



Public Health  
England

Protecting and improving the nation's health

# Winter-readiness information for South East England schools and nurseries

# About Public Health England

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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 and meningitis.

# Key messages for schools on winter preparedness

## 1. Be prepared ✓

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

## 2. Recognise outbreaks ✓

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

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

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

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

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

## Schools and nurseries planning checklist for norovirus season

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



# Resources

## Flu

### Checklist

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

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

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/543624/PE\\_9901\\_Flu\\_Vaccination\\_A5\\_booklet\\_Winter2016\\_17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/543624/PE_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/526367/PE\\_Protecting\\_Child\\_Flu\\_May16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526367/PE_Protecting_Child_Flu_May16.pdf)

### Leaflet – 5 reasons to vaccinate your child against flu

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/527475/9833\\_PHE\\_5\\_reasons\\_Flu\\_poster\\_2016\\_02b\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/527475/9833_PHE_5_reasons_Flu_poster_2016_02b_WEB.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](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/525898/PE\\_Flu\\_PrimarySchool\\_HeadTeacher\\_May2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525898/PE_Flu_PrimarySchool_HeadTeacher_May2016.pdf)

### Leaflet - Flu leaflet for people with learning disability

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

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/530741/9833\\_PHE\\_Flu-learning-disability-A4-8pp-6-WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/530741/9833_PHE_Flu-learning-disability-A4-8pp-6-WEB.pdf)

Further information and leaflets on flu can be found at:

<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](http://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](http://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](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](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](http://www.nhs.uk/conditions/meningitis/pages/introduction.aspx)

## Measles

### Leaflet

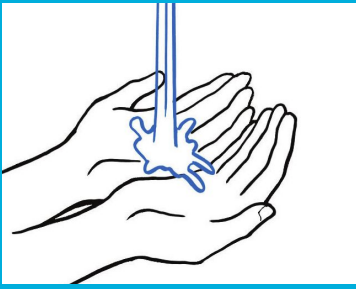
Measles – don't let your child catch it

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/204793/DOH\\_8412\\_Measles\\_A5\\_07\\_School\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/204793/DOH_8412_Measles_A5_07_School_accessible.pdf)

## Poster

Measles – don't let your child catch it

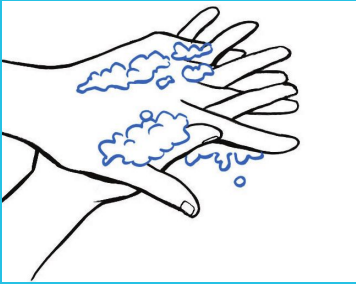
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/206324/measles-poster-2013-2-accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206324/measles-poster-2013-2-accessible.pdf)



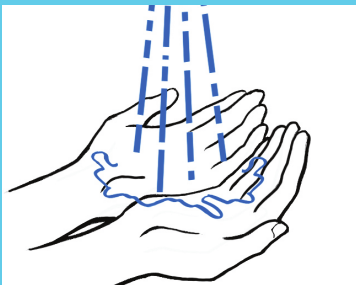
Wet



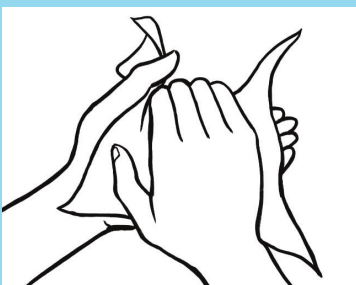
Soap



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



# The flu vaccination

WINTER 2016/17

Who should have it  
and why



**STAYWELL  
THISWINTER**

Flu **i**mmunisation 2016/17  
Helping to protect everyone, every winter

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

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

---

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

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

## **What causes flu?**

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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?

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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?

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

The vaccine still provides the best protection available against an unpredictable virus that can cause severe illness.

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

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

## What harm can flu do?

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

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



## Am I at increased risk from the effects of flu?

---

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

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

- a problem with your spleen, eg sickle cell disease, or you have had your spleen removed
- are seriously overweight.

## Who should consider having a flu vaccination?

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

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

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

## The flu vaccination for pregnant women

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

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

Pregnant women benefit from the flu vaccine because it will:

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

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

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

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



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

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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?**

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

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

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

work because of flu or to look after your children with flu.

The children being offered the vaccine this year, are:

- **all two, three or four years of age**, ie born between 1 September 2011 and 31 August 2014
- **all children in school years 1, 2 and 3**, ie born between 1 September 2008 and 31 August 2011
- **all primary school aged children in some parts of the country**

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

All children in school years 1, 2 and 3 throughout England, and in some areas all primary school-aged children, will be offered the flu vaccine. It is likely that in most areas the vaccinations will be in schools, although it may be offered through other schemes such as general practices and local pharmacies.

