



Public Health
England

Protecting and improving the nation's health

Winter-readiness information for South East England 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.

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Published October 2017



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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 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. You may be aware that there has been an increase in reported cases of measles this year. Measles can be prevented through immunisation. Some useful information about measles is included in the resource pack below.

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, meningitis and measles.

Key messages for schools on winter preparedness

1. Be prepared ✓

- Ensure your pupils and staff, where eligible, are immunised against flu
- Ensure staff 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 ✓

| Seasonal flu outbreak definition | Norovirus outbreak definition |
|---|---|
| Two or more cases of flu-like illness within 48 hours which occur in pupils and/or staff who are in close linked by place | Two or more cases of diarrhoea and/or vomiting within 48 hours which occur in pupils and/or staff linked by place |

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 and severely overweight)? Children and staff in these risk groups are eligible for flu vaccination which they can get from their GP or pharmacy | | | |
| 2. Do you have any children aged 2 or 3 years old? They are eligible for the nasal spray flu vaccination which they can get from their GP | | | |
| 3. Do you have any children in Years 1,2, 3 and 4? They are eligible for the nasal spray flu vaccination through a school-based delivery programme. Local healthcare teams will be in touch with your school where the school-based delivery model has been agreed. Parental/guardian consent will be required and schools may be asked to assist with collection of the consent forms | | | |
| 4. Further information is in the Flu vaccination leaflet "Who should have it and why" | | | |
| 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. Ensure 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. 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 (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, 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. The health protection team will undertake a risk assessment and provide further advice (e.g. infection control guidance, whether nose/throat swabs are required and advice on those requiring antiviral treatment or prophylaxis) | | |
| 19. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help with investigations of 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 and most recent cases, location of cases total number of pupils in the school and where known, the flu vaccination status of cases) | | |

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 are 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 diarrhoea and/or vomiting illness to help with investigations of 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 and most recent cases, location of cases, total number of pupils in the school) | | |

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/543624/PHE_9901_Flu_Vaccination_A5_booklet_Winter2016_17.pdf

Leaflet – Protecting your child against flu. Information for parents

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613471/Protecting_your_child_against_flu_leaflet.pdf

Leaflet – 5 reasons to vaccinate your child against flu

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613470/PHE_5_reasons_Flu_poster.pdf

Leaflet – which flu vaccine should children have?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/549673/Children_flu_vaccine_graphic.pdf

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614527/Flu_advice_for_headteachers.pdf

Leaflet - Flu leaflet for people with learning disability

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/637939/PHE_Flu_easy_read_adult_flu_leaflet.pdf

Further information and leaflets on flu can be found at:

<https://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 – school years 9 to 13

www.gov.uk/government/uploads/system/uploads/attachment_data/file/543950/PHE_9909_MenW_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/PHE_MenW_A3_Studentposter.pdf

Meningitis and septicaemia – students preparing to go to university

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545554/PHE_9909_MenACWY_leaflet.pdf

Further information on meningitis can be found on the NHS choices

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

Measles

Leaflet

Measles – don't let your child catch it

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/204793/DOH_8412_Measles_A5_07_School_accessible.pdf

Measles Mumps Rubella (MMR) Vaccination

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/543379/9867_MMR_A5leaflet.pdf

Poster

Measles – don't let your child catch it

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206324/measles-poster-2013-2-accessible.pdf



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.





Public Health
England

NHS

The **flu** WINTER 2017/18 vaccination

Who should have it and why

Includes information for children
and pregnant women



**STAY WELL
THIS WINTER**

Flu **i**mmunisation in England in 2017/18

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?

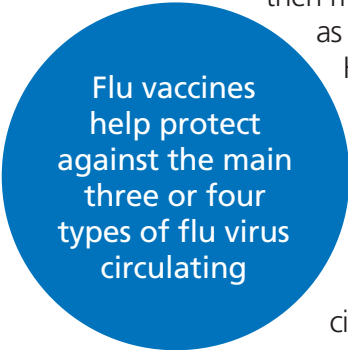
When an infected person coughs or sneezes, they spread the flu virus in tiny droplets of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed. You can prevent the spread of the virus by covering your 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. The vaccine provides the best protection available against a virus that can cause severe illness. The most likely viruses that will cause flu are identified in advance of the flu season and vaccines are then made to match them as closely as possible.

However, there is always a risk of a change in the virus. During the last ten years the vaccine has generally been a good match for the circulating strains.



Flu vaccines help protect against the main three or four types of flu virus circulating

What harm can flu do?

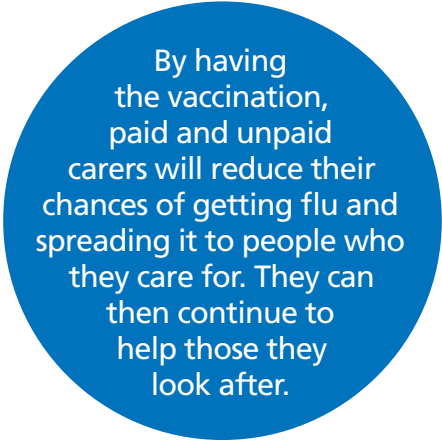
People sometimes think a bad cold is flu, but having flu can be much worse than a cold and you may need to stay in bed for a few days.

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 (BMI of 40 and above).



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.

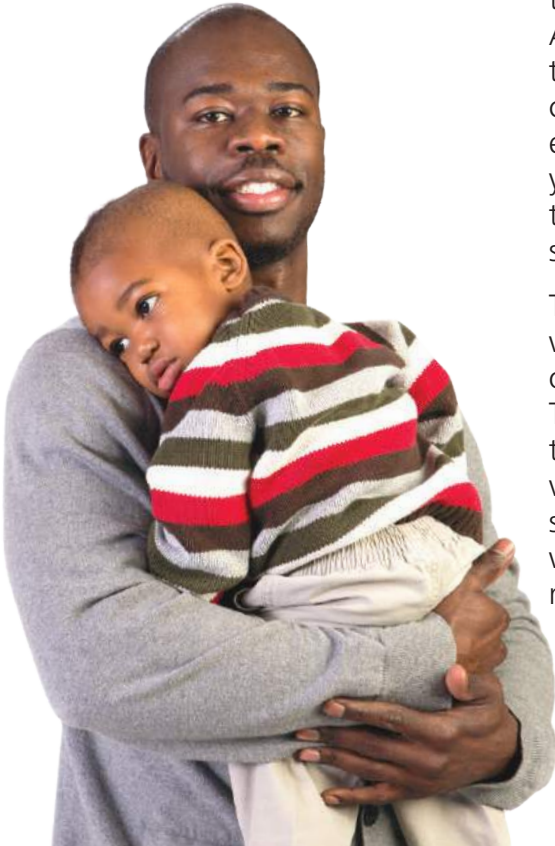
Who should consider having a flu vaccination?

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 7).

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.

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 help 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 helps:

- 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, which can be complications of flu
- 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 flu 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.

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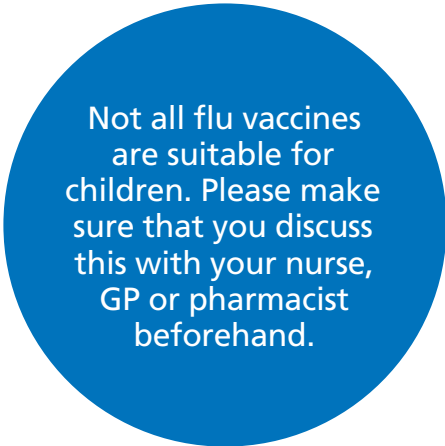
You can get the free flu vaccine from your GP, or it may also be available from your pharmacist or midwife.



Some other groups of children are also being offered the flu vaccination. This is to help 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 and three years of age** ie born between 1 September 2013 and 31 August 2015
- **all children in reception class and school years 1, 2, 3 and 4** ie born between 1 September 2008 and 31 August 2013
- **all primary school aged children in some parts of the country (in former pilot areas)**



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

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

All children in reception year and school years 1, 2, 3 and 4 throughout England will be offered the flu vaccine in school*.

