Public Health England

Protecting and improving the nation's health

Winter-readiness (infection prevention) 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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Contents

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 for the prevention of infectious diseases.

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 close contact. The spread of these illnesses can be limited by infection control practices within the school.

Young children and those with chronic illnesses are also at particular 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* in pupils and/or staff within a week, with transmission in the school.	An increase in the number of diarrhoea and/or vomiting sickness absences above the normal rate (overall in the school or in pupils and/or staff linked by place).

A definition of a flu-like illness suitable for schools and nurseries:

- *Suddent onset of fever >38°C (not always be present in children) AND*
- *Cough or sore throat*

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** (see page 5 for definition).		
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** (see page 5 for definition)			
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 vominting 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/publications/flu-vaccination-who-should-have-it-this-winter-and-why

Leaflet – Protecting your child against flu. Information for parents
Poster – 5 reasons to vaccinate your child against flu
https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters

Leaflet – which flu vaccine should children have?
https://www.gov.uk/government/publications/which-flu-vaccine-should-children-have

Immunising primary school children against flu – information for head teachers and other school staff
https://www.gov.uk/government/publications/flu-vaccination-in-schools

Easy read Leaflet – Flu vaccination for children with learning disability
An easy to read leaflet providing information on influenza (flu) and vaccination.
https://www.gov.uk/government/publications/easy-read-childhood-nasal-flu-leaflet

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).

NHS & Food Standards Agency Norovirus School Guide (for early year professionals) including school posters
https://www.nhs.uk/Conditions/Norovirus/Documents/Norovirus%20PDF.pdf

Poster for staff and visitors
https://www.gov.uk/government/publications/stop-norovirus-spreading-this-winter-leaflet

Meningitis

Leaflets
These leaflets describe meningitis/septicaemia and the benefits of vaccination for adults.

Protect yourself against meningitis and septicaemia – school years 9 to 13
https://www.gov.uk/government/publications/meningitis-and-septicaemia-leaflet-for-students-in-years-9-to-13

Meningitis and septicaemia – information for students in school and sixth form colleges
https://www.gov.uk/government/publications/meningitis-and-septicaemia-information-for-students

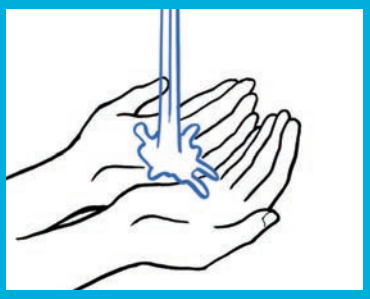
Meningitis and septicaemia – students preparing to go to university
https://www.gov.uk/government/publications/menacwy-school-leaver-flyer

Further information on meningitis can be found on the NHS website**:**
www.nhs.uk/conditions/meningitis/pages/introduction.aspx

Measles

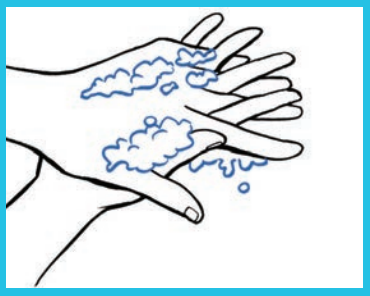
Poster
Measles – don’t let your child catch it
https://www.gov.uk/government/publications/measles-dont-let-your-child-catch-it-poster

Leaflet
Measles Mumps Rubella (MMR) Vaccination
https://www.gov.uk/government/publications/mmr-for-all-general-leaflet



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.

NHS


NHS
Catch it. Bin it. Kill it.
Stop the spread of flu germs. Use a tissue and wash your hands thoroughly.
STAY WELL THIS WINTER

Public Health England

NHS

The flu vaccination

WINTER 2018/19

Who should have it and why

Includes information for children and pregnant women

STAY WELL THIS WINTER

Flu immunisation

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 vaccination every year.

What is flu? Isn't it just a heavy cold?

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. However, if there are complications from getting flu, antibiotics may be needed.

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

How do you catch flu?

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.

The vaccines are given in the autumn ideally before flu starts circulating. During the last ten years the vaccine has generally been a good match for the circulating strains.

What harm can flu do?

People sometimes think a bad cold is flu, but having flu can often 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 a long term condition such as:

- 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)

This list of conditions isn't definitive. It's always an issue of clinical judgement. Your GP can assess you to take into account the risk of flu making any underlying illness you may have worse, as well as your risk of serious illness from flu itself.

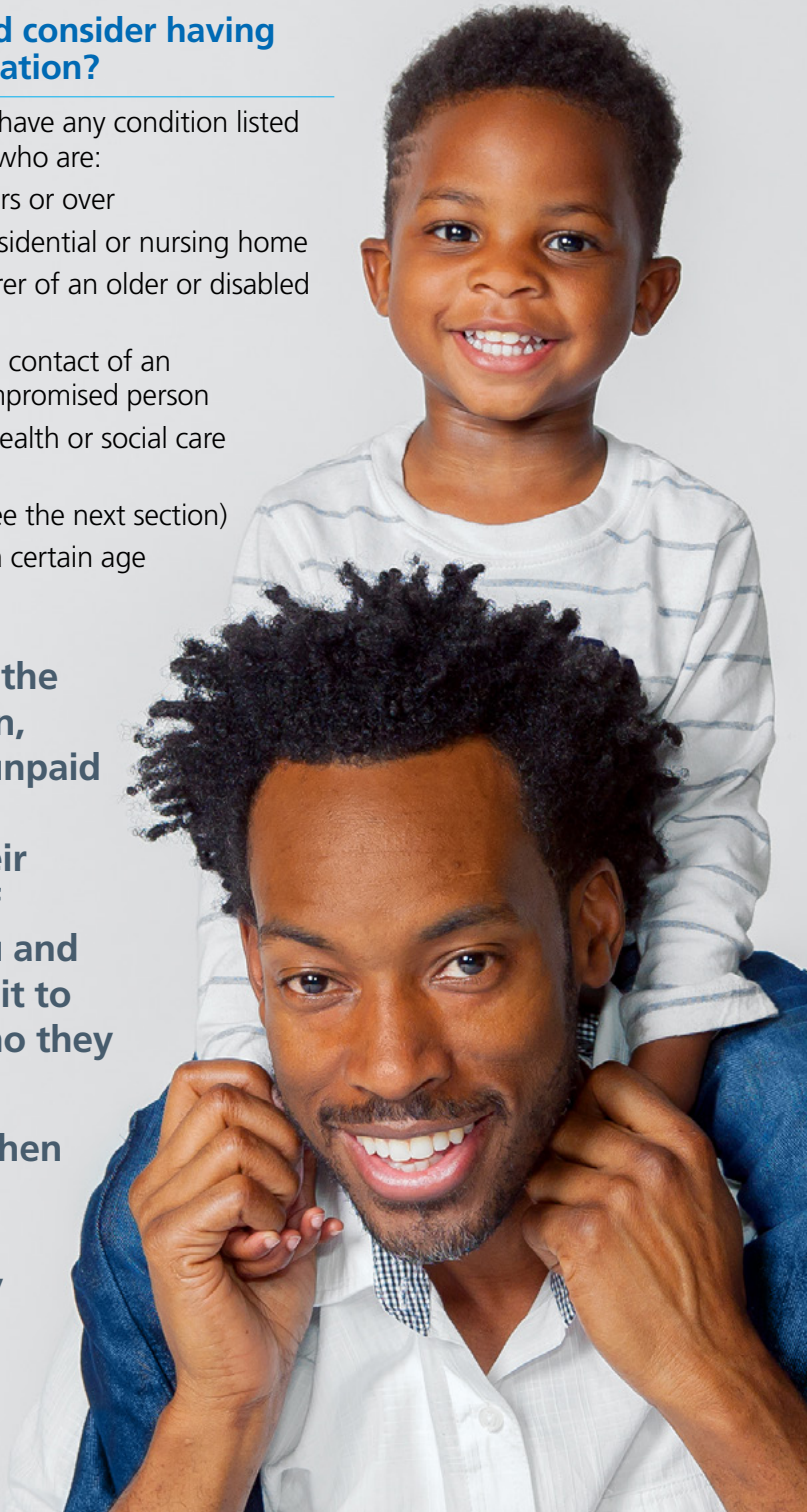
Who should consider having a flu vaccination?