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

For more information on children and flu vaccination see the NHS Choices information at [nhs.uk/child-flu](http://nhs.uk/child-flu)



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

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

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

## Is there anyone who shouldn't have the vaccination?

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

## What about my children?

Children should not have the nasal vaccine if they:

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



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

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

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

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

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

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

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

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

Some faith groups accept the use of porcine gelatine in medical products – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine, see [www.gov.uk/government/publications/vaccines-and-porcine-gelatine](http://www.gov.uk/government/publications/vaccines-and-porcine-gelatine)

## Will I get any side effects?

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

## Will the flu vaccine protect me completely?

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

## How long will I be protected for?

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The vaccine should provide protection throughout the 2016/17 flu season.

## What do I need to do now?

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

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

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

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

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

- everyone aged 65 and over
- everyone under 65 years of age who has a medical condition listed on page 4, including children and babies over six months of age
- all pregnant women, at any stage of pregnancy
- all two-, three- and four-year-old children
- all children in school years 1, 2 and 3
- all primary school-aged children in some parts of the country
- everyone living in a residential or nursing home
- everyone who cares for an older or disabled person
- household contacts of anyone who is immunocompromised
- all frontline health and social care workers

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

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





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[www.nhs.uk/flu-jab](http://www.nhs.uk/flu-jab)



Public Health  
England

**NHS**

# Protecting your child against flu

Information for  
parents



**STAY WELL  
THIS WINTER**

Flu  mmunisation 2016/17

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

- **children aged two, three and four years<sup>1</sup>**
- **children in school years 1, 2 and 3<sup>2</sup>**
- **children with a health condition that puts them at greater risk from flu**
- **all children of primary school-age in some parts of the country (in former pilot areas)**

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

<sup>1</sup> ie born between 1 September 2011 and 31 August 2014

<sup>2</sup> ie born between 1 September 2008 and 31 August 2011

## **► Why should children have the flu vaccine?**

Flu can be a very unpleasant illness in children causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can often last several days.

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

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

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

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

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

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

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

## ► **How effective is the vaccine?**

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

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

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

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

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

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

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

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

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

### ► **How will the vaccine be given?**

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

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

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

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

### ► **How does the nasal spray work?**

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

## ► Are there any side-effects of the vaccine?

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

The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having had the spray, there's no need to worry that it hasn't worked.

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

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

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



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

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

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



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

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Children should not have the nasal vaccine if they:

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

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

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

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

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

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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)?**

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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?

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The nasal vaccine provides the best protection against flu, particularly in young children. It also reduces the risk to, for example, a baby brother or sister who is too young to be vaccinated, as well as other family members (for example, grandparents) who may be more vulnerable to the complications of flu.

The injected vaccine is not thought to reduce spread so effectively and so is not being offered to healthy children as part of this programme.

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

Some faith groups accept the use of porcine gelatine in medical products – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine, see [www.gov.uk/government/publications/vaccines-and-porcine-gelatine](http://www.gov.uk/government/publications/vaccines-and-porcine-gelatine)

## What will happen next?

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



# 5 reasons

## to get your child vaccinated

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**1.** The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record

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**2.** The nasal vaccine is painless and easy to have