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](https://www.nhs.uk/child-flu)

* In a couple of areas flu vaccination will be offered in primary care settings

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**

** 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.

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.

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.nhs.uk/child-flu-FAQ

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

How long will I be protected for?

The vaccine should provide protection throughout the 2017/18 flu season.

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.

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.

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

- 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- and three- year-old children
- all children in reception class and school years 1, 2, 3 and 4
- all primary school-aged children in some parts of the country
- everyone living in a residential or nursing home
- everyone who is the main carer 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.

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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/flujab



Public Health
England

NHS

Information for parents

Protecting your child against **flu**



**STAYWELL
THISWINTER**

Flu **i**mmunisation
in England 2017/18

Helping to protect
everyone, every winter

Your child's
age on
31 August
2017

Is my child eligible for the flu vaccination ?

under **2**
years of age

NO

Your child is not eligible unless they have a health condition that puts them at risk of flu (see page 7)

2-3
years old

YES

Your child is eligible and will be offered flu vaccine at their GP surgery

4-8
years old

YES

Your child is eligible and will be offered flu vaccine at their school*

*(apart from a couple of areas where it will be offered in primary care settings)

9
years old
and older

NO

Your child is not eligible unless they have a health condition that puts them at risk of flu (see page 7) or they are in one of the former pilot areas

This year, the flu vaccine is being offered to:

- **children aged two and three years¹**
- **children in reception class and school years 1, 2, 3 and 4²**
- **children with a health condition that puts them at greater risk of 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 2013 and 31 August 2015

² ie born between 1 September 2008 and 31 August 2013

Why should my child 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 last several days or more.

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.

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 from 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 the delivery was piloted in a number of areas in England. In those areas, where all primary school age-children were offered the 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 benefitted too.

How effective is the vaccine?

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

The effectiveness of the vaccine will vary from year to year, depending on the match between the strain of flu in circulation and that contained in the vaccine. In the UK the vaccine offered to children has provided good protection against flu since its introduction.

Are all children being offered the vaccine?

In 2017 all children aged two and three years old on 31 August 2017 and those in reception class and school years 1, 2, 3 and 4 are being offered the vaccine.

Why are so many children being offered the vaccine?

By offering flu vaccination to children during 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. The programme started in 2013 and is being gradually extended to older children.



It is less than 12 months since my child had their last flu vaccine. Should they have it again?

Yes. Even if it is less than a year since the last vaccination, it is important to ensure your child is protected by having another one this year.

Who will give my child their vaccination?

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

Children in reception class and school years 1, 2, 3 and 4, and all primary school children in former pilot areas, will have the vaccination in school apart from a couple of areas of the country where it will be offered in primary care settings.

Children who are home educated will also be offered the vaccine, provided they are in an eligible school age group. Parents can obtain information about arrangements from their local NHS England Public Health Commissioning team. Details can be found at: www.england.nhs.uk/about/regional-area-teams/

How will the vaccine be given?

For most children it is given as a nasal spray.

Can the vaccine cause flu?

No, the vaccine cannot cause flu because the viruses in it have been weakened to prevent this from happening.

So 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.

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

Children with certain health conditions, even if well managed, are at higher risk of severe complications if they get flu. It is therefore especially important that these children are vaccinated. 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.

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 years. These children will be offered an injectable vaccine instead either at the school or through the GP. If your child has any health condition listed on page 7 but is not offered the vaccine in school, it is important that you contact your GP to arrange an appointment.

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.

Are there any side-effects of the vaccine?

Serious side-effects are uncommon. Children may develop a runny or blocked nose, headache, general tiredness and some loss of appetite. This may last a few days. However, the side effects are much less serious than developing flu or complications associated with flu.

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.

When will the vaccine be given?

For two and three year olds, your child's GP surgery should contact you about getting them vaccinated before the winter. If you haven't heard from their GP by early November, contact them directly to make an appointment.

For school-aged children a vaccination session will be held at school during the autumn term. Your child's school will provide details from the local healthcare team.

If your child is at school and has a health condition that puts them at increased risk from flu (see page 7), you can ask your child's GP surgery to provide the vaccine if you don't want to wait until the school vaccination session or if this is what you prefer.

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*

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.

*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.

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.nhs.uk/child-flu-FAQ

Where can I get more information?

Visit www.nhs.uk/child-flu for more information. Talk to your GP, practice nurse, your child's school nurse or your health visitor if you have any further questions.

5 reasons to vaccinate your child against flu



1. Protect your child. The vaccine will help protect your child against flu and serious complications such as bronchitis and pneumonia



2. Protect you, your friends and family. Vaccinating your child will help protect more vulnerable friends and family



3. No injection needed. The nasal spray is painless and easy to have



4. It's better than flu. The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record



5. Avoid costs. If your child gets flu, you may have to take time off work or arrange alternative childcare

www.nhs.uk/child-flu



5 reasons to vaccinate your child against flu

- ✓ **1. Protect your child.** The vaccine will help protect your child against flu and serious complications such as bronchitis and pneumonia
- ✓ **2. Protect you, your friends and family.** Vaccinating your child will help protect more vulnerable friends and family
- ✓ **3. No injection needed.** The nasal spray is painless and easy to have
- ✓ **4. It's better than flu.** The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record
- ✓ **5. Avoid costs.** If your child gets flu, you may have to take time off work or arrange alternative childcare

What should I do?

Children aged two and three years old are offered this vaccination in general practice. Your child's GP surgery should contact you. If you haven't heard from their GP by early November, contact them directly to make an appointment.

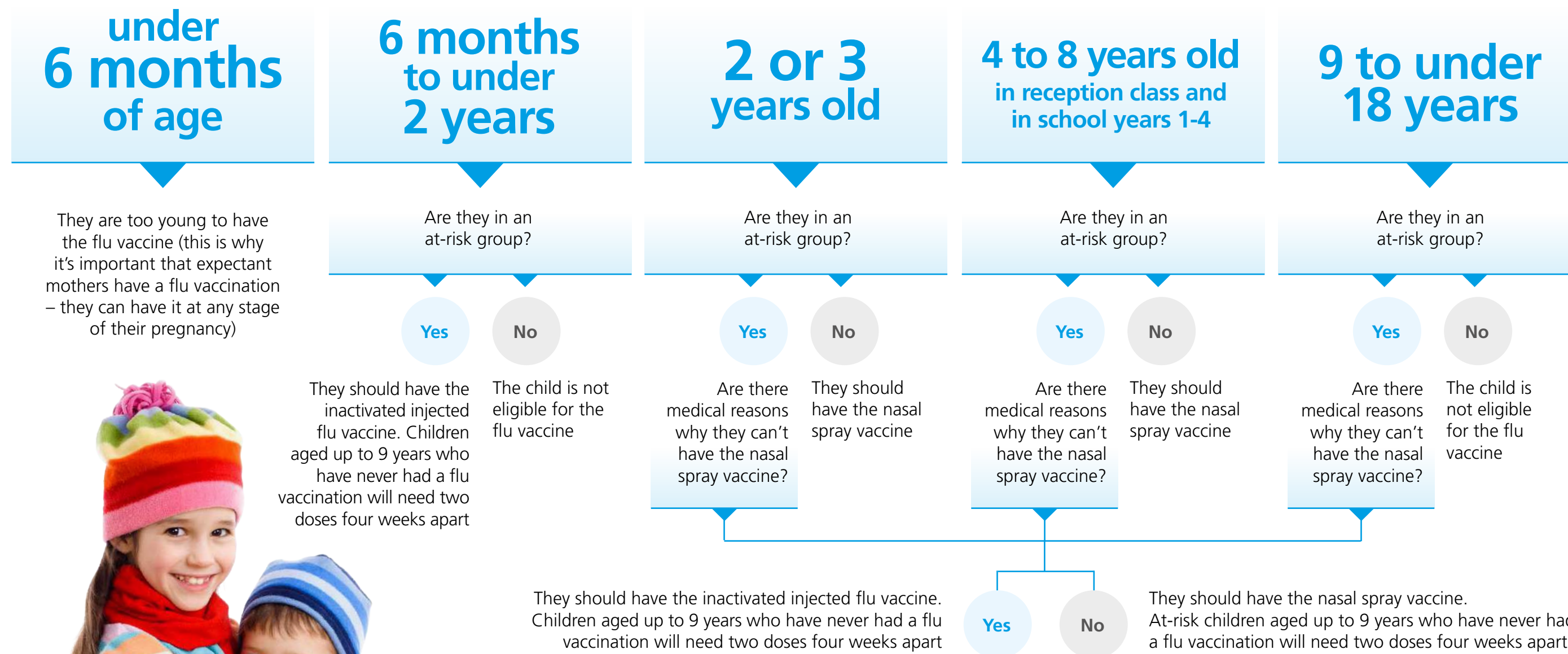
Children in reception class and school years 1, 2, 3 & 4 will be offered the vaccine at school. Your child's school will provide details from the local healthcare team.

