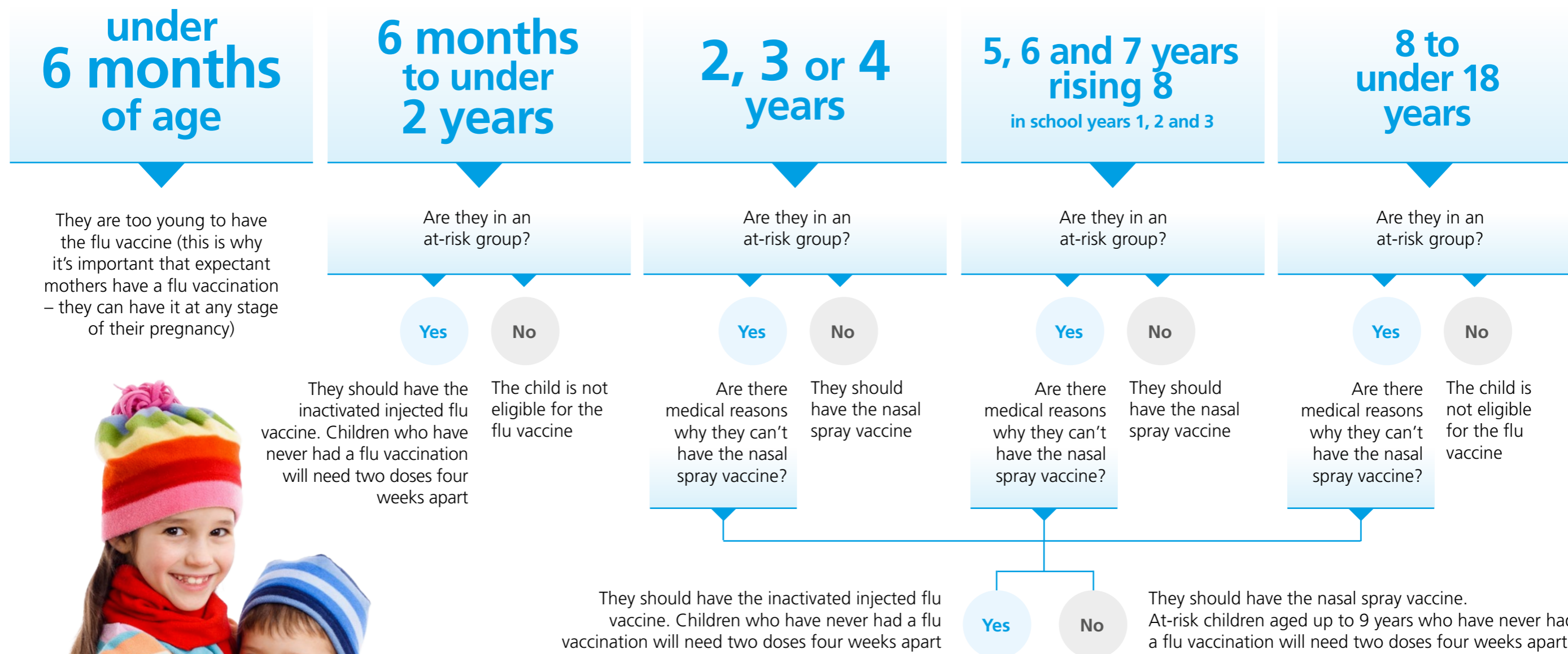
For more information visit: www.nhs.uk/child-flu



Which flu vaccine should children have?

There are two types of flu vaccine available for children in 2016/17 – the ‘live’ nasal spray vaccine and the inactivated injected flu vaccine. This chart indicates which vaccine children should get.

What is the child’s age?



Notes.