All those who have any condition listed on page 4, 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 8)

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 general practice (GP), or it may also be available from your pharmacist or midwife.

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

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

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.

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 help you to 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[1]
- all children in reception class and school years 1, 2, 3, 4 and 5[2]

Children aged two and three years will be given the vaccination at their general practice usually by the practice nurse. Nearly all eligible children in reception year and school years 1, 2, 3, 4 and 5 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

Which type of flu vaccine should I have?

There are three types of flu vaccine:

- a live attenuated quadrivalent vaccine, given as a nasal spray. This is for children and young people aged 2 to 17 years in an eligible group
- a quadrivalent injected vaccine. This is for adults aged 18 and over but below the age of 65 who are at increased risk from flu because of a long term health condition and for children 6 months and above in an eligible group who cannot receive the live attenuated vaccine
- an adjuvanted injected vaccine. This is for people aged 65 and over

If your child is aged between 6 months and 2 years old and is in a high-risk group for flu, they will be offered an injected flu vaccine as the nasal spray is not licenced for children under the age of two.

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 child?

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[3]

[1] ie born between 1 September 2014 and 31 August 2016
[2] ie born between 1 September 2008 and 31 August 2014
[3] see the website at 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.

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

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 nhs.uk/child-flu-FAQ

Will I get any side effects?

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

Will the flu vaccine protect me completely?

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

How long will I be protected for?

The vaccine should provide protection throughout the 2018/19 flu season.

What do I need to do now?

If you belong to one of the groups mentioned in this leaflet, it's important that you have your flu vaccination.

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 vaccine 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- and three- year-old children
- all children in reception class and school years 1, 2, 3, 4 and 5
- 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.

www.nhs.uk/flujab

NHS

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Public Health England

NHS

Protecting your child against flu

Information for parents

Flu immunisation in England

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

Flu vaccine is offered free each year to most:

- children aged two or three years old
- primary school-aged children

and:

- all children with a health condition that puts them at greater risk from flu

Further information on which children are eligible each year can be found at: **www.nhs.uk/child-flu**

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 in children. Children under the age of five have the highest rate of hospital admissions due to flu.

It will 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.

How effective is the vaccine?

Flu vaccine is the best protection we have against this unpredictable virus.

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.

Why are so many children being offered the vaccine?

As well as helping to protect children who are vaccinated, the infection is then less able to spread, and so it helps to protect other family members and friends.

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

Yes; the flu vaccine for each winter can change every year. For this reason, we recommend that your child is vaccinated against flu again this year, even if vaccinated last 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*.

Nearly all eligible school-aged children will be offered the vaccination in school.

Children who are home educated will be offered the vaccine, provided they are in an eligible 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.

* Your child will be eligible provided they were aged two or three years old on 31 August of the current flu season.

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 be better able to fight off the infection.

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

Are there any side-effects of the vaccine?

Children may develop a runny or blocked nose, headache, general tiredness and some loss of appetite. However, these are much less serious than developing flu or complications associated with flu.

Serious side-effects are uncommon.

What about my child who has a health condition?

Children with certain health conditions, even if well managed, are at higher risk of severe complications if they get flu. It is 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 if they have a condition that affects the nervous system such as cerebral palsy.

These children should have a flu vaccination every year from the age of six months onwards. Most will have the nasal spray vaccine but it should not be given to children under the age of two years. These children, and those for whom the nasal spray is not suitable for medical reasons, will be offered an injected vaccine.

If your child has any health condition listed on page 6 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.

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. If your child is eligible, the local healthcare team will contact you via the school.

If your child is at school and has a health condition that puts them at increased risk from flu (see page 6), 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?

As children with pre-existing medical conditions may be more vulnerable to complications of flu it is especially important that they are vaccinated.

If you are unsure whether your child should get the injected vaccine or the nasal vaccine please check with the school immunisation team or the nurse or GP at your surgery.

Children who should not have the nasal vaccine include those who:

- 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 injected flu vaccine.

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.

* 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

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

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

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

Yes. The nasal vaccine contains a highly processed form of gelatine (porcine gelatine), which is used in a range of many essential medicines.

The gelatine helps to keep the vaccine viruses stable so that the vaccine provides the best protection against flu.

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

The 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.

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.

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 get your child vaccinated

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 family and friends.** Vaccinating your child will help protect more vulnerable family and friends

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

4. **It's better than having 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

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First published June 2015

Public Health England

NHS

flu: 5 reasons to vaccinate your child

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

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4. **It's better than having 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?

Contact your GP if your child is aged two or three years old and you haven't heard from their GP by early November.

If your child is at primary school and is eligible, the school will send you a consent form. Please sign and return it.

If your child has a health condition that puts them at greater risk from flu, they are also eligible for the flu vaccine.