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 2017/18 – 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 and three years old on 31 August 2017 (but not four years)** are eligible for flu vaccination in general practice.
- **Children in reception class and school years 1, 2, 3 and 4 (those aged 4-8 on 31 August 2017)** are eligible for flu vaccination in school.
- **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.
- **The vaccine will continue to be offered** to all primary school-aged children in former pilot areas.



Immunising **flu**

primary school children against

This information is for headteachers and school staff. It gives details about the nasal flu vaccine being offered to children in the autumn term of 2017. It is not intended for children or parents/guardians as they will receive their own dedicated information at the appropriate time.

Introduction

Over the last two years, schools have supported the delivery of flu vaccination for primary school aged children in specified year groups by hosting vaccination sessions for their children. This is part of a programme that is designed to provide both individual protection to children who receive the vaccine and to prevent the spread of flu to their family and community.

Evidence from the children's programme indicates that there has been a positive impact on flu levels, both for the vaccinated children and the wider community. This has meant that there has been less illness in the community with fewer GP consultations, hospital admissions, and emergency department attendances. Flu vaccination of school-aged children also helps to promote a healthy school environment and may reduce absenteeism amongst pupils and staff.

We would like to thank schools for their engagement and their vital contribution to this programme. Last year the national flu vaccine uptake rates in schools were encouraging, with more parents agreeing for their children to be vaccinated than in the first year of the programme.



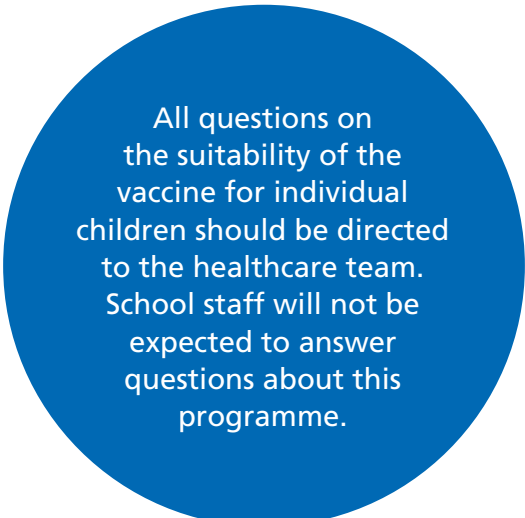
The programme in 2017

Which children will be offered the vaccine in 2017?

This year, the programme is being extended to all children in year 4. In addition, reception age children, who were previously offered the vaccine in general practice, will now be offered it in schools. That means that all children from reception class through to those in year 4 will be offered flu vaccination.

What is the purpose of the programme?

The extension of the national flu immunisation programme to children is based on the advice from an independent expert committee, the Joint Committee on Vaccination and Immunisation (JCVI), which advises the Government on vaccination policies. Flu can be a very unpleasant illness in children, with serious complications such as bronchitis and pneumonia. Annual immunisation provides important protection to individual children and helps reduce the spread of flu to their friends, families and the wider community, protecting younger siblings, grandparents and others who are at increased risk of becoming seriously ill from flu.



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.

When do the vaccinations need to be given?

To be effective, vaccinations need to be given between October and December as this is before flu tends to circulate.

Flu viruses can change year on year. Consequently, vaccines are made each year to provide protection against the flu viruses that are predicted to circulate, and therefore the vaccine needs to be given on an annual basis.

The role of schools and school staff

Why is vaccination offered in schools rather than general practice?

JCVI recommended offering vaccination through schools as the most effective route to deliver immunisations to school-aged children. Pilots undertaken before the national roll-out showed uptake levels in schools that were markedly higher compared to those areas that did not deliver through them. For this reason, reception age children will now be offered the vaccine in school, rather than general practice as previously, because it is anticipated that this will improve vaccination rates in this age group.

There are only a couple of areas in the country where provision to school-aged children will be through primary care settings.

When will schools be contacted?

The local healthcare team contracted to provide flu vaccination should be in touch during the summer term to confirm arrangements with you for the autumn. If you want more information and have not been contacted by the relevant local healthcare team, you can contact your local NHS England Team via www.england.nhs.uk/about/regional-area-teams – select the relevant region, then select the 'contact us' link to find details of your local office.

What will schools be asked to do?

As in previous years, 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)
- agree a process for providing parents with the invitation letter, information leaflet and consent form.

Local healthcare teams will work with schools to ensure minimum disruption and schools will only be asked to help with tasks that cannot easily be done by the healthcare team.

Delivery of the programme will be dependent on local circumstances, commissioning arrangements, and schools agreeing to host the vaccination session.

The nasal flu vaccine

- Almost all eligible children will be able 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.



Where schools do not agree to host sessions 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 which may include nurses, healthcare support workers, administrative staff, and other associated professions. They may be part of the school health service, or from another team dedicated to providing vaccinations in schools. The team will administer the vaccination and will work to nationally set standards. Staff will have appropriate qualifications and training, including safeguarding training.

How will parent/guardian consent be obtained?

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

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?

Parents or guardians with parental responsibility make this decision. Only 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 on the day, taking into account information on the consent form and, for example, whether the child is well at the time.

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 flu 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 solely one for the child's parents/guardians.

The healthcare team will provide an information leaflet with each consent form and their contact details for additional parental queries.

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 second opportunity arrangements with you and parents.

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 the situation 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 timing of administration of the vaccine.

Benefit to schools

- Helps protect children against flu which in turn may reduce pupil and staff absenteeism rates.
- Promotes a healthy working environment in schools and the wider community, including amongst parents and family.
- The engagement in public health programmes, including vaccination, is recognised by OFSTED as being important and will help with requirement for schools to evidence they are meeting criteria pertaining to personal, social, health and economic education (PSHE).
- Provides an opportunity to integrate learning about the benefits of vaccination into the school curriculum including history and science.

Can unvaccinated contacts catch flu from the nasal spray droplets or from vaccinated individuals 'shedding' the virus?

The nasal spray vaccine has a good safety record and unvaccinated contacts are not at risk of catching flu from the vaccine, either through being in the same room where flu vaccine has been given or by being in contact with a recently vaccinated individual. Although vaccinated children are known to shed virus for a few days after vaccination, it is less able to spread from person to person than the natural infection. The amount of virus shed is normally below the levels needed to pass on infection to others and the virus does not survive for long outside of the body. This is in contrast to natural flu infection, which spreads easily during the flu season.

Excluding children from school during the period when the vaccine is being offered, or in the following weeks, is therefore not considered necessary. The only exception to this would be the tiny number of children who are extremely immunocompromised (for example

those who have just had a bone marrow transplant). These children are normally advised not to attend school anyway because of the much higher risk of being in contact with other infections, including the natural flu infection, that spread in schools.