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

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

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

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



# 5 reasons to vaccinate your child against flu

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

## What should I do?

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

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

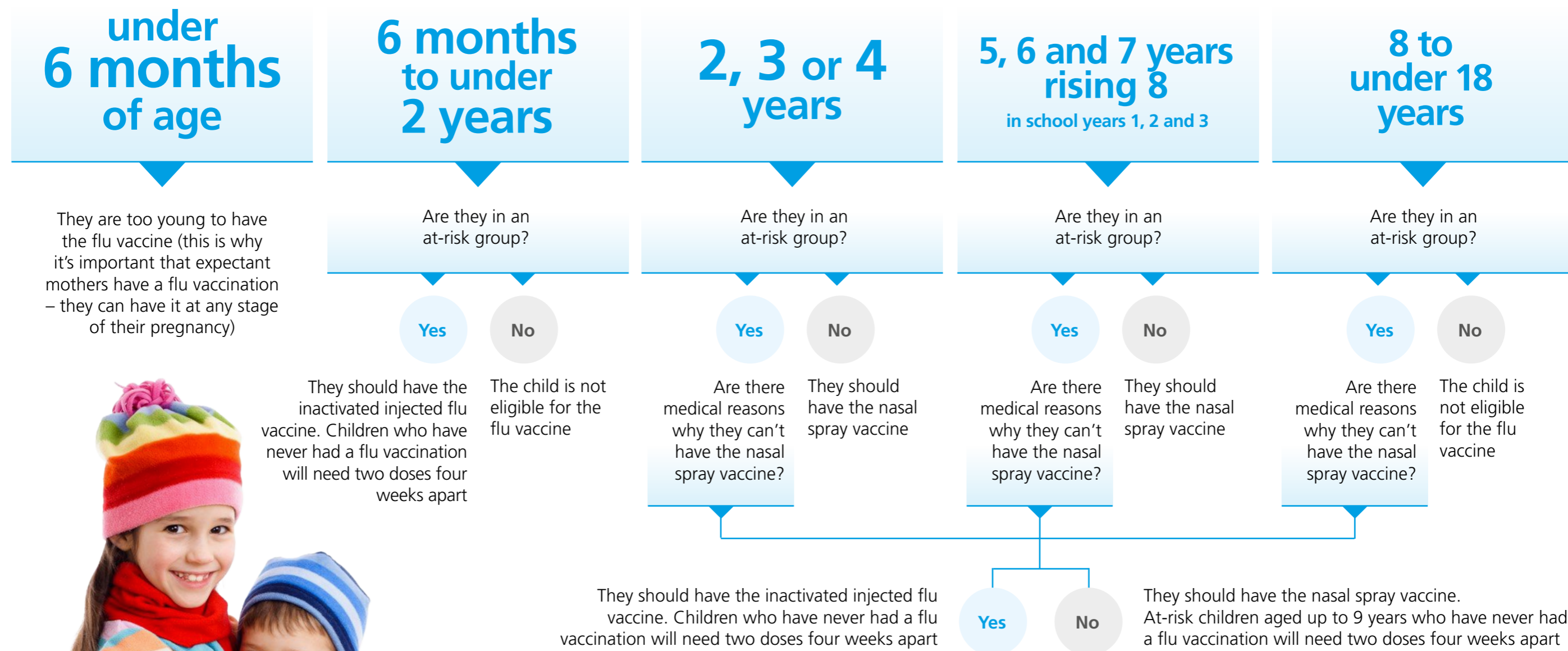
For more information visit: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)



# Which flu vaccine should children have?

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

## What is the child’s age?



### Notes.

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

# Immunising primary school children against flu

Information for head teachers and other school staff





**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 2016. Parents/guardians will receive their own dedicated information at the appropriate time.**

## Background to the programme

This is to make you aware that your local healthcare team will be in contact during the summer term to ask for your support in planning this autumn's flu vaccination programme for school-aged children.

This year, all children in years 1 and 2 will continue to be offered flu vaccination and the offer is being extended to all those in year 3.

We would like to thank schools for their engagement and vital contribution to this programme which was successfully rolled-out last year. We hope that you will help us by continuing to support delivery of this programme through your school<sup>1</sup>.

## The role of schools and school staff

### 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, who advise the Government on vaccination policies. Flu can be a very unpleasant illness in children. Annual immunisation provides important protection to individual children and also reduces the spread of flu to their families and the wider community, protecting younger siblings, grandparents and others who are at increased risk of becoming seriously ill from flu.

### 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 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

**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 will schools be contacted?

Your local healthcare team should be in touch with you during the summer term to confirm arrangements with you for the autumn term. If you want more information and have not been contacted by your local healthcare team you can contact your local NHS England Regional Team: [www.england.nhs.uk/about/regional-area-teams](http://www.england.nhs.uk/about/regional-area-teams)

<sup>1</sup> There are just a few areas in the country where provision will be through alternative schemes such as community pharmacies and general practice.

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## What will schools be asked to do?

Like last year, you will be asked to:

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

Schools may be asked to help with the tasks that cannot easily be done by the healthcare team such as sending information home with children, collecting completed consent forms, and taking children to and from the vaccination session where necessary. Local healthcare teams will work with schools to ensure minimum disruption.

Delivery of the programme will be dependent on local circumstances, commissioning arrangements and schools agreeing to host the vaccination session. Where schools do not host sessions, and four-year-olds already at school are being invited through general practice, then children may need to be released from school to receive their vaccine elsewhere.

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

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

## How will parent/guardian consent be obtained?

Like last year, parental consent will be arranged via a letter, information leaflet and consent form that the healthcare team will provide. Ideally this will be sent home from school with the child.

It should be signed by parents or guardians and returned to the healthcare team by the deadline agreed with the team. In most cases the healthcare team will ask that parents return these forms to the school and the healthcare team will collect them from there.

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

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

## Who decides whether a child receives the vaccination?

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.