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

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

Which flu vaccine should children have?

There are two types of flu vaccine available for children in 2018/19 – 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?

under 6 months of age

They are too young to have the flu vaccine (this is why it's important that expectant mothers have a flu vaccination – they can have it at any stage of their pregnancy)

6 months to under 2 years

Are they in an at-risk group?

- **Yes** → They should have the inactivated injected flu vaccine. Children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
- **No** → The child is not eligible for the flu vaccine

2 or 3 years old

Are they in an at-risk group?

- **Yes** → Are there medical reasons why they can't have the nasal spray vaccine?
  - **Yes** → They should have the inactivated injected flu vaccine. Children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
  - **No** → They should have the nasal spray vaccine. At-risk children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
- **No** → They should have the nasal spray vaccine

4 to 9 years old in reception class and in school years 1-5

Are they in an at-risk group?

- **Yes** → Are there medical reasons why they can't have the nasal spray vaccine?
  - **Yes** → They should have the inactivated injected flu vaccine. Children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
  - **No** → They should have the nasal spray vaccine. At-risk children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
- **No** → They should have the nasal spray vaccine

10 to under 18 years

Are they in an at-risk group?

- **Yes** → Are there medical reasons why they can't have the nasal spray vaccine?
  - **Yes** → They should have the inactivated injected flu vaccine. Children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
  - **No** → They should have the nasal spray vaccine. At-risk children aged up to 9 years who have never had a flu vaccination will need two doses four weeks apart
- **No** → The child is not eligible for the flu vaccine

Notes.

- **Those aged two and three years old on 31 August 2018 (but not four years)** are eligible for flu vaccination in general practice.
- **Children in reception class and school years 1, 2, 3, 4 and 5 (those aged 4-9 on 31 August 2018)** 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.

Public Health England

NHS

Immunising preschool children against flu

Information for practitioners working in early years settings, including childminders

STAY WELL THIS WINTER

Flu immunisation 2018/19

This information is about the annual flu vaccination programme for preschool children. It is for those working in the early years sector to inform them about the programme and how they can support it. It is for nursery and preschool managers and staff, and childminders delivering the Early Years Foundation Stage Framework and those who provide informal childcare, such as nannies.

Background to the programme

Flu is a common infection in babies and children and can be very unpleasant for them. Children under the age of five have the highest hospital admission rates for flu compared to other age groups.

All children aged two and three years old on 31 August 2018 are eligible for a free flu vaccination in the form of a nasal spray. However, not all parents are aware of this or take up the offer. Not only does the flu vaccine help to protect the children themselves, but by reducing the spread of flu it will also help protect family members, and others in the local community.

What is flu?

Flu in children can cause 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.

Flu is different from the common cold. It is caused by a different group of viruses and the symptoms tend to start more suddenly, be more severe and last longer.

What is the purpose of the programme?

Annual immunisation helps provide protection to individual children and reduces the spread of flu to their families, younger siblings, grandparents and the wider community, protecting others who are at increased risk of becoming seriously ill from flu.

For many years the flu vaccine has been offered to those who are most at risk of severe illness from flu. This includes pregnant women, those aged 65 and over, and those with long term health conditions, including children.

Since 2013, vaccination has been extended gradually to children. 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.

Where can children get the vaccine?

All children who are aged two and three years old can get the vaccine at their general practice. This is usually administered by the practice nurse and for most children is a quick and painless nasal spray.

There are some children for whom the nasal spray is not suitable. GP practices will check suitability before offering the vaccine.

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.

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 role of the Early Years Sector

What can staff in the early years sector do to support the programme?

Staff working in the early years sector can help raise awareness of the programme amongst parents. Resources produced by Public Health England can be downloaded or ordered for free.

As well as protecting children and the wider community, promoting the flu vaccine promotes a healthy working environment in nurseries and childcare settings by reducing the risk of spread of flu to others including staff.

Can staff have the vaccine?

Not as part of this programme. The nasal flu vaccine used in this programme is not licensed for adults. Some early years providers, however, may choose to provide an injectable vaccine for their staff 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. Some local pharmacies also provide this service.

For more information see **www.nhs.uk/flujab**

Resources

Public Health England has produced the following resources which can be downloaded or ordered for free from **www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters**

'Protecting your child against flu' leaflet. This provides information for parents on the flu vaccine, including how it works and contraindications.

'Five reasons to vaccinate your child against flu' poster. This sets out key messages for parents about the flu vaccine.

Other children who are offered flu vaccination

Are older children being offered flu vaccination in schools?

Yes, as part of the extension of the national flu immunisation programme to children all those in reception class and school years 1 to 5 will be offered flu vaccination this autumn. Most vaccination sessions will take place in school.

What about children with long-term health conditions?

Children less than 2 years old, but over six months of age, with a long term health condition that puts them at increased risk of flu should also have annual flu vaccination. This includes children with serious breathing problems (such as severe asthma), serious heart conditions, severe kidney or liver disease, diabetes, immunosuppression or problems with the spleen. Children under the age of 2 will be offered an injected vaccine as the nasal spray is not licensed for them.

Preventing the spread of flu

You can help stop yourself catching flu or spreading it to others with good hygiene measures. The young children that you care for should also be encouraged to do the same:

- wash hands regularly with soap and warm water
- use tissues to cover the mouth and nose when coughing or sneezing
- put used tissues in a bin as soon as possible

Regularly cleaning surfaces such as tables, telephone and door handles can also help to get rid of germs.

Anyone with flu should avoid unnecessary contact with other people until they are fully recovered.

Public Health England

NHS

Immunising primary school children against flu

This leaflet for headteachers and school staff answers a number of questions you may have about the nasal spray flu vaccine being offered to children in the autumn term of 2018

Over the last three years primary school aged children have been offered flu vaccination in a national roll-out of the programme. We would like to thank schools for hosting vaccination sessions. It would not be possible to do this without your ongoing support. Each year we have seen more parents agree for their child to be vaccinated, with the majority of parents giving consent for their children to have the vaccine (see table inside).

In 2018 flu vaccination will be offered in primary schools to all children in reception class through to Year 5. Preschool children aged two and three years old will be offered the vaccine through their GP surgery.

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. The programme 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, and 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.

STAY WELL THIS WINTER

Frequently asked questions

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. As the flu virus can change each year, vaccination is required on an annual basis. The local healthcare team contracted to deliver the flu vaccination will be in touch to confirm arrangements with you for the autumn.

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
- agree a date for the vaccination session
- 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.