Can teachers have the vaccine?

Not as part of this programme. The nasal flu vaccine used for children 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. See www.nhs.uk/flujab for further information.

Why aren't all primary school aged children being offered the vaccine?

The extension of the national flu immunisation programme to reception aged children through to those in school year 4 is part of a phased roll-out of flu immunisation to children. More birth cohorts will be included in future as the programme expands.

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

Yes, all children who are aged two and three years old on 31 August 2017 will be offered flu vaccination through general practice. This year, four year olds will be offered the vaccine at school rather than through general practice as previously.

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

Five areas around the country piloted the programme from 2013 to 2015. These former pilot areas will continue to offer the vaccine to all primary school-aged children.

Further information

Further updates on the national flu immunisation programme will be added to the Public Health England website in the lead up to the 2017/18 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





Public Health
England

NHS

All about flu and how to stop getting it

EasyRead version for people
with learning disabilities



**STAYWELL
THISWINTER**

Flu **i**mmunisation

Helping to protect everyone, at every age

Anyone can catch flu.



Flu is caused by
a bug called a

virus



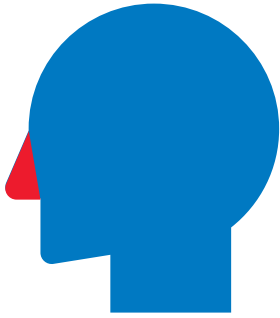
Flu can make
you feel ill.



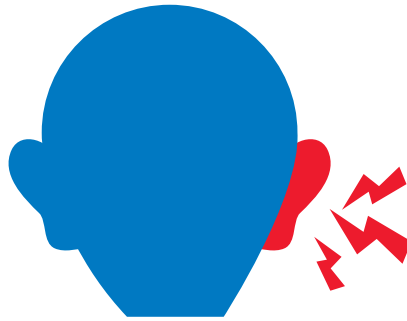
If you are very ill you
might even need
to go to hospital.



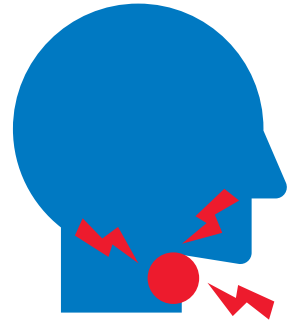
Here are the signs of flu



blocked up nose



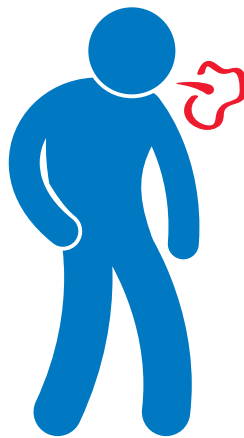
painful ear



sore throat



high temperature



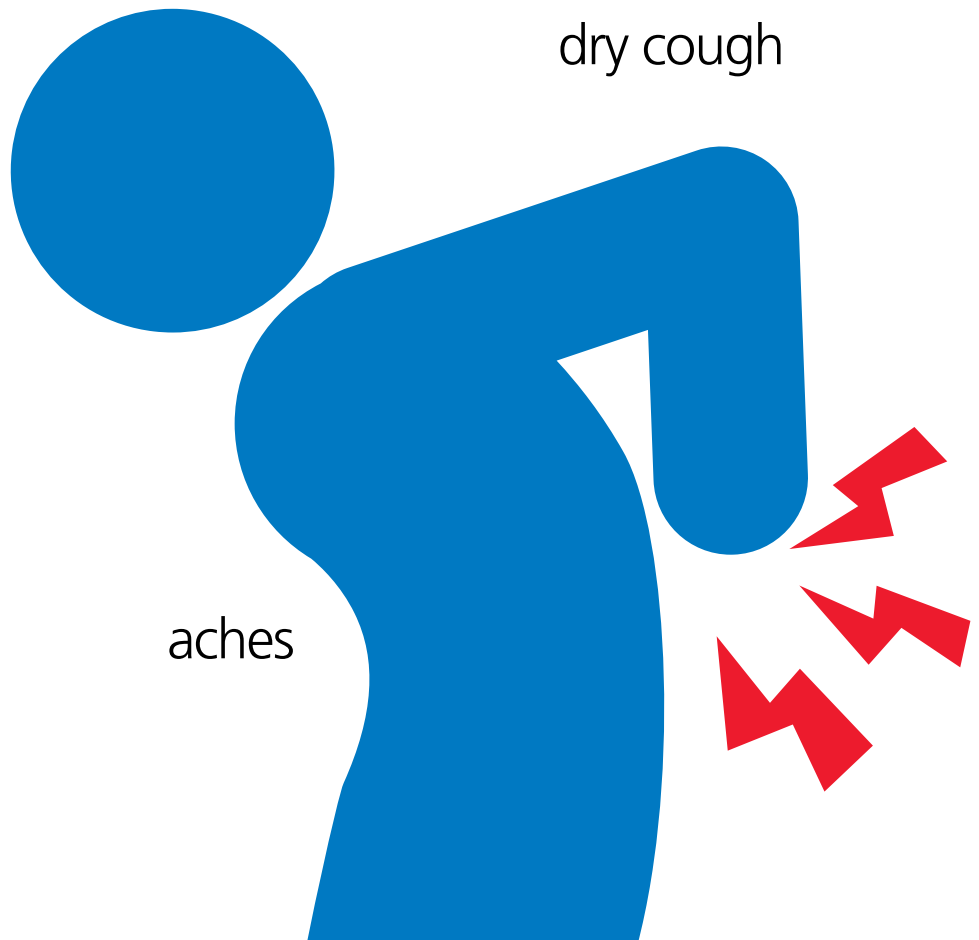
difficulty breathing



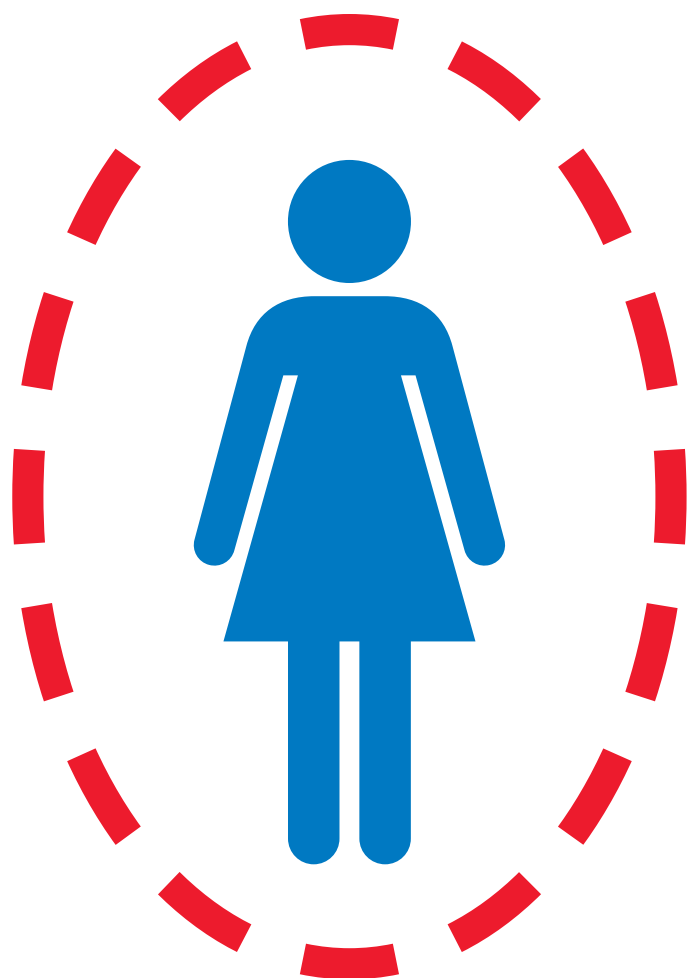
dry cough



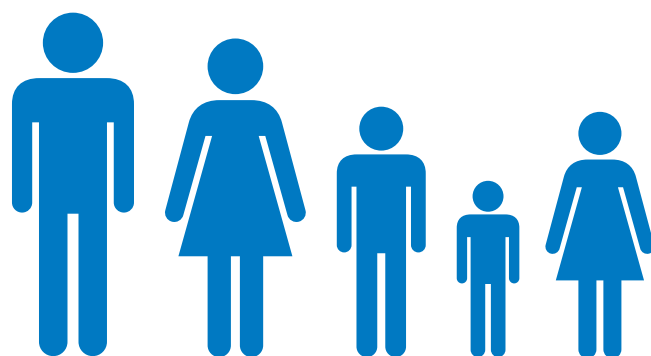
tiredness



aches



Having a flu jab can help stop you catching flu and passing it on to other people.



