



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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Introduction

As winter approaches, it is important that schools and nurseries 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. Across England we continue to see increasing numbers of measles cases alongside declining MMR immunisation rates. Some useful information about measles is included in the resource pack below.

This briefing provides:

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

Key messages for schools and nurseries 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
<p>Two or more cases of flu-like illness* in pupils and/or staff within a week, with transmission in the school.</p> <p>A sudden increase in sickness absence due to flu-like illness* above the normal rate may also be a useful guide.</p>	<p>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).</p>

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

- Sudden onset of fever (>37.8°C if measured) 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 (on 31 Aug 2019)? They are eligible for the nasal spray flu vaccination, which they can get from their GP		
3. Do you have any children of primary school age? 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 vomiting illness to help with investigations of the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first and most recent cases, location of cases, total number of pupils in the school)		

Resources

Flu

Checklist

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

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

<https://www.gov.uk/government/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 and 10

<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 – MenACWY vaccine for school leavers

<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

Measles

Poster

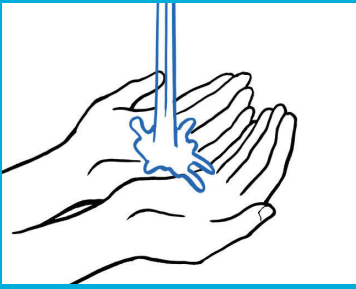
Measles – don't let your child catch it

<https://www.gov.uk/government/publications/measles-dont-let-your-child-catch-it-poster>

Leaflet

Measles Mumps Rubella (MMR) Vaccination

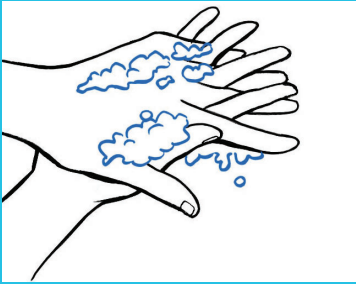
<https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>



Wet



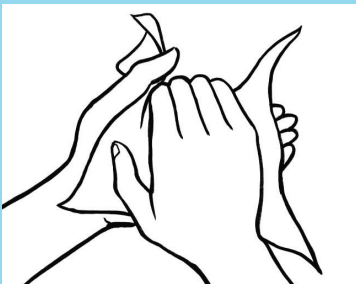
Soap



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.





Public Health
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NHS

The **flu** **WINTER 2019/20** vaccination

Who should have it and why

Includes information for children and pregnant women



**HELP US
HELP YOU**

STAY WELL THIS WINTER

Flu **i**mmunisation

Helping to protect people,
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.



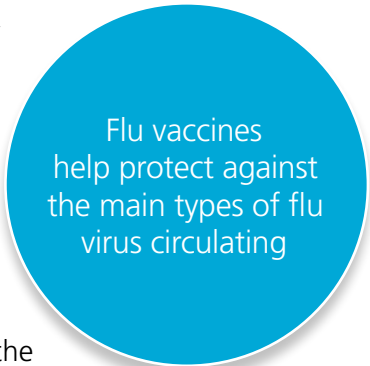
What causes flu?

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.

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.



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

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.