We are grateful for your on-going support with the programme and for agreeing to host the vaccination session. 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.

Please note, on the rare occasion when schools do not agree to host sessions 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.

Flu vaccine uptake in schools over last three years

	2017/18	2016/17	2015/16
Reception class	62.6%	33.9%*	30.0%*
Year 1	61.0%	57.6%	54.4%
Year 2	60.4%	55.4%	52.9%
Year 3	57.6%	53.3%	N/A
Year 4	55.8%	N/A	N/A

*Offered in general practice not schools

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.

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 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.

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.

Benefit to schools

- Provides an opportunity to integrate learning about the benefits of vaccination into the school curriculum including history and science.
- 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).
- Helps protect children against flu which in turn may reduce pupil and staff absenteeism rates.

NHS

www.nhs.uk/vaccinations

Public Health England

NHS

All about flu and how to stop getting it

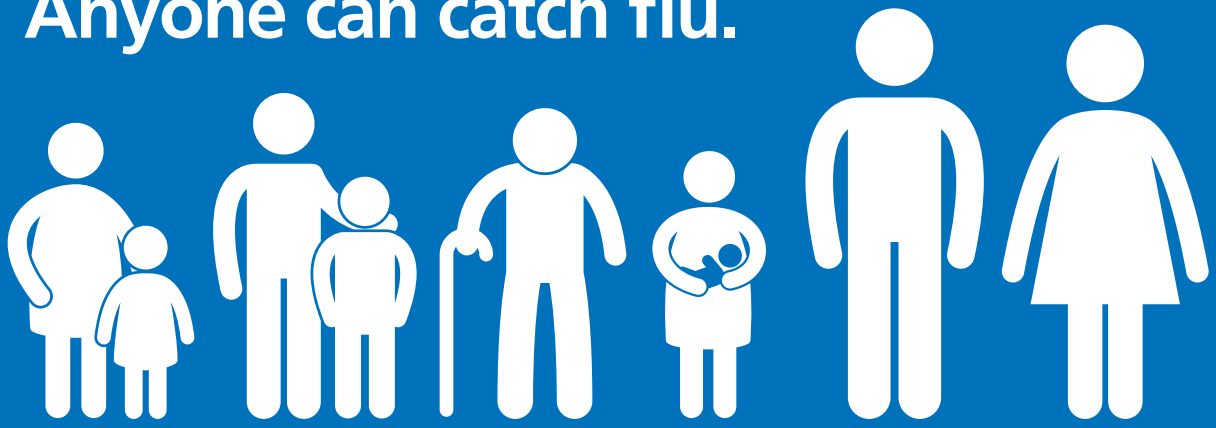
EasyRead version for children with learning disabilities

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

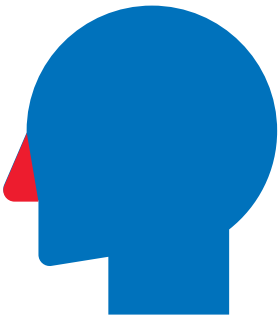
Anyone can catch flu.



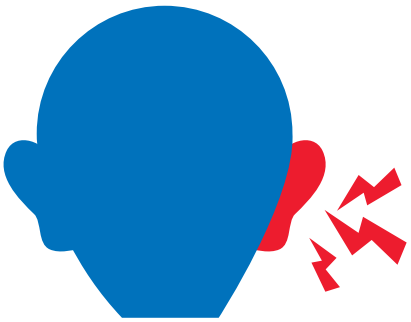
Flu is caused by a bug called a **virus**

Flu can make you feel ill.