The flu jab is an injection in your arm usually given to you by a nurse at your doctors.



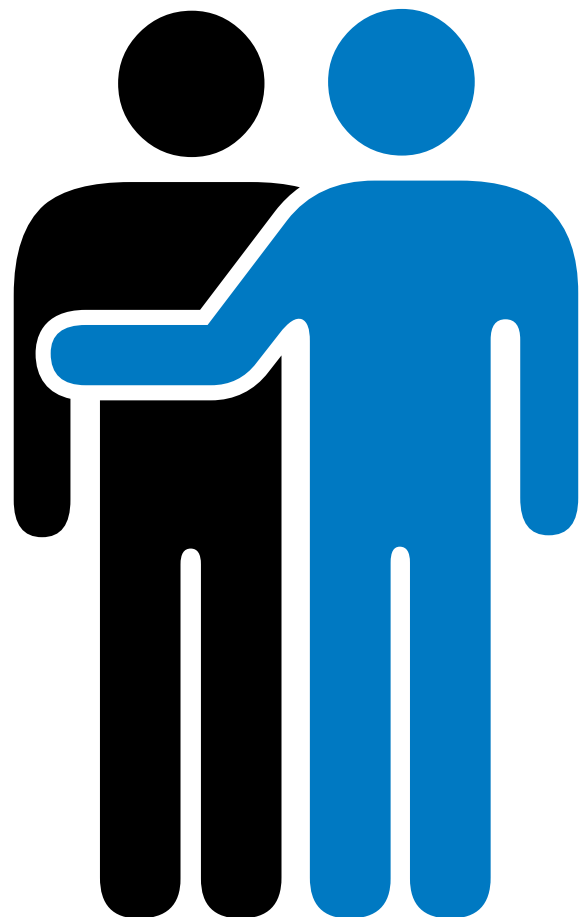
The best time to have a jab is in the **autumn**.

You need a jab every year as flu can change each year.



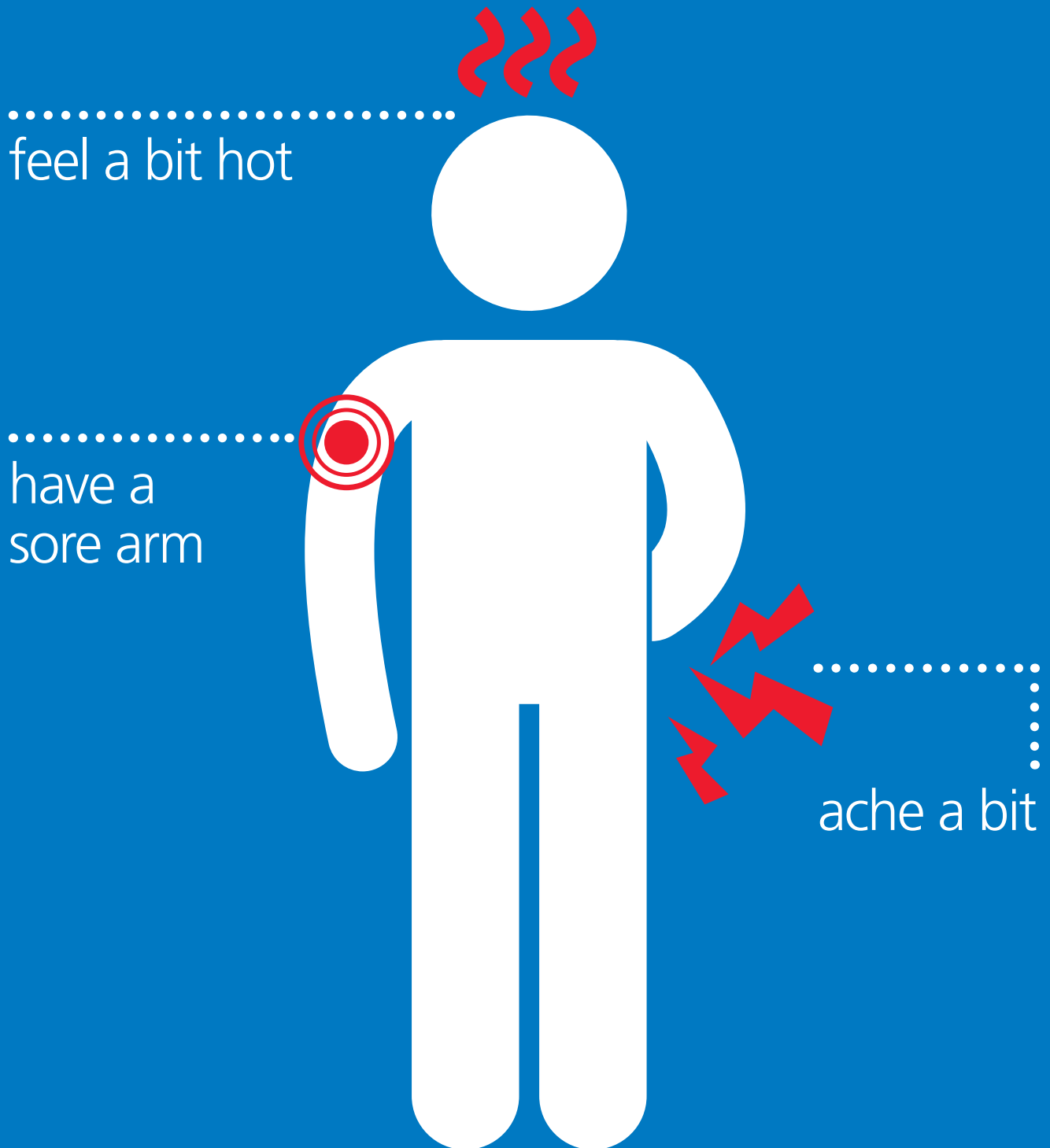
Who else should have a flu jab?

People who care for you should have a flu jab so they don't get ill.



Will the jab make me feel ill?

After a flu jab you may:



But do not worry, if you do feel ill,
it will go away in a few days.

What do I need to do to get a flu jab?

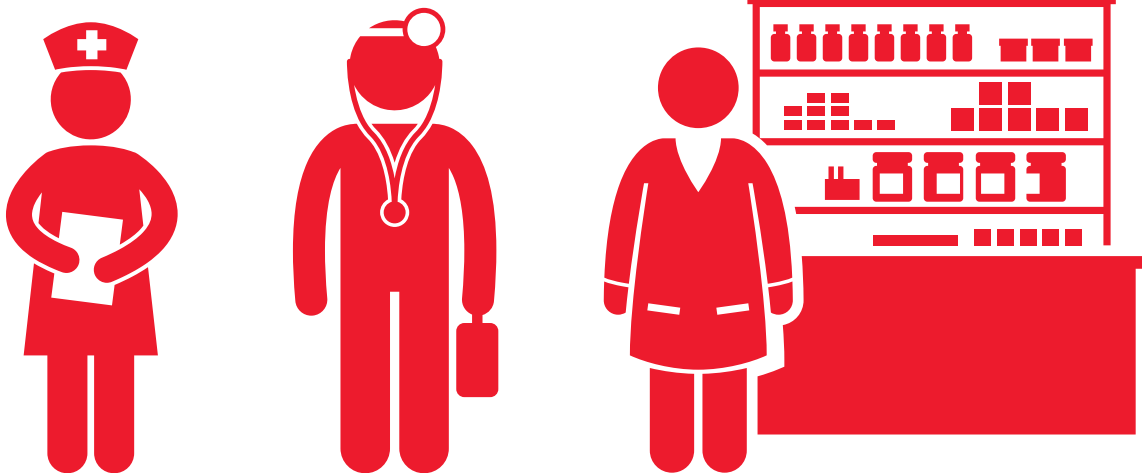


Your doctors should get in touch with you to come in for a jab.