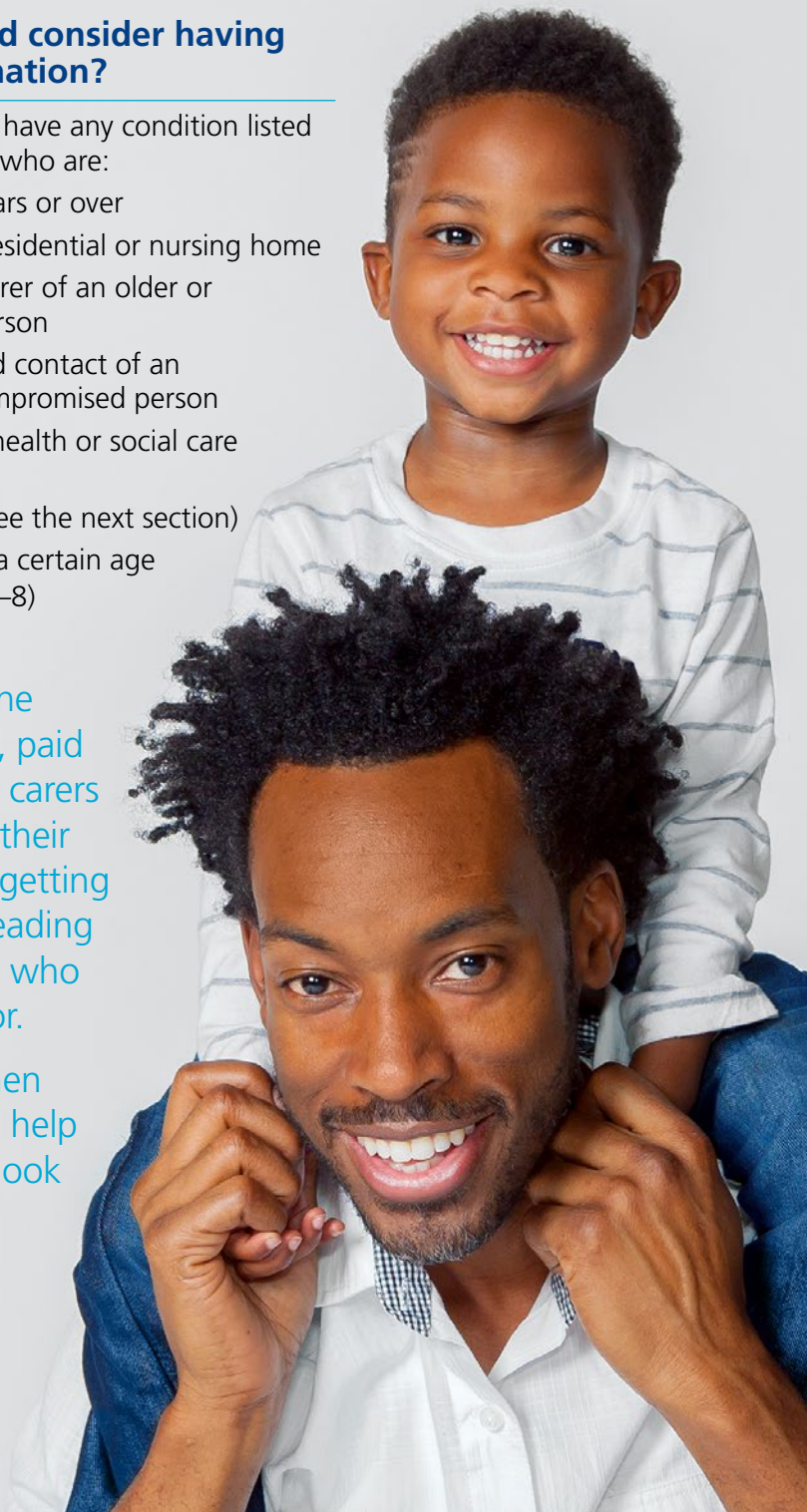
Who should consider having a flu vaccination?

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 7–8)

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 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 on 31 August 2019¹
- all primary school-aged children²

Children aged two and three years will be given the vaccination at their general practice usually by the practice nurse. Nearly all primary school-aged children 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 website information at [nhs.uk/child-flu](https://www.nhs.uk/child-flu).

Which type of flu vaccine should I have?

There are several types of flu vaccine. You will be offered one that is most effective for you, depending upon your age, from the following:

- children aged 2 to 17 in an eligible group are offered a live attenuated quadrivalent vaccine (LAIV), given as a nasal spray
- adults aged 18 to 64 who are either pregnant, or at increased risk from flu because of a long-term health condition, are offered a quadrivalent injected vaccine. The vaccine offered will have been grown either in eggs or cells (QIVe or QIVc) – both of which are considered to be equally effective
- adults aged 65 and over will be offered either an adjuvanted trivalent injected vaccine grown in eggs (aTIV) or a cell grown quadrivalent injected vaccine (QIVc). Both vaccines are considered to be equally effective

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 licensed for children under the age of two. Some children over the age of two who are in a high-risk group will also need to have an injected vaccine if the live attenuated quadrivalent vaccine is not suitable for them.