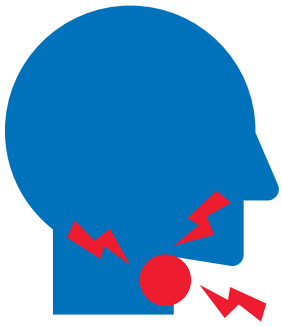
Here are the signs of flu



blocked up nose

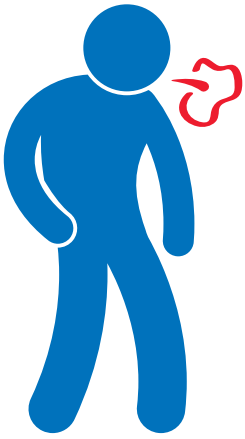


painful ear



sore throat

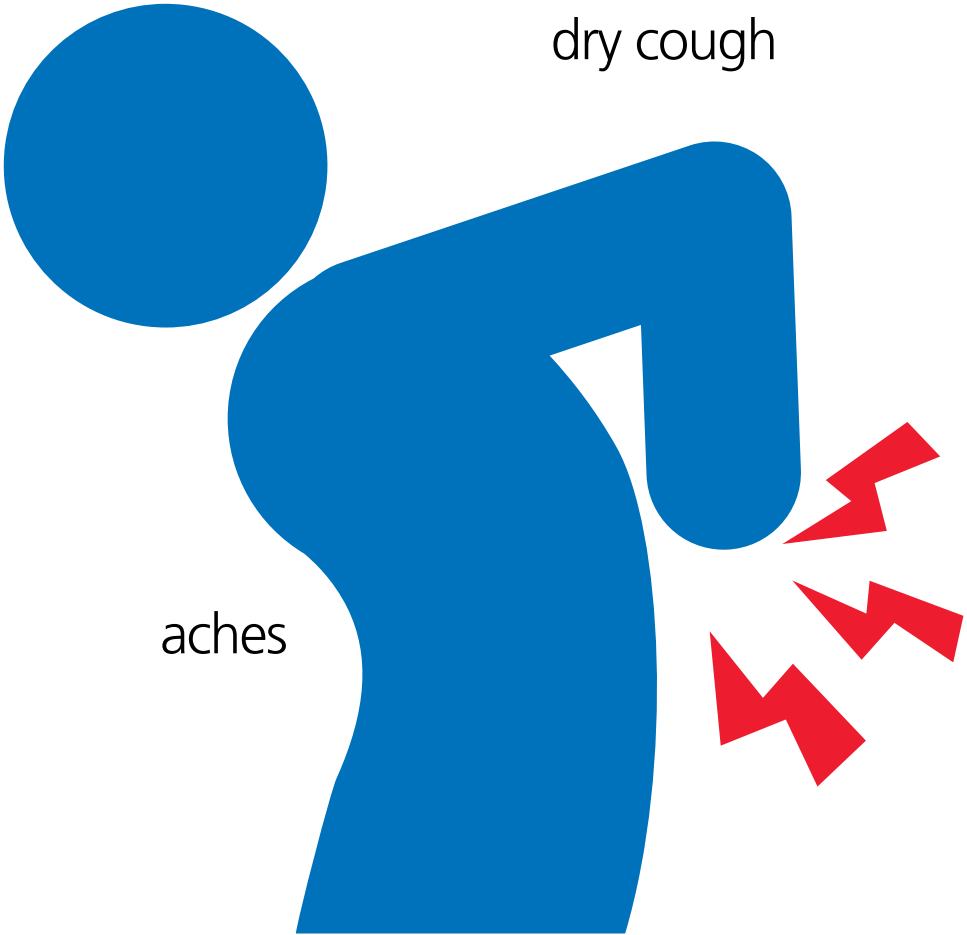
high temperature



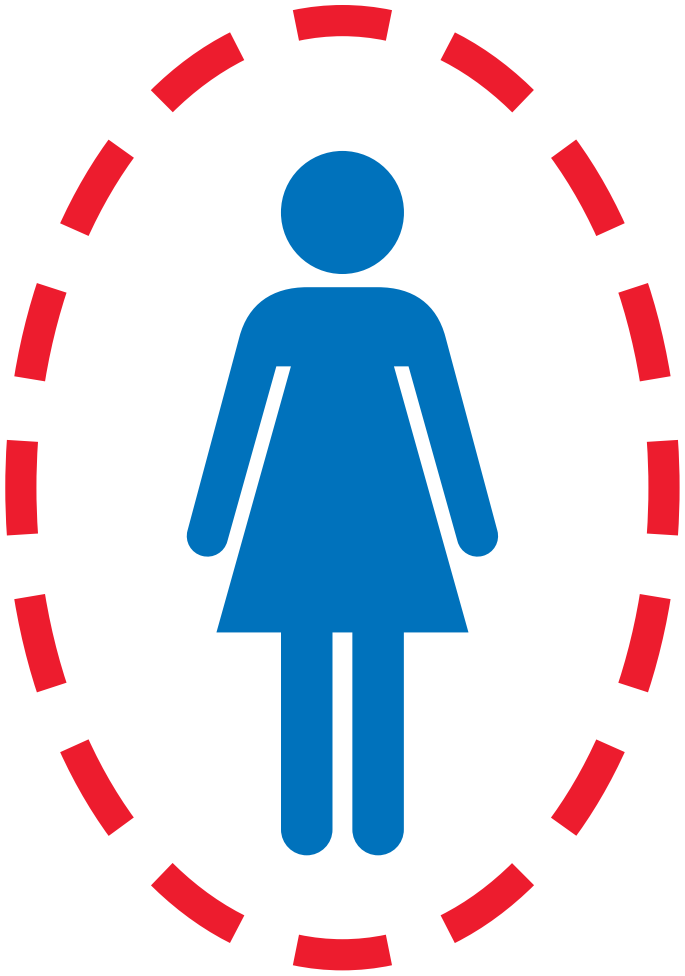
difficulty breathing

dry cough

tiredness

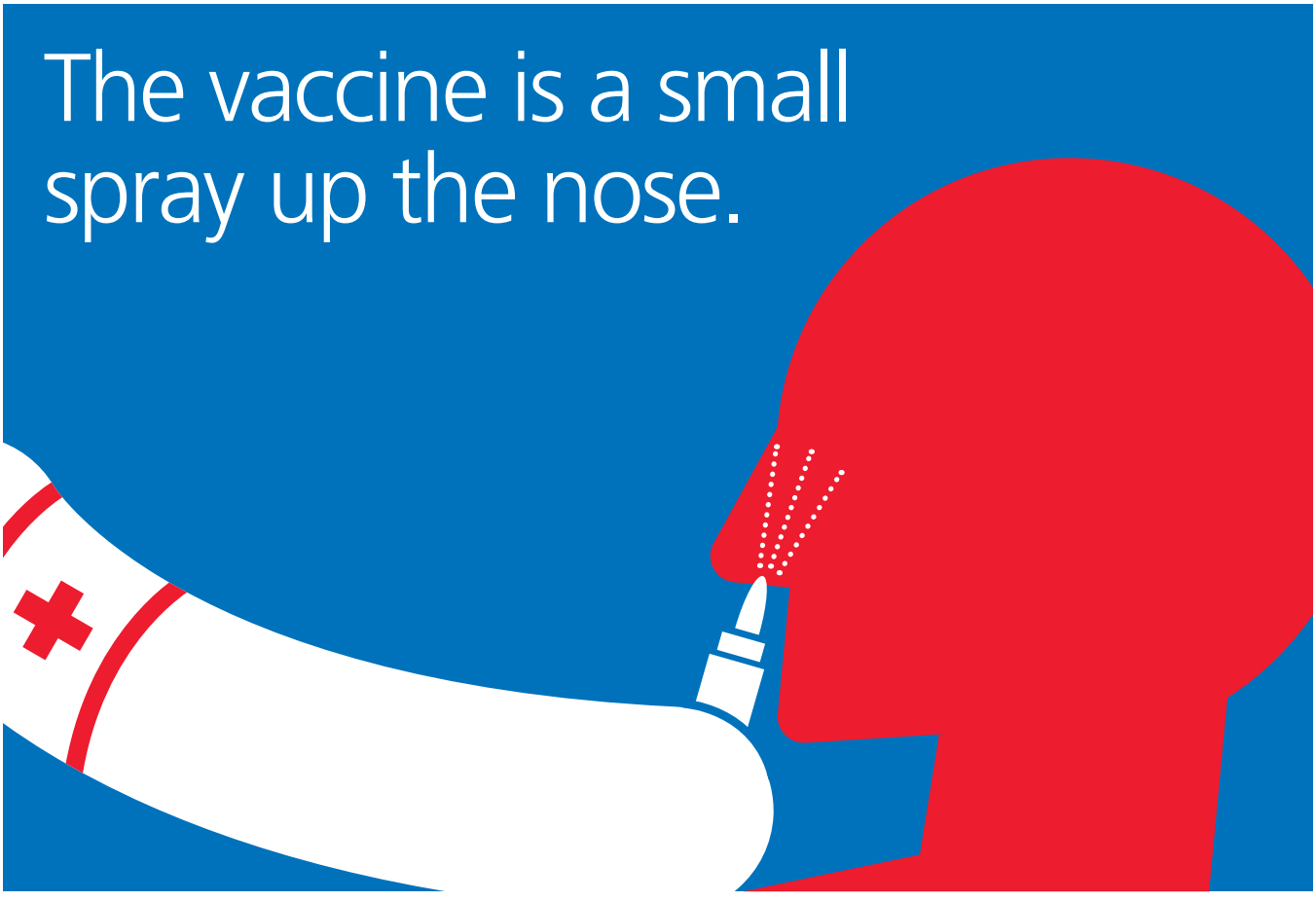


aches



Having a vaccine can help stop you catching flu.