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## Benefit to schools

- Helps protect children against flu which in turn may help protect other pupils and staff and reduce absenteeism rates
- Promotes a healthy working environment in schools and the wider community, including amongst parents
- 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

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

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

### Can teachers have the vaccine?

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

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

### Why are only children in school years 1, 2 and 3 being offered the vaccine in the majority of areas?

The extension of the national flu immunisation programme to children in school years 1, 2 and 3 is part of a phased roll-out of flu immunisation to children, based on the advice of independent experts. More birth cohorts will be included in future as the programme expands.

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

Yes, all children who are aged two, three and four years old on 31 August 2016 will be offered flu vaccination through general practice.

### 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 areas will continue to offer the vaccine to all primary school-aged children.

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## Further information

Further updates on the national flu immunisation programme, including the extension of the programme to children, will be added to the Public Health England website in the lead up to the 2016/17 flu season at: [www.gov.uk/government/collections/annual-flu-programme](http://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](http://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation)

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Public Health  
England

**NHS**

# All about flu and how to stop getting it

EasyRead version for people  
with learning disabilities



**STAYWELL  
THISWINTER**

Flu mmunisation 2016/17

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.

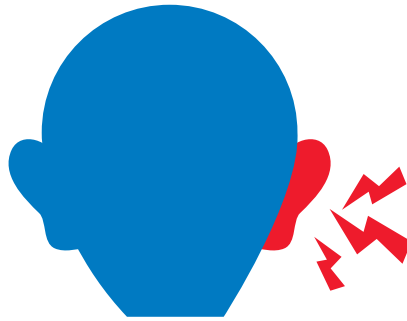


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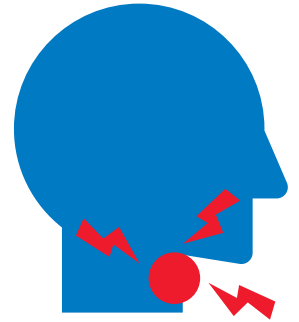
# Here are the signs of flu