[1] ie born between 1 September 2015 and 31 August 2017


[2] ie born between 1 September 2008 and 31 August 2015

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.



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

What about my children?

Children may not be able to have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past 72 hours, they should be offered a suitable injected flu vaccine to avoid a delay in protection
- have needed intensive care due
 - to asthma or³
 - egg allergic anaphylaxis³
- 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
- are allergic to any other components of the vaccine⁴

[3] Children in these two groups are recommended to seek the advice of their specialist and may need to have the nasal vaccine in hospital

[4] 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

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

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

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

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

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

The injected vaccine is not being offered to healthy children as part of this programme. However, if your child is at high risk from flu due to one or more medical conditions or treatments and can't have the nasal flu vaccine they should have the flu vaccine by injection.

Some faith groups accept the use of porcine gelatine in medical products – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine, see [nhs.uk/child-flu-FAQ](https://www.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 2019/20 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.

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 (provided they were aged two or three years old on 31 August of the current flu season)
- all children in primary school
- 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





Public Health
England

NHS

Protecting your child against **flu**

Information for parents

Flu immunisation in England



**HELP US
HELP YOU**

STAY WELL THIS WINTER

Flu **i**mmunisation

Helping to protect children,
every winter

Flu vaccine is offered free each year to:

- children aged two or three years old (on 31 August of current flu season)
- all primary school-aged children

and:

- 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 years 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 usually 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; flu viruses change every year so the vaccine may be updated. 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 primary 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 these flu viruses, it helps the immune system 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
- 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 injectable flu 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 primary school-aged children a vaccination session will be held at school during the autumn term. Your local healthcare team will contact you via the school.

If your child is at primary 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.

Children may not be able to have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past 72 hours, they should be offered a suitable injected flu vaccine to avoid a delay in protection
- have needed intensive care due to
 - asthma* or
 - egg allergic anaphylaxis*
- 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
- 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 they should have the injected flu vaccine.

* Children in these two groups are recommended to seek the advice of their specialist and may need to have the nasal vaccine in hospital

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

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



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

Yes. The flu vaccine can be given at the same time as all the other routine childhood vaccines. The vaccination may be delayed if your child has a fever. Also, if a child has a heavily blocked or runny nose, it might stop the vaccine getting into their system. In this case, their flu vaccination can be postponed until their nasal symptoms have cleared up.

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 friends and family

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.