The vaccine is a small spray up the nose.

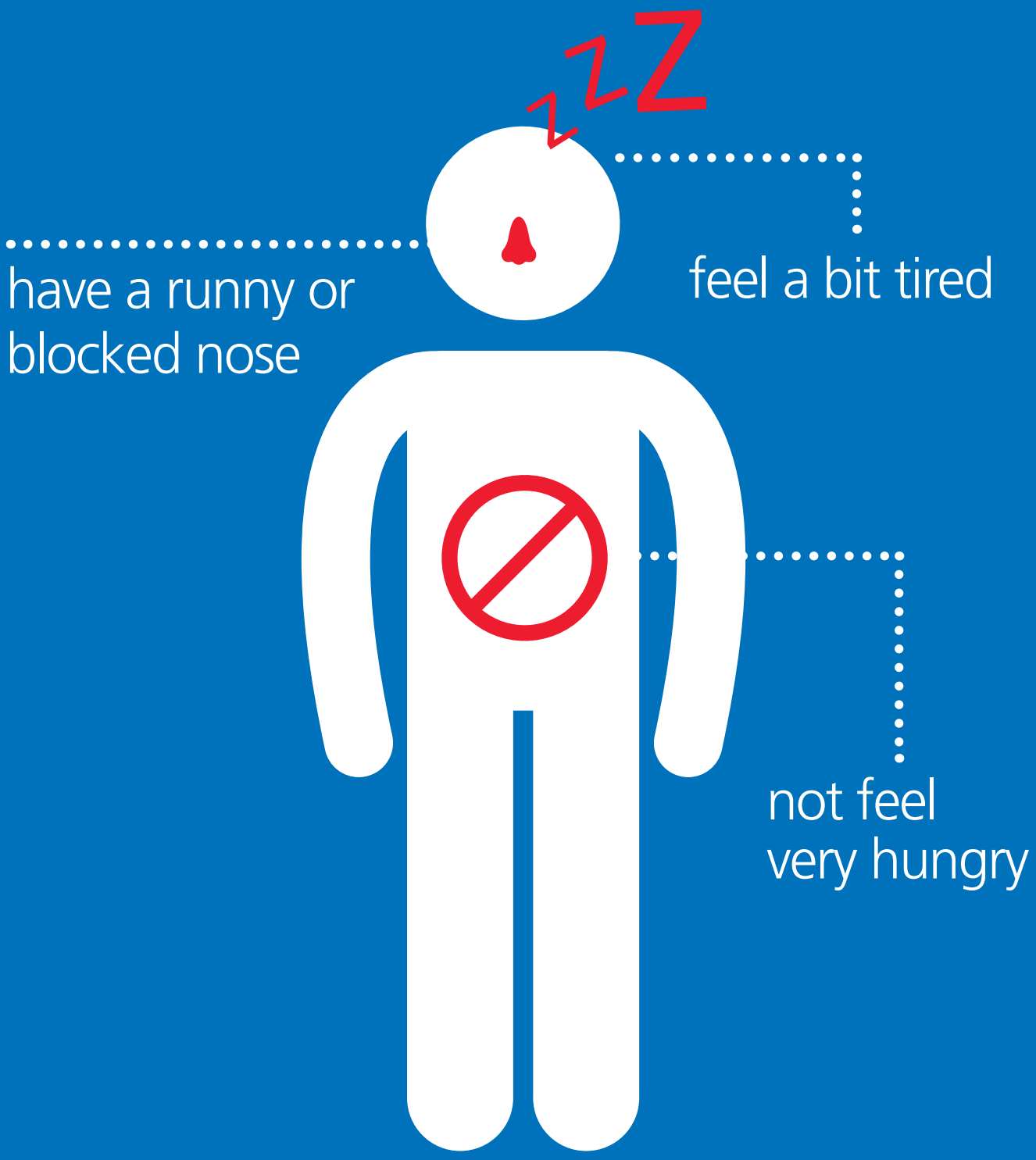


The best time to have a flu spray is in the autumn.

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

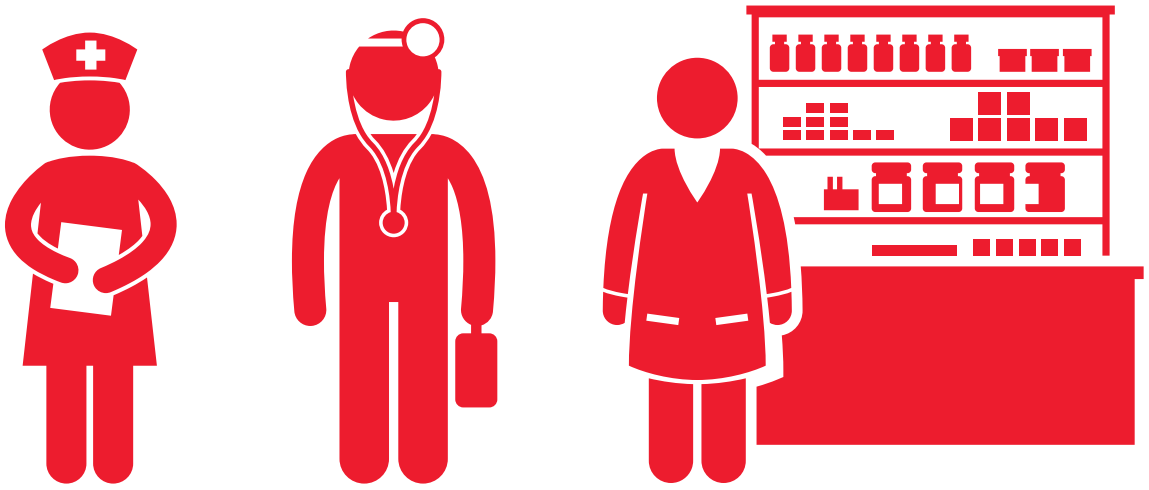
Will the flu spray make me feel ill?