blocked up nose



painful ear



sore throat



high temperature



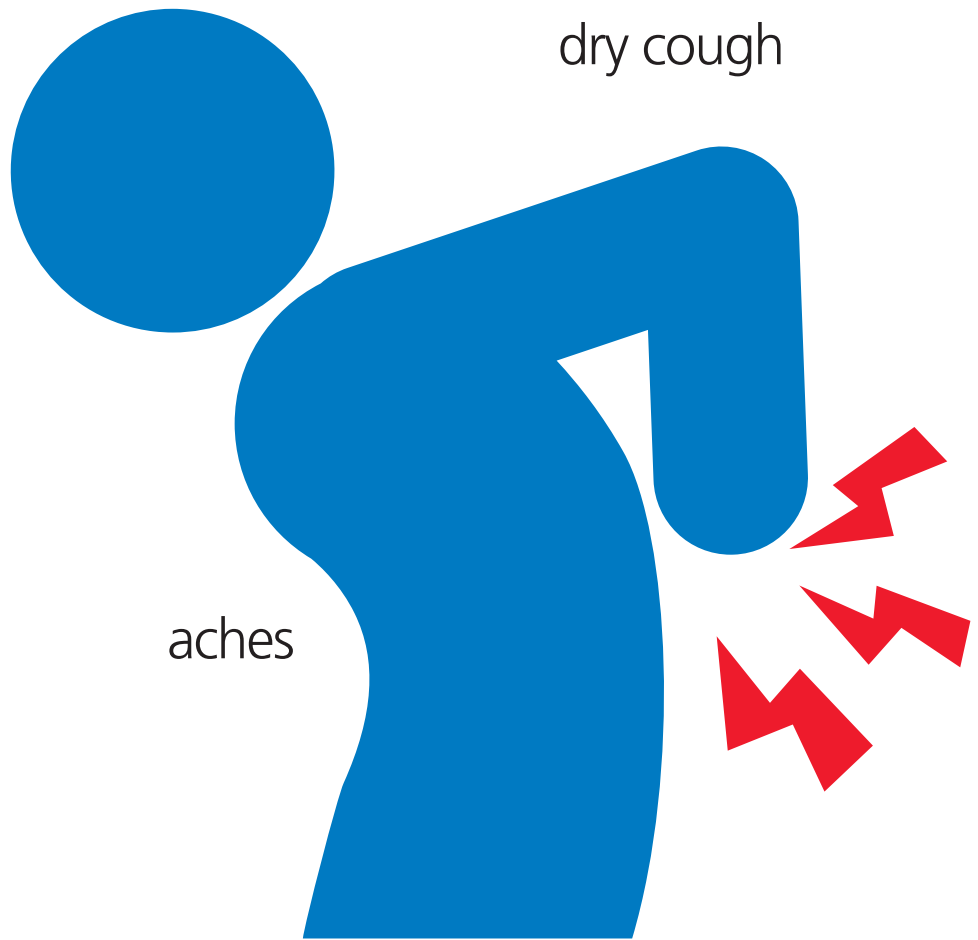
difficulty breathing



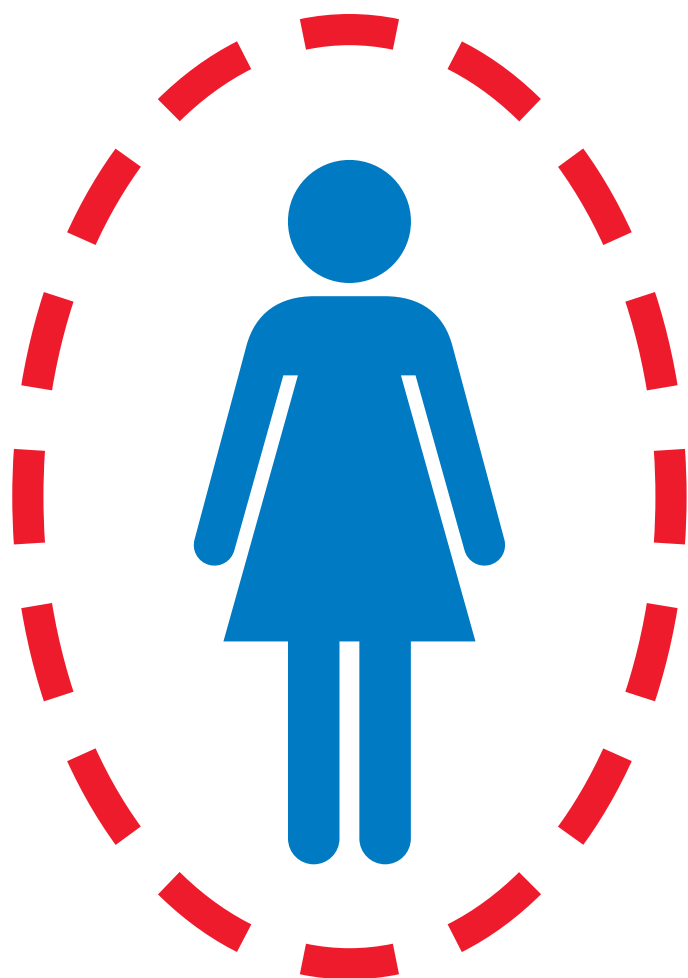
dry cough



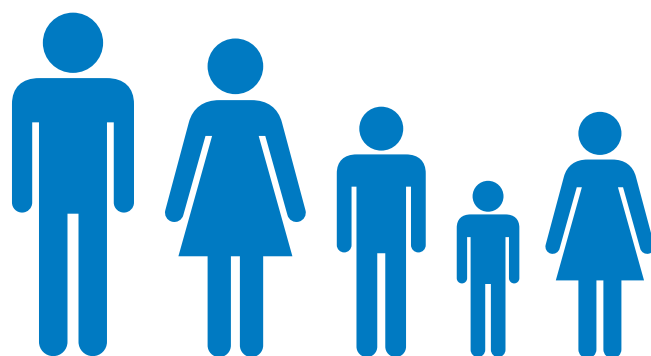
tiredness



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.