- **Those aged two, three or four years old** on 31 August 2016 (but not five years) are eligible for flu vaccination.
- **Children of school years 1, 2 and 3 age** (i.e. those aged five, six and seven on 31 August 2016, rising to eight years old) are eligible for flu vaccination.
- **At-risk children** include those who have a long-term health conditions such as asthma, and other respiratory diseases, liver, kidney and neurological conditions including learning disabilities, even if well managed.
- **The nasal spray vaccine** is a ‘live’ vaccine but the viruses in it have been weakened so they can not cause flu. It is not suitable for all children, including those who are severely asthmatic or immunocompromised, or are on salicylate therapy. Children with egg allergy can have the nasal vaccine. However, parents whose children have a history of severe egg allergy with anaphylaxis should seek specialist advice. There is no suitable alternative flu vaccine available for otherwise healthy children.
- **The vaccine will continue to be offered** to all primary school-aged children in former pilot areas.



Public Health
England

NHS

Protecting your child against flu

Information for
parents



**STAY WELL
THIS WINTER**

Flu  mmunisation 2016/17

This year, the flu vaccine is being offered to:

- **children aged two, three and four years¹**
- **children in school years 1, 2 and 3²**
- **children with a health condition that puts them at greater risk from flu**
- **all children of primary school-age in some parts of the country (in former pilot areas)**

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

¹ ie born between 1 September 2011 and 31 August 2014

² ie born between 1 September 2008 and 31 August 2011

► 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 get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Serious complications of flu include a painful ear infection, acute bronchitis, and pneumonia.

► **Are all children being offered the vaccine?**

No. All children aged two, three and four years and those in school years 1, 2 and 3 are being offered the vaccine. The programme will be gradually extended to further school children in the future.

► **Why are so many children being offered the vaccine?**

By offering the flu vaccination to as many children as possible in the autumn, we help to protect them in time for the winter. As well as protecting these vaccinated children, the infection is then less able to spread, and so it helps to protect their brothers and sisters, and other family members and friends including their parents and grandparents.

► **My child had the flu vaccination last year. Do they need another one this year?**

Yes; the flu vaccine for each winter helps provide protection against the strains of flu that are likely to circulate this year and which may be different from last year. For this reason we recommend that even if vaccinated last year, your child should be vaccinated again this year.

► **How effective is the vaccine?**

Flu vaccine is the best protection we have against an unpredictable virus which infects many people and can cause severe illness and deaths each year particularly among at-risk groups, including older people, pregnant women and those with a health condition, even one that is well managed.

The World Health Organization monitors flu globally and in February each year recommends the strains of flu virus that should be included in the flu vaccine for the forthcoming flu season in the Northern hemisphere. It takes from February through to August/September for vaccine manufacturers to produce sufficient quantities of the vaccine. Because the flu virus can change there is a risk that the vaccine does not match the virus that eventually circulates.

During the last ten years the vaccine has generally been a good match for the circulating strains.

► **Has the nasal vaccine been used in other countries?**

Yes; it has been used safely in the US for many years and over the last three years in the UK where millions of children have been successfully and safely vaccinated.

► **What are the benefits of the vaccine?**

Having the vaccine will help protect your child from what can be a very nasty illness. It may also reduce the chance of others in your family, who could be at greater risk of flu, such as grandparents or those with long term health

conditions, getting flu from your child. It can help you avoid having to take time off work or other activities because you are ill or need to look after your sick child.

Before the programme was offered nationally its' delivery was piloted in a number of areas in England. In those areas, where all primary school age-children were offered vaccine, less flu has been detected in all age groups of the population. This suggests that as well as protecting the vaccinated children other people in those communities benefited too.

► **How will the vaccine be given?**

For most children, it is given as a nasal spray.

► **Who will give my child their vaccination?**

Children aged two, three and four years will be given the vaccination at their general practice usually by the practice nurse.

Children in school years 1, 2 and 3, and all primary school children in former pilot areas, are likely to have the vaccination in school but in some areas this may be offered in other community health settings.

► **How does the nasal spray work?**

The nasal spray contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity. When your child comes into contact with flu viruses they will then be less likely to get ill.

► Are there any side-effects of the vaccine?

Serious side-effects are uncommon. Children may commonly develop a runny or blocked nose, headache, general tiredness and some loss of appetite. This may last a few days.