After the flu spray you may:

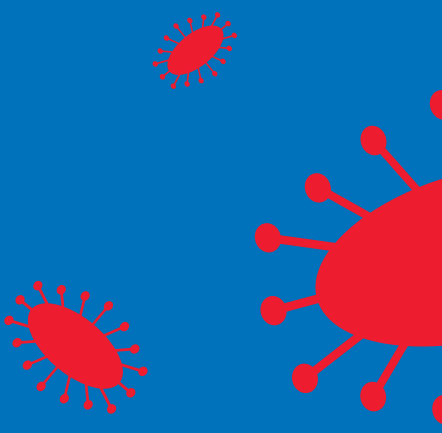


This will go away in a few days.

If you have any questions or want more information, talk to your school nurse.



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



3248960 3p OCT 2017 (APS)
Produced by APS for Public Health England

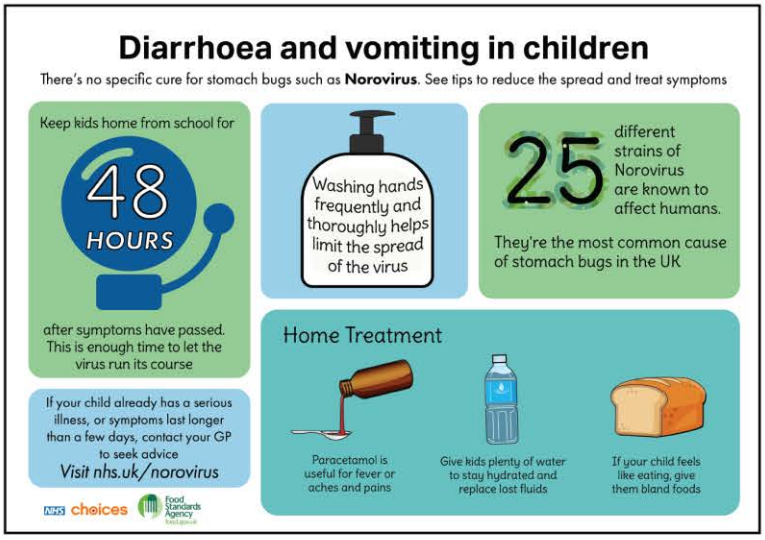
www.nhs.uk/vaccinations

Norovirus Schools Guide

for early years professionals

This pack contains

- Information on the Norovirus aka, the 'winter vomiting bug'
- Advice on limiting the spread of Norovirus in your school
- Guidance on how symptoms can be treated
- A printout to give to parents and carers



Diarrhoea and vomiting in children

There's no specific cure for stomach bugs such as **Norovirus**. See tips to reduce the spread and treat symptoms

Keep kids home from school for

48 HOURS

after symptoms have passed. This is enough time to let the virus run its course

If your child already has a serious illness, or symptoms last longer than a few days, contact your GP to seek advice

Visit nhs.uk/norovirus

NHS choices Food Standards Agency

Washing hands frequently and thoroughly helps limit the spread of the virus

25 different strains of Norovirus are known to affect humans.

They're the most common cause of stomach bugs in the UK

Home Treatment

Paracetamol is useful for fever or aches and pains

Give kids plenty of water to stay hydrated and replace lost fluids

If your child feels like eating, give them bland foods

NHS choices

Food Standards Agency
food.gov.uk

Norovirus schools guide

Norovirus, also known as the winter vomiting bug, is the most common stomach bug in the UK. NHS Choices, in collaboration with the Food Standards Agency, has put together this useful guide and printout to help schools and parents understand Norovirus, from detection to prevention.

What is Norovirus?

Norovirus is highly contagious. It's particularly prevalent in schools and nurseries as the virus can survive for several days on surfaces or objects. But it can affect people of all ages and cause vomiting and diarrhoea.

There is no cure for Norovirus, so it has to be left to run its course. The symptoms are unpleasant and can initially be quite distressing, but they shouldn't last for more than a couple of days. Adults and children with Norovirus symptoms should avoid visiting GP surgeries or hospitals to prevent the further spread of the virus.

Because the virus is highly contagious, **children who have Norovirus symptoms must remain off school or nursery for 48 hours after the last episode of vomiting or diarrhoea to stop the spread of the infection to other children and staff.**

Different types of Norovirus

Norovirus is the most common cause of stomach bugs in the UK, with at least 25 different strains known to affect humans. Each year, it's estimated between 600,000 and 1 million people in the UK catch Norovirus – because there are so many strains, we don't develop immunity to it.

The virus is sometimes called the "winter vomiting bug" as it's more common in winter. However, you can catch the virus at any time of the year.

How do you treat Norovirus?

To treat the symptoms of Norovirus, we recommend the following for children and young people:

- Ensure they drink plenty of water to avoid dehydration.
- Give them liquid paracetamol for any fever or aches and pains.
- If they feel like eating, give them easy to digest foods such as bananas or brown rice.
- Stay at home – there is nothing the GP can prescribe for sickness and diarrhoea, although your local chemist may be able to provide rehydration solutions.
- Contact your GP or NHS 111 to seek advice if the symptoms last longer than a few days, or visit nhs.uk/norovirus for more information.

Preventing the spread of Norovirus

Norovirus is easily spread – you can catch it simply by touching contaminated surfaces or objects.

Early years staff, teachers, school staff, and parents can help prevent the spread of Norovirus by:

- washing hands frequently with household soap, and encouraging children to do the same – especially after going to the toilet
- ensuring any infected child is not sharing things such as toys, blankets, and so on
- keeping any child with Norovirus symptoms home from school and away from other children where possible – children with Norovirus should also avoid contact with vulnerable adults, such as elderly relatives

It is also important that schools and nurseries thoroughly disinfect all surfaces an infected person may have come into contact with whenever possible. Alcohol-based hand gels are not effective against Norovirus.

For further information, visit nhs.uk/norovirus or contact NHS 111.

You may wish to talk to your school nurse about infection control and materials that can be used in schools to increase pupil and parent awareness.

Project background

NHS Choices and the Food Standards Agency have this year conducted a significant research project looking at how we can best tackle some of the issues of misinformation surrounding winter vomiting bugs.

The information in this pack has been produced to empower teachers and school nurses to help stop the spread of Norovirus, and enable parents and guardians to react to the virus effectively and without putting others at risk.

By distributing the information within this pack, you are helping to reduce the spread of a highly contagious virus that puts many NHS services under great pressure and can seriously affect the health of some vulnerable groups. This material forms part of a wider digital campaign to help the public understand Norovirus, to be launched later this winter.