And it is free to people with learning disabilities

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

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



## **Who else should have a flu jab?**

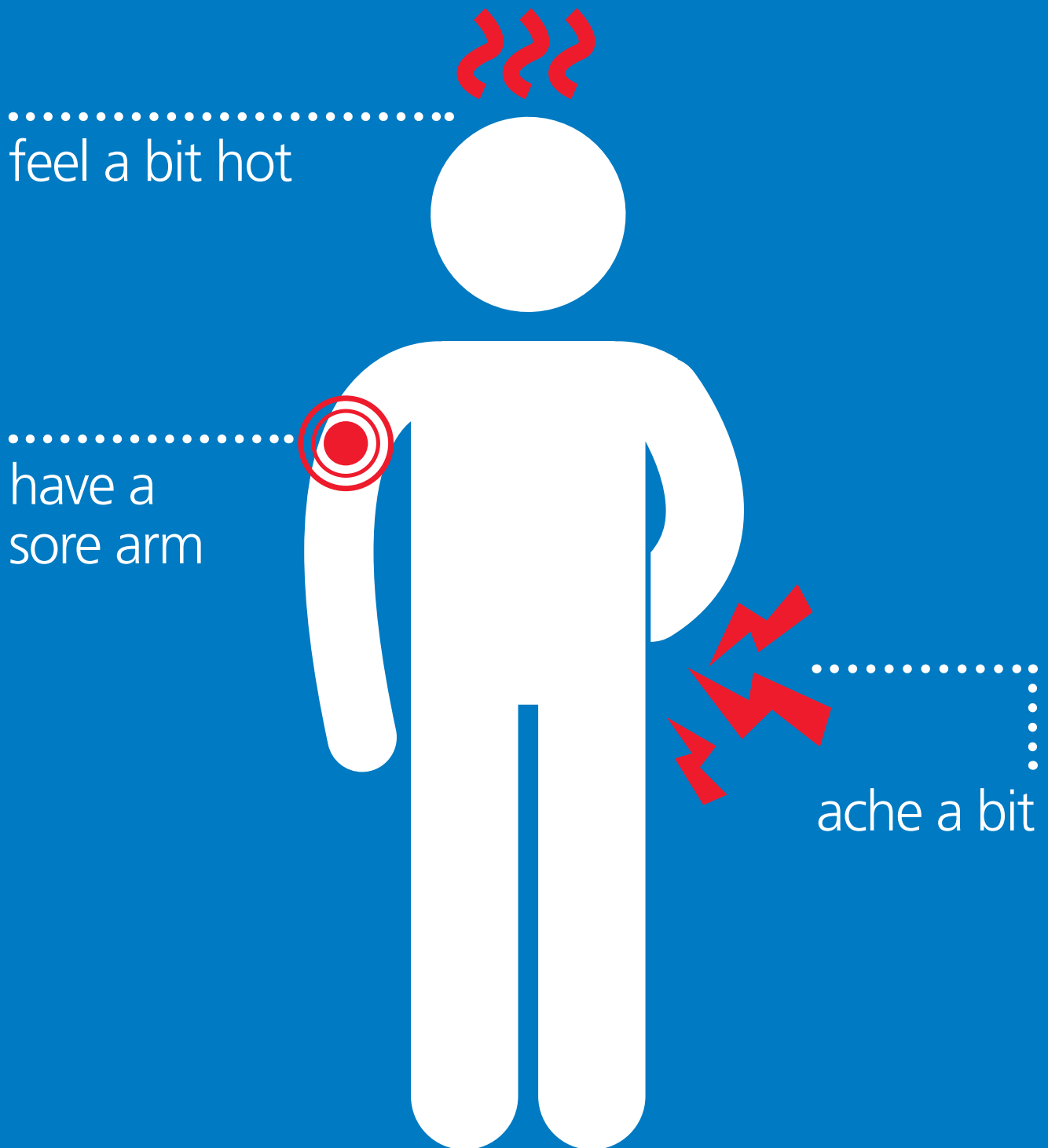
People who care for you should have a flu jab so they don't get ill.





# 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?

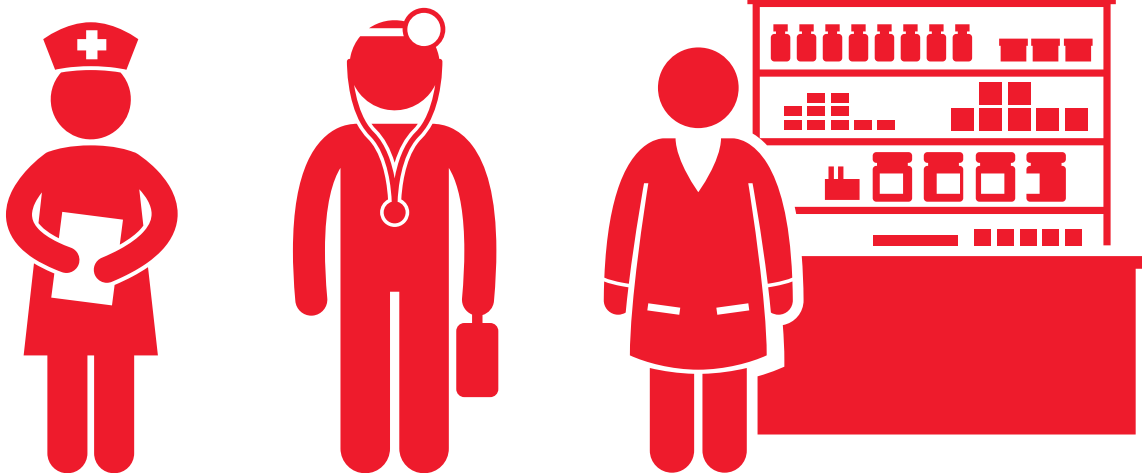


Your doctors should get in touch with you to come in for a jab.