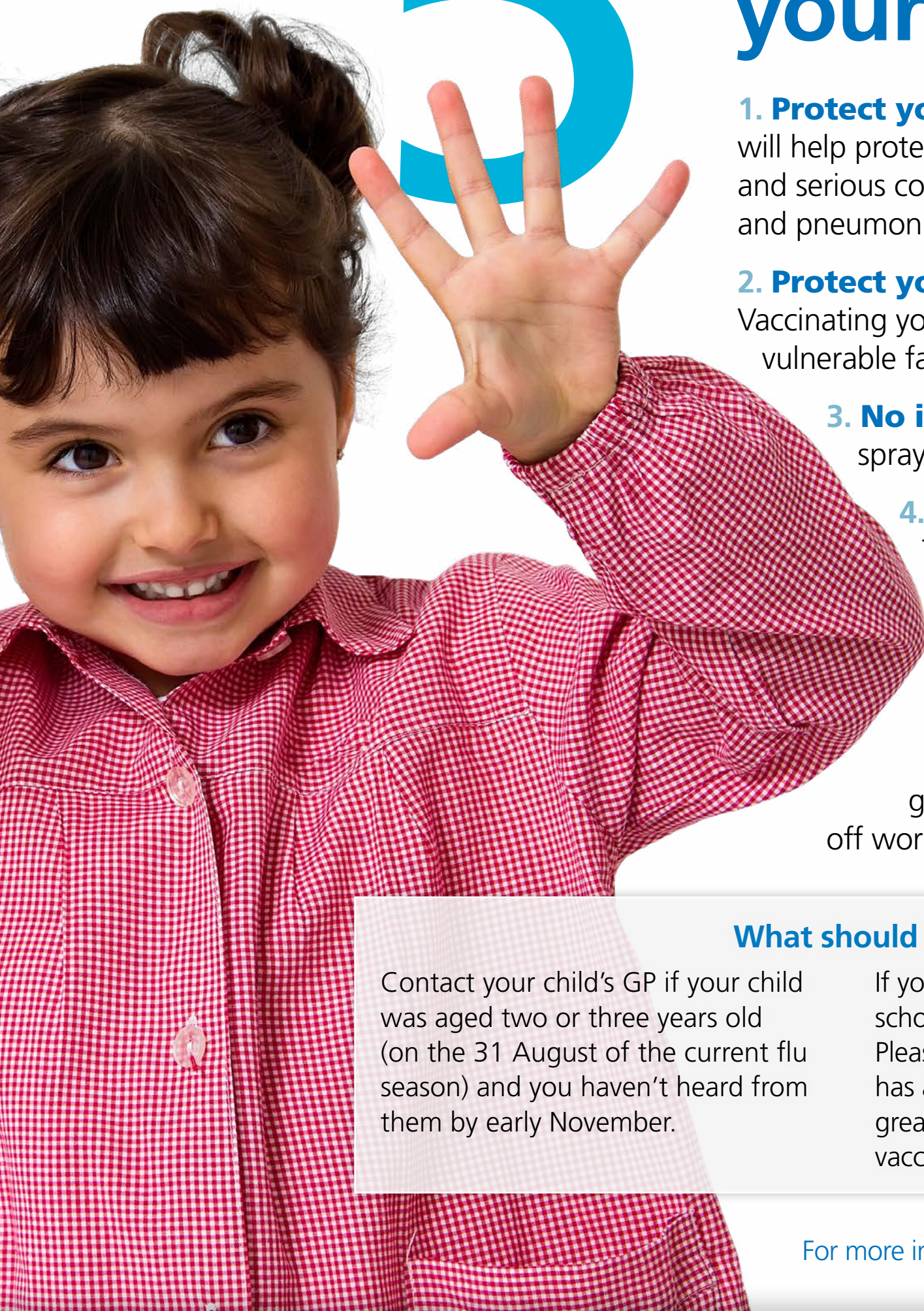
If your child gets flu, you may have to take time off work or arrange alternative childcare



www.nhs.uk/child-flu



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

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

What should I do?

Contact your child's GP if your child was aged two or three years old (on the 31 August of the current flu season) and you haven't heard from them by early November.