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.

► What about my child who has a health condition that puts them at risk of flu?

Children with certain health conditions, even if well managed, are at higher risk of severe complications if they get flu. These conditions include:

- serious breathing problems, for example, severe asthma needing regular inhaled or oral steroids
- serious heart conditions
- severe kidney or liver disease
- diabetes
- immunosuppression due to disease or treatment, for example, chemotherapy or radiotherapy treatment for cancer or long-term steroid use, and
- problems with the spleen, either because the spleen has been removed (asplenia) or doesn't work properly, for example, because of sickle cell or coeliac disease.



Your GP may also recommend that your child is vaccinated against flu if they have a condition that affects the nervous system such as cerebral palsy.

If you are not sure whether your child needs a flu vaccination or you need more advice, speak to your practice nurse, GP or health visitor.

From the age of six months onwards these children should have a flu vaccination every year. Most of these children should have the nasal spray vaccine. For some children, the nasal spray is not suitable for medical reasons and it should not be given to children under the age of two. These children will be offered an injectable vaccine instead either at the school or through the GP. If your child is not offered the vaccine in the school, it is important that you contact your GP to arrange an appointment.

► 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 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, or are on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- 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 with anaphylaxis should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine*

* 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

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.

Children who have been vaccinated with the nasal spray should avoid household contact with people with very severely weakened immune systems for around two weeks following vaccination.

► **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 the other 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 a fever.

► **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/publications/vaccines-and-porcine-gelatine

What will happen next?

Your local healthcare team 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. The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record

2. The nasal vaccine is painless and easy to have

3. Flu can be really serious, especially for children with medical conditions like heart disease and diabetes

4. If your child gets flu you may have to take time off to look after them

5. Protecting your child can stop flu spreading to other children and the family, especially babies and grandparents, who may be at higher risk from flu

www.nhs.uk/child-flu



Public Health
England



The flu vaccination

WINTER 2016/17

Who should have it
and why



**STAYWELL
THISWINTER**

Flu **i**mmunisation 2016/17
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 and 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. 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**, ie born between 1 September 2011 and 31 August 2014
- **all children in school years 1, 2 and 3**, ie born between 1 September 2008 and 31 August 2011
- **all primary school aged children in some parts of the country**

Children aged two, three and four will be given the vaccination at their general practice usually by the practice nurse.

All children in school years 1, 2 and 3 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



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

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, or are on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- 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 with anaphylaxis should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine*



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

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 good 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 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/publications/vaccines-and-porcine-gelatine

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.

How long will I be protected for?

The vaccine should provide protection throughout the 2016/17 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, 2 and 3
- 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.