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.

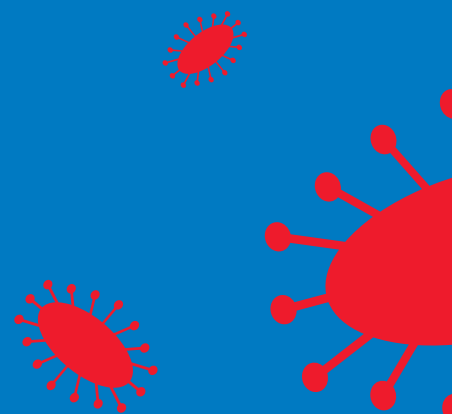


You can also find information online at [www.tinyurl.com/NHSfluinfo](http://www.tinyurl.com/NHSfluinfo)





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Produced by Williams Lea for Public Health England





# 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](http://www.meningitis.org) and [www.meningitisnow.org](http://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](http://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](http://www.meningitisnow.org)

### **Meningitis Research Foundation**

Free helpline 080 8800 3344

(9am to 10pm weekdays, 10am to 8pm weekends and holidays)

[www.meningitis.org](http://www.meningitis.org)

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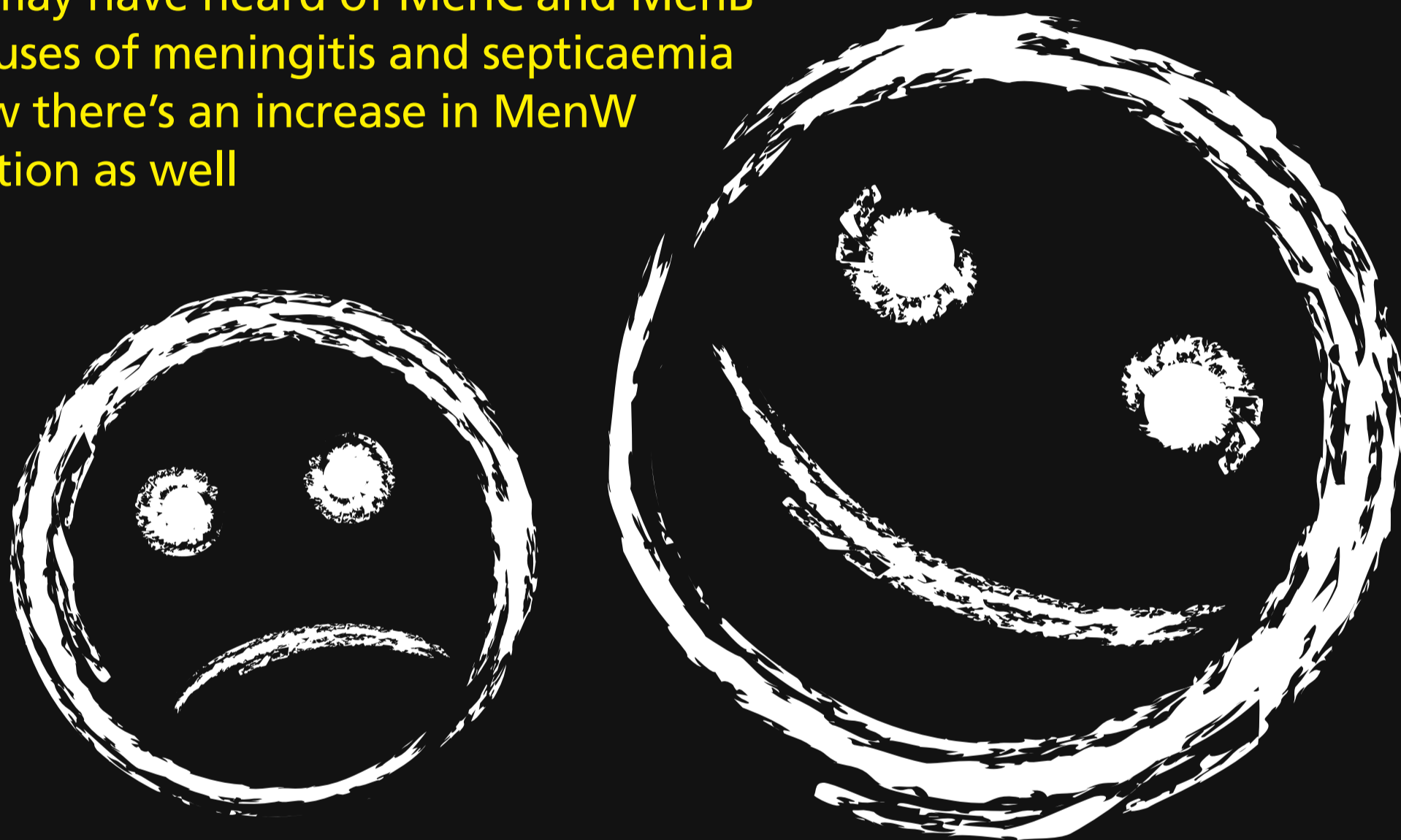
First published June 2015