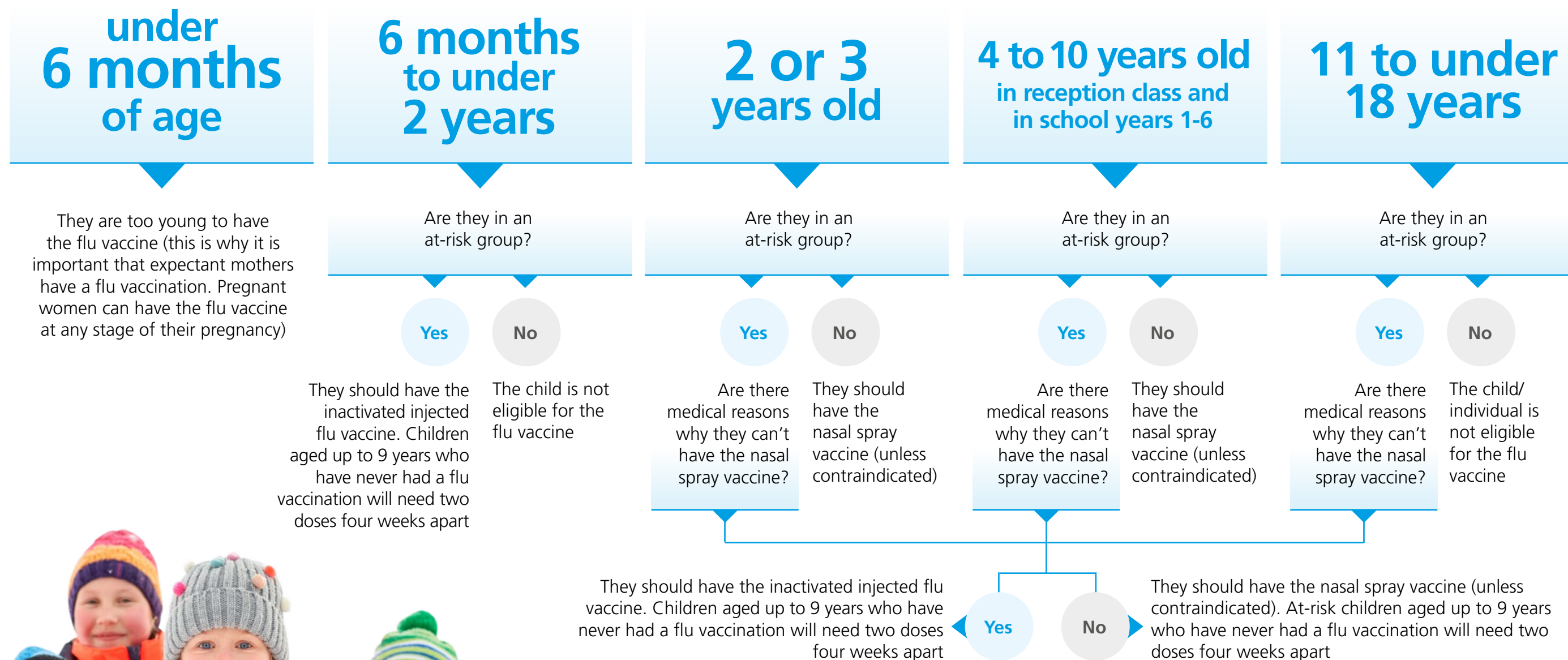
If your child is at primary school, the school will send you a consent form. Please sign and return it. If your child has a health condition that puts them at greater risk from flu, they can get the flu vaccine from their GP.

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

Which flu vaccine should children have?

There are two types of flu vaccine available for children in 2019/20 – the ‘live’ nasal spray vaccine and the inactivated injected flu vaccine. This chart indicates which vaccine children should have.

What is the child’s age?



Notes.

- **Those aged two and three years old on 31 August 2019 (but not four years old)** are eligible for flu vaccination in general practice.
- **All primary school aged children (those aged 4 to 10 years old on 31 August 2019)** are eligible for flu vaccination in school.
- **At-risk children** include those who have 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 cannot cause flu. It is not suitable for all children including those who are severely immunocompromised, or are on salicylate therapy.

Specialist advice should be sought for children who have needed intensive care due to

asthma or egg allergic anaphylaxis, or have been taking regular oral steroids for asthma.

Children who are wheezy at the time of vaccination or have been wheezy in the past 72 hours, should be offered a suitable injected flu vaccine to avoid a delay in protection.

- **See the Green Book Chapter 19 Influenza for details:** www.gov.uk/government/publications/influenza-the-green-book-chapter-19

Immunising preschool children against flu

Information for practitioners working in early years settings, including childminders



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.



Immunising primary school children against flu

2019 information for schools

We would like to thank your school for hosting flu vaccination sessions. For the first time this autumn all primary school aged children in England will be offered vaccination.

Every year, flu kills thousands of people. The programme helps protect children against flu, which can be a very unpleasant illness and lead to complications like bronchitis and pneumonia. The flu vaccine also helps to prevent transmission of flu to the wider community, including older family members and newborn babies who may have weaker immune systems. Research by Public Health England has shown that the flu vaccine programme has reduced illness and the numbers of people visiting their GP with flu. It has also reduced the number of hospital admissions and emergency department attendances among the children and the wider population. Research has also showed that vaccinating school-aged children reduced pupil absenteeism.

Delivering the programme through schools is the best way to ensure the maximum number of children are protected. It is very encouraging to see annual increases in uptake since the introduction of the programme, with more parents giving consent for their child to be vaccinated each year.