If they don't get in touch, you should contact them to arrange to have one.

"Hello, can I have a flu jab please?"

If you have any questions or want more information, talk to your nurse, doctor or the person in the chemists called the pharmacist.



You can also find information online at www.tinyurl.com/NHSfluinfo





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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).

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

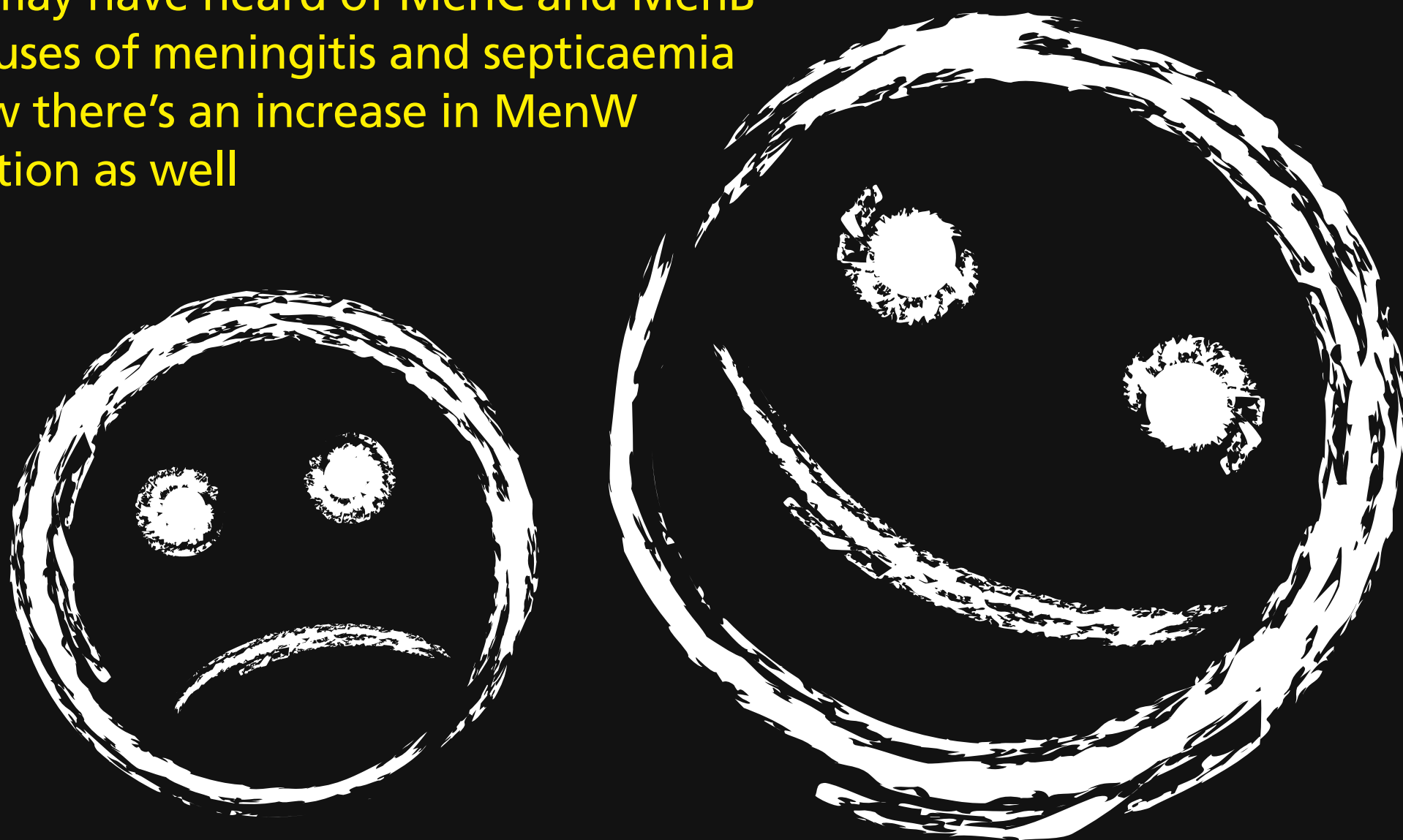
Free helpline 080 8800 3344
(9am to 10pm weekdays, 10am to 8pm weekends and holidays)
www.meningitis.org

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2904173 1p 150k Aug 16 (PUR)
First published June 2015
Produced by Williams Lea for Public Health England.

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



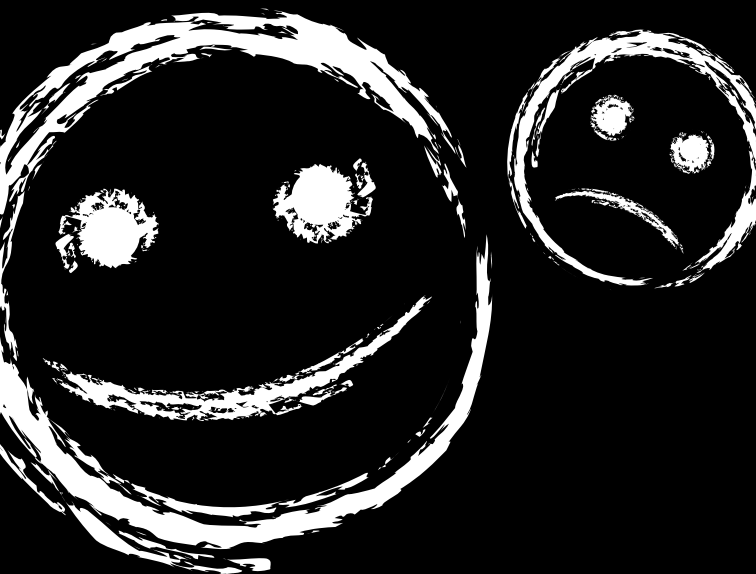
- Meningitis and septicaemia can kill very quickly
- Cases caused by meningococcal W (MenW) bacteria are increasing in the UK
- Teenagers and young adults have a higher risk of meningococcal disease
- The MenACWY vaccine helps to protect against 4 meningococcal groups (A, C, W and Y)
- Even if you have 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

**Are you starting university
in England?**

Protect yourself against

**meningitis AND
septicaemia**

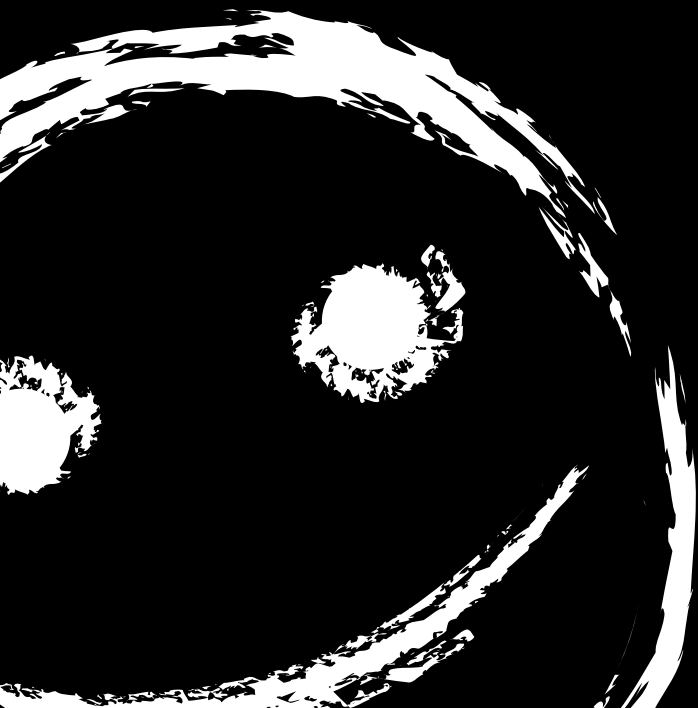


You need to get the
MenACWY vaccination before you
start uni or soon after. This leaflet
tells you what to expect next.