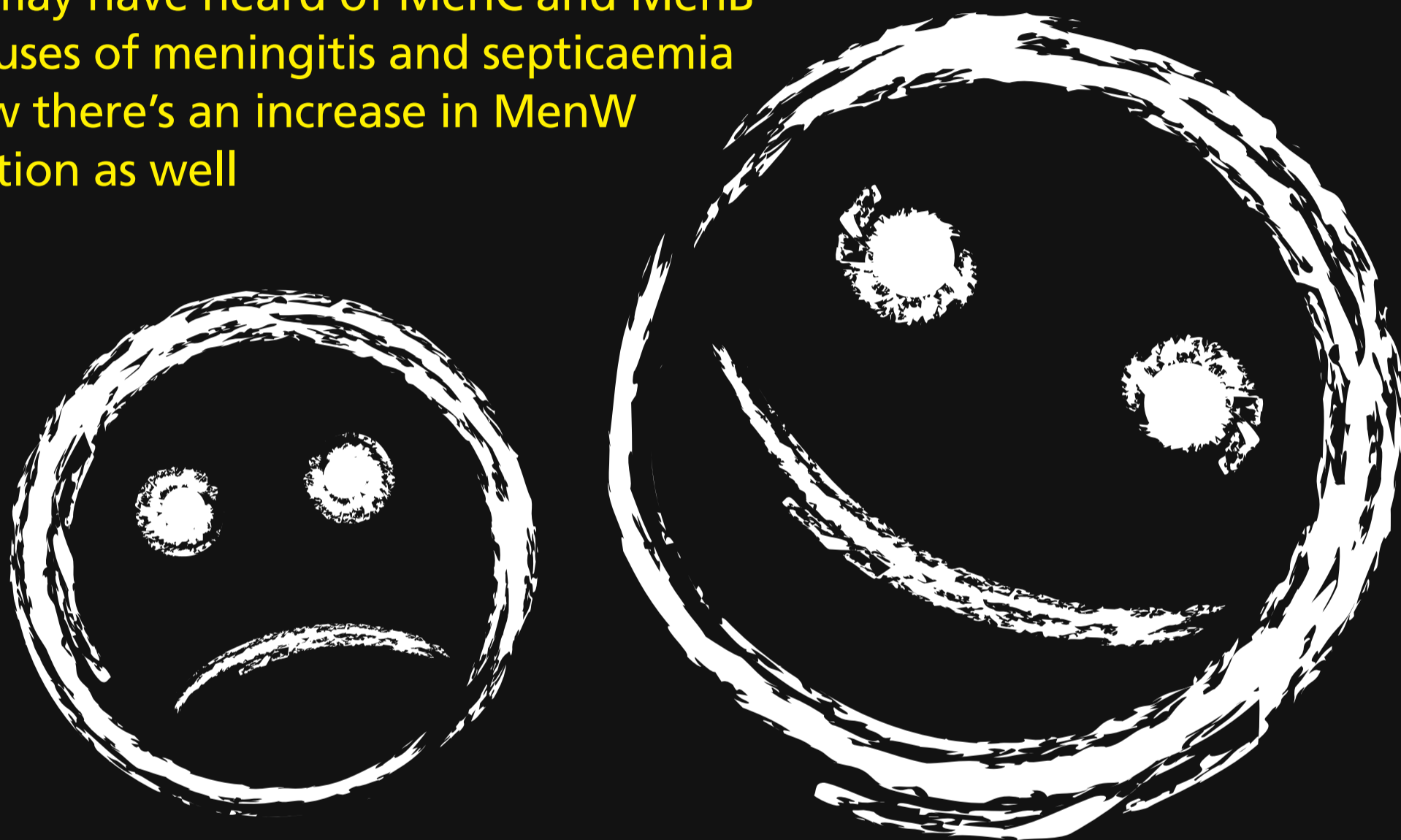
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www.nhs.uk/flu-jab

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
- Teenagers and young adults have a higher risk of meningococcal disease
- The MenACWY vaccine helps to protect against 4 meningococcal groups (A, C, W and Y)
- 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 should make sure you don't miss out on your vaccination
- Look out for the vaccination team visiting your school, or an invitation from your GP – you will be contacted when you are due to be vaccinated
- If you are starting university for the first time this year, 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/vaccinations, 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.
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 9 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. You may have had a meningococcal vaccine but it will 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 meningococcal disease?

Meningococcal group C disease is now rare since MenC vaccination was introduced 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 there has been a large increase in MenW disease in England, resulting in several deaths among infants and teenagers.

In late summer 2015

- MenB vaccine became part of the routine infant programme to help protect young babies, and
- MenACWY vaccine replaced the teenage MenC vaccine and became the routine vaccination given in school year 9 or 10.

Why do I need to get the vaccine?

As an older teenager, you become at higher risk of getting 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 MenC vaccination as a

baby and again more recently as a teenager 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 cause these illnesses, including the group B strain that is not covered by this vaccine.

When will I get the vaccination?

It's recommended that **all** teenagers in school years 9 to 13 have the MenACWY vaccination before or soon after they leave school. The catch-up programme will start in August 2015 and will 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?

No, but the best way to help protect yourself is by having the MenACWY vaccine. 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?

See the information provided at the end of the 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 before you start university or as soon as possible after – 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 medical 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

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