The local healthcare team delivering the programme in your school aims to ensure minimum disruption and only asks for help with tasks that the school is better placed to do. Your help arranging for consent forms to be sent and collected, and supporting the programme on the day, is much appreciated. We know that teachers and other members of staff are trusted by parents and can also support the programme by teaching children about the benefits of vaccination, talking to parents about the programme, and reassuring children on the day (if needed). There will be a small number of children in your school not able to have the nasal spray vaccine because they have a contraindication. They may be offered an injected vaccine instead. All questions about vaccine suitability, and whether the child can have it on the day if unwell, should be directed to the healthcare team.

Please do make this leaflet available to all staff in your school, particularly those who are likely to speak to parents or children about the vaccination.

This programme helps save lives and reduces illness. We thank you for your support.



Frequently asked questions

When do the vaccinations need to be given?

Vaccinations need to be given as far as possible between October and December before flu tends to circulate. As the flu virus can change each year, vaccination is required on an annual basis.

What will schools be asked to do?

You will be asked to:

- work with the healthcare team to agree the best approach for implementing the programme in your school
- nominate a named contact for the healthcare team to liaise with
- 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
- encourage children and their parents to look out for the consent form and return it in good time
- let parents know which day vaccination will take place and let children know what will happen.

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 professionals. The team will administer the vaccination according to nationally set standards. Staff will have appropriate qualifications and training, including safeguarding training.

How will parent/guardian consent be obtained?

A consent form and information leaflet provided by the healthcare team will be used to seek parental consent. Parents will also be provided with a contact number for the healthcare team in case of any queries. Signed forms should be 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.

Flu vaccine uptake in schools over last four years

	2018/19	2017/18	2016/17	2015/16
Reception	63.9%	62.6%	33.9%*	30.0%*
Year 1	63.4%	61.0%	57.6%	54.4%
Year 2	61.4%	60.4%	55.4%	52.9%
Year 3	60.2%	57.6%	53.3%	N/A
Year 4	58.0%	55.8%	N/A	N/A
Year 5	56.2%	N/A	N/A	N/A

*Offered in general practice not schools

How else could the school support the programme?

The school could further support the programme by sending information and reminders through your usual channels such as email or text distribution lists, parent newsletters, visual display screens etc.

Does GDPR change how consent needs to be obtained?

The General Data Protection Regulation (GDPR) became UK law on 25 May 2018. **No change** is required to the way in which parental agreement is obtained. Schools should continue to work with the healthcare teams providing vaccinations in schools, who will provide information resources and parental consent forms.

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

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

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.

Can parents refuse to have their child vaccinated?

Yes. 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.

What if the vaccination session is quite late in the autumn?

Because of the large number of schools, some vaccination sessions will be scheduled later in the autumn term. If parents are concerned about this because they have a child who is more at risk from flu because of an underlying health condition, these parents can ask their child's GP to vaccinate them rather than wait for the school session. See www.nhs.uk/child-flu for further information.

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 not 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 natural flu infection, that spread in schools.

Can teachers have the vaccine?

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

Staff with certain medical conditions that put them at risk from flu, or who are pregnant, are entitled to free flu vaccination (injectable vaccine) through the NHS. Eligible staff should contact their GP practice or pharmacy. See www.nhs.uk/flujab for further information.

The nasal flu vaccine

- Almost all 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.
- There are some children for whom the nasal spray is contraindicated and so are unable to receive it. All questions about suitability should be directed to the healthcare team.
- If a child is unwell on the day, the healthcare team will decide whether to proceed with vaccination or not.
- 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

Benefit to schools

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

Further information about the programme can be found at www.gov.uk/government/collections/annual-flu-programme including:

- 'Protecting your child against flu' leaflet
- 'Five reasons to vaccinate your child against flu' poster





Public Health
England

NHS

All about flu and how to stop getting it

EasyRead version for children
with learning disabilities



**STAYWELL
THISWINTER**

Flu **i**mmunisation

Helping to protect everyone, every winter

Anyone can catch flu.