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



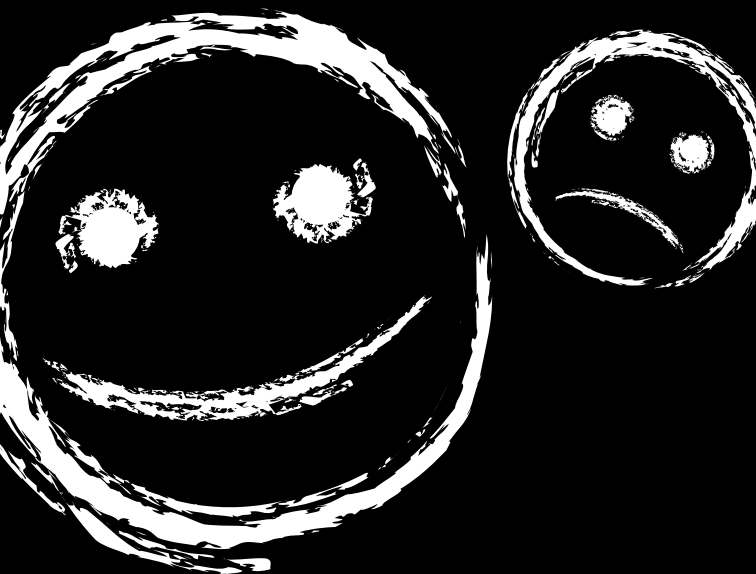
- Meningitis and septicaemia can kill very quickly
- Cases caused by meningococcal W (MenW) bacteria are increasing in the UK
- Teenagers and young adults have a higher risk of meningococcal disease
- The MenACWY vaccine helps to protect against 4 meningococcal groups (A, C, W and Y)
- Even if you have 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](http://www.nhs.uk/vaccinations), [www.meningitis.org](http://www.meningitis.org) or [www.meningitisnow.org](http://www.meningitisnow.org)

**Are you starting university  
in England?**

**Protect yourself against**

**meningitis AND  
septicaemia**

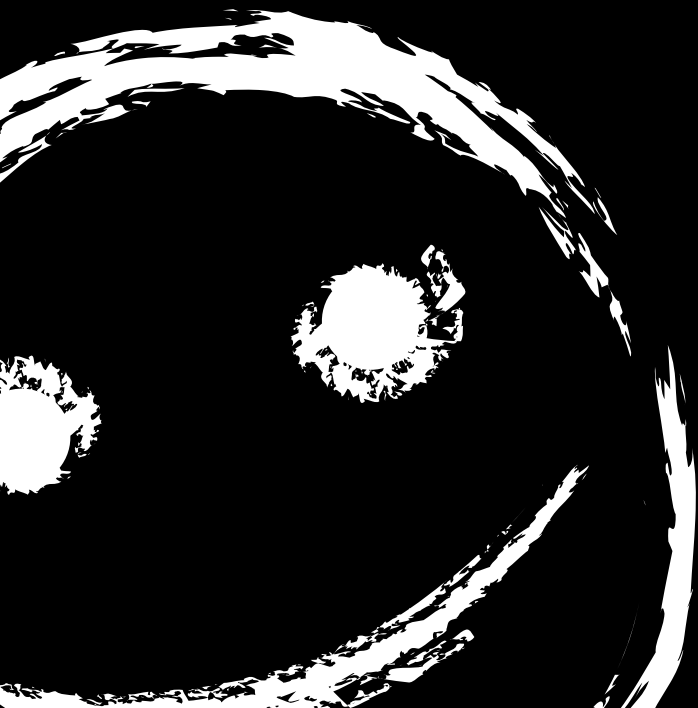


You need to get the  
MenACWY vaccination before you  
start uni or soon after. This leaflet  
tells you what to expect next.

# 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](http://www.meningitis.org) and [www.meningitisnow.org](http://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**

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## How can I find out more?

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# Don't let your child catch it

– get them vaccinated with the MMR vaccine

The number of children catching measles is rising. To be fully protected they need to be immunised with the MMR vaccine.

It's never too late to be vaccinated.

For more information contact your local GP surgery or visit:

[www.nhs.uk/mmr](http://www.nhs.uk/mmr)