MENINGOCOCCAL DISEASE

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 new university entrants 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 all 13- to 19-year-olds and new university entrants began in August 2015.

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 before 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.

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 years 9 or 10.

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

Why do I need to get the vaccine?

As a young adult, you are at 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 previously 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 vaccination.

I'm an overseas student, do I still need the vaccination?

Yes, both UK-born and overseas students should have the vaccination before they start university, or soon after. Make sure you register with a GP as soon as you arrive and arrange to have the vaccine.

When will I get the vaccination?

It's recommended that **all** first time university entrants ('freshers') up to 25 years old should have the MenACWY vaccine before or soon after they start university. New university students are at particularly high risk in the first weeks of term when they will come into contact with many new people of a similar age.

Do I have to have it?

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

What if I want more information?

See the information provided at the end of this leaflet.

What do I need to do if I'm starting university this autumn?

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 if you haven't already had it. 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/vaccinations/Pages/men-acwy-vaccine.aspx or you can talk to your GP or university health centre if you have any questions. The following charities also provide information, advice and support:

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2748602 4p 75k Aug 16 (ESP)
First printed August 2015
Produced by Williams Lea for Public Health England.

MEASLES

Don't let your child catch it

– get them vaccinated with the MMR vaccine

- Measles is in the news again. There have been serious outbreaks in Wales and England and the number of children catching measles is rising.
- Measles can be a very serious disease, leading to ear and chest infections, fits, diarrhoea, and damage to the brain. Measles can kill.
- Your child is at risk of measles if he or she hasn't had the MMR vaccination.
- Two doses of MMR vaccine are needed to get the best protection.
- If your child is due to have had two doses of MMR but has not yet received them, no matter what age they are, you should contact your GP to get them vaccinated as soon as possible.*
- If you can't remember if your child has had any, one or two doses of MMR vaccine, check his or her personal child health record (the Red Book). If this doesn't help, speak to your GP.
- If you don't know how many doses your child has had, it's better to have two doses of MMR vaccine now rather than risk leaving them unprotected.

*In response to a local outbreak then the two doses can be given one month apart from the age of 18 months.

Answers to some common questions about measles and the MMR vaccine

Why are we seeing these outbreaks of measles?

Measles is a highly infectious disease, spreading quickly from person to person, especially in schools. A child with measles will infect almost all unprotected children they have contact with. Although we have high rates of vaccination in the UK, the levels dropped some years ago when the MMR vaccine was mistakenly associated with autism. This led to some babies not being vaccinated and so measles is spreading rapidly among these children now they are older.

Because of the scare some years ago, I gave my child a single measles vaccination, can they have the two doses of MMR?

Yes; it's recommended your child has two doses of MMR. You will also be protecting them against rubella and mumps.

When are the MMR vaccinations usually given?

The best times are between 12 and 13 months of age and again at three years and four months, with one dose on each occasion. But, if your child wasn't vaccinated then, they can be vaccinated at any age with two doses one month apart.

Will there be any side effects to the vaccination?

Your child may get the symptoms of measles, mumps and rubella for up to six weeks after the vaccination but in a very much milder form. This proves that the vaccine is working and your child is building up resistance to future contact with the viruses that cause the three diseases. Not all children show these symptoms but that doesn't mean the vaccine isn't working.

Should parents in outbreak areas get vaccinated against measles?

As with many diseases, once you have had measles, you don't catch it again because you have built up a natural resistance to it. So, if you've had measles or two doses of MMR vaccine you do not need to get vaccinated now.

Back in 1994, a large part of the population aged 5 to 16 was immunised against measles and rubella so people in this age group are almost certainly immune and therefore they too don't need to get vaccinated now.

For more information about measles and MMR go to: www.nhs.uk/conditions/measles/Pages/Introduction.aspx



M

MEASLES

M

MUMPS

R

RUBELLA



This leaflet explains about
measles, mumps and rubella
and the MMR vaccination
which helps protect against
all three diseases.





What is measles?

Measles is a very infectious viral illness that is spread by coughs and sneezes. If you are not protected and have even passing contact with someone who has measles, the chances are that you will be infected too. If you catch measles you will probably feel very poorly and be off school or work for around 10 days. There is no treatment or cure for measles.

Symptoms of measles include fever, sore red eyes, and rash. It can be a very serious infection for some people.

Complications are more likely to occur in certain groups including people with weakened immune systems, babies under one year old and pregnant women. Complications can include chest and ear infections, fits, diarrhoea, encephalitis (infection of the brain) and brain damage. Those who develop complications may need to be admitted to hospital for treatment.

Is it serious? Yes, around one in 5000 individuals with measles is likely to die and since 2006, there have been 3 deaths from measles in England and Wales.

What is mumps?

Mumps is a viral illness that is spread by coughs and sneezes or close contact with someone who already has the infection.

Symptoms of mumps usually last around two weeks and can include headache and fever but the most common symptom is swelling of the glands at the side of the face. This can give you the appearance of having a 'hamster face' and can cause pain and difficulty swallowing.

Complications of mumps can be very painful and can include inflammation of the ovaries or testicles, and in rarer cases, the pancreas. Mumps can also cause viral meningitis and encephalitis (infection of the brain). Although permanent hearing loss after mumps is rare, around one in 20 people infected may have temporary hearing loss.

There is currently no medication to cure mumps so treatment is focused on relieving symptoms. If you develop mumps you will probably need some bed rest and painkillers during this time. You may also need to eat soft foods that do not require a lot of chewing. Most cases of mumps now occur in young adults who haven't had two doses of MMR vaccine.

What is rubella?

Rubella is a viral illness, often called German measles, that is now rare in the UK thanks to the success of the MMR vaccine. It is spread in a similar way to mumps and measles. For most people, it is usually a mild condition that gets better in 7 to 10 days without treatment. However, if pregnant women develop rubella it can be very serious for their unborn baby.

Symptoms of rubella include a rash, cold-like symptoms, and aching joints.

Complications of rubella are rare but if a pregnant woman catches rubella during pregnancy, there can be devastating consequences for her unborn baby which could lead to the baby being born with cataracts (eye problems), deafness, heart problems or brain damage.

1

One vaccine

The MMR vaccine is a single injection that is administered into the thigh of young children or the upper arm of older children or adults. It is a live vaccine which means that it contains weakened versions of measles, mumps and rubella viruses. These have been weakened enough to produce immunity without causing disease.

2

Two doses

The MMR vaccine gives long lasting protection with just two doses of the vaccine. The first dose is given at the age of 12 months and the second dose is given at around three years and four months, before starting school. Having both doses gives long lasting protection against measles, mumps and rubella. In adults and older children the two doses can be given with a one month gap between them.

3

Three infections

The MMR vaccine protects against three infections; measles, mumps and rubella. These are viral infections that can quickly spread to unprotected children and adults – they spread more easily than flu or the common cold.



Long-lasting protection

The MMR vaccine is the safest and most effective way to protect yourself against measles, mumps and rubella. Since the vaccine was introduced in 1988, these conditions have become rare in the UK. However, outbreaks of disease, especially measles, have occurred when the number of people having the vaccine has dropped. If you are unsure whether you have previously had the vaccine or not, you can check with your GP, having further doses will not cause any harm.