Notes for teachers and school nurses

- The black and white version of the poster has been produced to keep the costs of printing at a minimum should you choose, while we recommend schools add the colour version to their website and signpost parents and guardians to the documents.
- Our user research suggests parents are a key group to target with Norovirus information as they are among the most likely to take their child to a GP or hospital with symptoms of the virus – a major cause of infectious spread.
- General understanding of the term “Norovirus” is low, and it may be more helpful to refer to the symptoms (diarrhoea and vomiting) in communications with parents.

Diarrhoea and vomiting in children

There's no specific cure for stomach bugs such as **Norovirus**. See tips to reduce the spread and treat symptoms

Keep kids home from school for

after symptoms have passed. This is enough time to let the virus run its course

If your child already has a serious illness, or symptoms last longer than a few days, contact your GP to seek advice

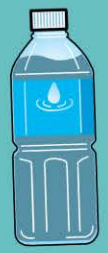
Visit nhs.uk/norovirus

25 different strains of Norovirus are known to affect humans.

They're the most common cause of stomach bugs in the UK

Home Treatment

Paracetamol is useful for fever or aches and pains



Give kids plenty of water to stay hydrated and replace lost fluids

If your child feels like eating, give them bland foods

NHS choices

Food Standards Agency
food.gov.uk

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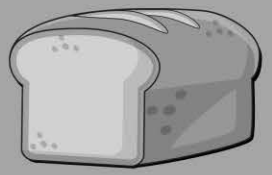

If your child feels like eating, give them bland foods

NHS choices

Food Standards Agency
food.gov.uk

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.

Gateway Number: 2013189

NHS

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.

immunisation

the safest way to protect your health

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 started 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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First published June 2015
Produced by Williams Lea for Public Health England.

www.nhs.uk

DON'T IGNORE

The signs

Fever? Headache? Vomiting?

Stiff neck?

Sleepy?
Confused?

Dislike bright lights?

Rash?

Pale, blotchy skin?

Cold hands
& feet?

Limb pain?

Meningitis

Meningitis can kill in hours

It could happen to anyone

It could happen to you!

NHS

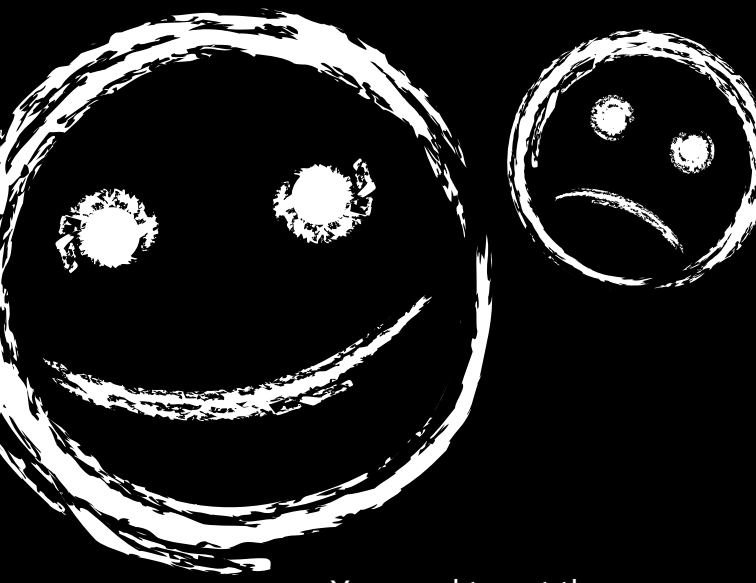
These are just some of the warning signs. If you are worried for yourself or someone else get medical help immediately. Contact

For more information visit www.meningitis.org or www.meningitisnow.org

NHS

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.

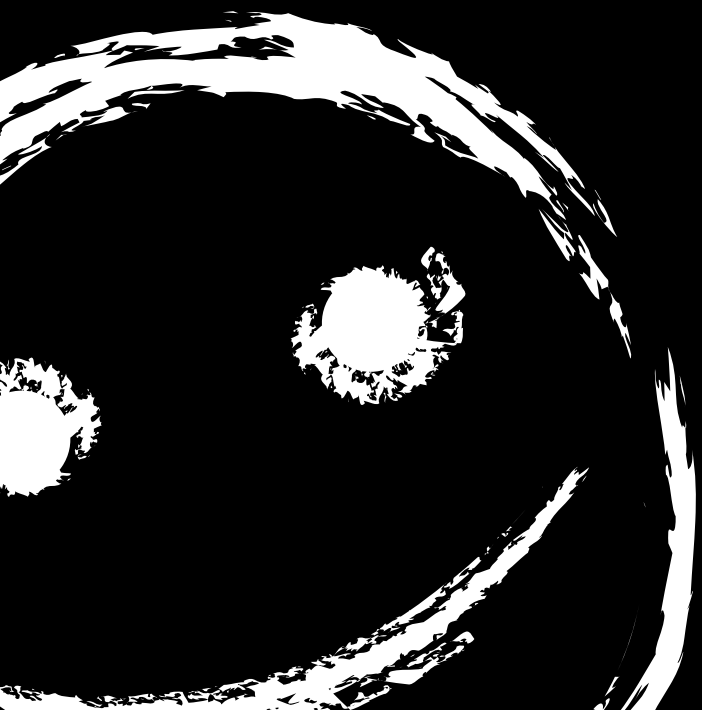
immunisation

the safest way to protect your health

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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Produced by Williams Lea for Public Health England.

www.nhs.uk

European Immunization Week

Prevent Protect Immunize

NHS

Measles

Don't let your child catch it

– get them vaccinated with the MMR vaccine

The number of young people catching measles has risen. It's never too late to be vaccinated. You need two doses of MMR one month apart to be fully protected against measles, mumps and rubella.

It's time to make measles a disease of the past.

If you have symptoms of measles, stay at home and phone your GP or NHS 111 for advice. STAY AWAY from GP surgeries and A&E departments – you could spread the illness to others.

Measles symptoms include: high fever; sore, red, watery eyes; coughing; aching and feeling generally unwell; a blotchy red brown rash, which usually appears after the initial symptoms.

immunisation

the safest way to protect your child

For more information contact your local GP surgery or visit: **www.nhs.uk/mmr**

Public Health England

NHS

M MEASLES

M MUMPS

R RUBELLA

VACCINATION

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

Immunisation

Helping to protect everyone, at every age

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	Mumps	Rubella
Fever, cold-like symptoms, rash, sore eyes or conjunctivitis	Fever, headache and swollen glands in the face	Swollen glands, sore throat, temperature and a rash

Is it serious?

Measles	Mumps	Rubella
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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www.nhs.uk/vaccinations