Who should have the vaccine?

Young children

Young children should be offered the vaccine as part of the UK national vaccination programme. They will be offered two doses of the vaccine, the first one just after the first birthday and the second dose before they start school – usually at around three years and four months of age.

Older children, teenagers and young adults

If you have never previously had MMR vaccine or have only had one dose of it, you should contact your GP surgery to arrange to catch up with your outstanding doses. If you have already had one dose of MMR vaccine as a young child then you will only need one further dose, no matter how long ago your first dose was given. If you need two doses then they can be given with a one month gap between them.

Women of child bearing age

Rubella can be a very serious infection for unborn babies, it can cause blindness, deafness and even death. If you are a woman

of child bearing age, even if you are not planning to have a baby, you should have two doses of the MMR vaccine before you become pregnant. If you have not had two doses, or you are unsure, you should contact your GP surgery to arrange to catch up with any doses still outstanding. As it is a live vaccine, you should avoid getting pregnant for one month after the vaccine so you should also use a reliable method of contraception during this time.

If you are pregnant or have just had a baby and are not sure if you've had two doses of MMR, speak to your GP or practice nurse at your 6 week postnatal check.

Older adults

Adults born in the UK before 1970 are likely to have had measles, mumps and rubella as a child or to have had single measles or rubella vaccines which were used before MMR was introduced in 1988.

If you are unsure whether or not you have had these infections or the vaccines to protect against them, you can ask your GP to vaccinate you. You will need two doses, one month apart. Even if

you have had the vaccines before, you will not come to any harm from having extra doses as your immune system will recognize and quickly destroy the vaccine viruses.

Born or brought up abroad?

If you were born or brought up abroad you may need two doses of MMR. Different countries offer different immunisations and not all use the combined MMR vaccine. If you don't have a record of the vaccines you have received or are unsure, discuss this with your GP. You may also need other immunisations to fully protect you from other infections.

How does the MMR vaccine work?

The MMR vaccine is a live vaccine that protects against measles, mumps and rubella. Two doses are given by injection into the leg or upper arm. Your immune system responds to the vaccine by producing cells which recognize and remember each of the three viruses. If you are in contact with any of the diseases in the future, these cells will wake up and activate your body to rapidly produce antibodies. This protection is usually long lasting.



How safe is the vaccine?

The combined MMR vaccine has been safely protecting children for many years in many countries worldwide. In the UK, millions of doses have been given since it was introduced in 1988. Before vaccines can be used, they have to be thoroughly tested for safety. Although there may be some side effects from vaccination, they are usually mild and much less severe than the disease itself. Serious reactions following vaccination are rare.

Many studies have taken place to look at the safety and effectiveness of MMR vaccine. The evidence is clear that there is no link between MMR vaccine and autism.

Does it work?

Yes, the vaccine is very good at providing protection against measles, mumps and rubella.

Over 99% of those who have two doses of the vaccine will be protected against measles and rubella. Although mumps protection is slightly lower, cases in vaccinated people are much less severe.

MMR was introduced in the UK in 1988, and it is now rare for children to develop these infections. There have been outbreaks of measles and mumps in recent years. These tend to occur where levels of vaccination are low, but they can happen at any time so it's important to make sure that you are protected by having two doses of MMR vaccine.

What are the side effects from the vaccine?

Not everyone gets side effects from the vaccine. To provide protection, the vaccine mimics the three infections that it protects against. Some people may get a rash that looks like a mild form of measles, the face may swell to look like mumps or they may have pains in the joints like rubella. These side effects occur in a small percentage of people after the first dose.

The side effects from the measles part of the vaccine are usually seen when the vaccine starts to work – around 6–10 days after vaccination. Swelling of the face or joint pains tend to come on around two to three weeks after vaccination when the mumps and rubella vaccines start to work.

Side effects such as a rash or neck swelling only last for around 2–3 days and are not infectious. This means that if you do develop these side effects, you cannot pass on the infection to others.

On rare occasions, a reddish-purple rash that looks like tiny bruises can occur up to six weeks following vaccination.

Why should I or my children have the vaccine?

You should have the vaccine to protect yourself against three serious infections. By doing so you will also help to protect others who can't have the vaccine. These include unborn babies, infants who are too young to have the vaccine and children/adults who can't have the vaccine because they have weakened immune systems. This will help to prevent large outbreaks of disease.

You should also have the vaccine if you work with young children or care for people as part of your work.

Passing on measles to children who are too young to have MMR vaccine or to someone who is already ill, can have very serious consequences for their health. As a precaution, women should avoid getting pregnant for one month after MMR vaccination.

Does the MMR vaccine contain gelatine?

In the UK, we have two MMR vaccines which work very well. One of them contains gelatine derived from pigs and the other one doesn't. If you would prefer to have the vaccine that does not contain gelatine, talk to your practice nurse or GP.



If you think you might already have measles, mumps or rubella, it's important to reduce the risk of spreading the infection to other people. You should:

- Phone your GP for advice, they may need to make arrangements for you to visit the surgery at the end of the day so that you avoid contact with people who are more vulnerable to the infection, such as young children and pregnant women.
- Avoid work or school for at least four days from when you first developed the measles rash.
- Make arrangements to have any outstanding doses of the vaccine once you have recovered. This will protect you against the other two infections.

Is there anyone who should not have the MMR vaccine?

As the MMR vaccine is a live vaccine it should not be given to pregnant women or people who are severely immunosuppressed, for example those who have had a bone marrow transplant or are taking immunosuppressant medicines.

If you are unsure discuss this with your doctor. If you have had a confirmed anaphylactic reaction to neomycin you should not have the vaccine. If you have had a confirmed anaphylactic reaction to gelatine you should speak to your GP and arrange to have the gelatine-free vaccine.

Egg allergy

All those who are allergic to eggs, including children with asthma, can have the MMR vaccine at their GP Surgery. Anyone who has had a documented anaphylactic reaction to MMR vaccine itself should be assessed by an allergist.

What are the signs and symptoms?

Measles

Fever, cold-like symptoms, rash, sore eyes or conjunctivitis

Mumps

Fever, headache and swollen glands in the face

Rubella

Swollen glands, sore throat, temperature and a rash

Is it serious?

Yes

About 1 in 5 go to hospital and 1 in 15 will develop severe complications.

Measles can cause deafness, fits, brain damage and swelling of the brain. Since 2006 there have been three deaths from measles in the UK.

Yes

Although most cases are mild, mumps can cause viral meningitis and painful inflammation of the ovaries or testicles and in rare cases, of the pancreas.

Yes

Although cases are mild, catching rubella during pregnancy can cause serious illness in unborn babies, including deafness, blindness and even death.

Who needs to have the vaccine?

- All children over the age of one year should have two doses of the vaccine, the first dose is usually given at one year of age and the second dose is usually given at age three years and four months old.
- Older children and adults should have two doses of the vaccine with a one month gap between them.
- Pregnant women should make sure that they are protected before they become pregnant or make sure they are vaccinated soon after the baby is born.



It is never too late to have the vaccine if you haven't had two doses.

Where can I get the vaccine?

From your GP surgery

- All children aged one year to three years four months should be offered the vaccine as part of their routine vaccinations at their GP surgery.
- Older children and adults should contact their GP practice if they have had one or no doses of the vaccine.
- Pregnant women can have the vaccine at their GP surgery after their baby is born if they don't have two documented doses.

At your school

Some adolescents and young adults are offered their missing doses of MMR vaccine with their other teenage booster vaccines.

From your employer's occupational health service

Health-care workers with direct patient contact should make sure they are protected against the three diseases.

**Measles, it's not just
a kids problem**



If you would like more information about MMR please visit
www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine.aspx



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3219250 1p 75k June 2016 (PUR)
Produced by Williams Lea for Public Health England
First published June 2016

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