Flu is caused by
a bug called a

virus

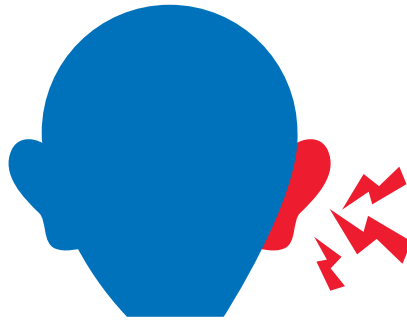


Flu can make
you feel ill.

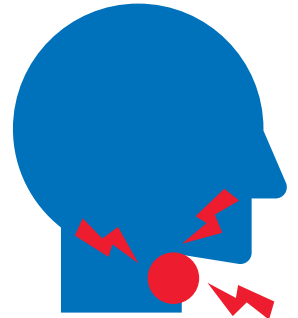
Here are the signs of flu



blocked up nose



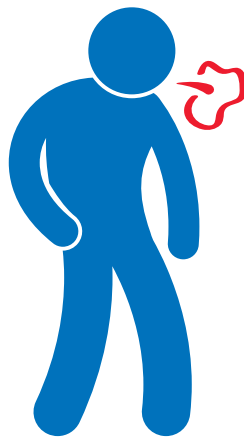
painful ear



sore throat



high temperature



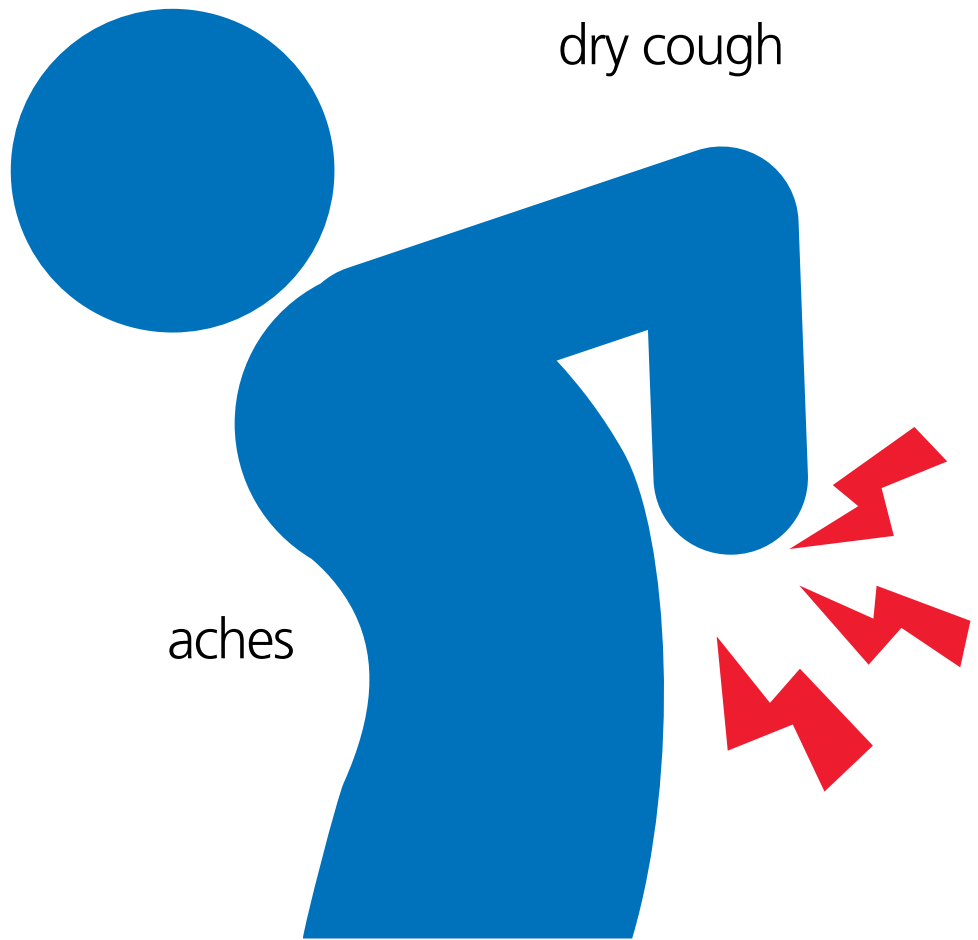
difficulty breathing



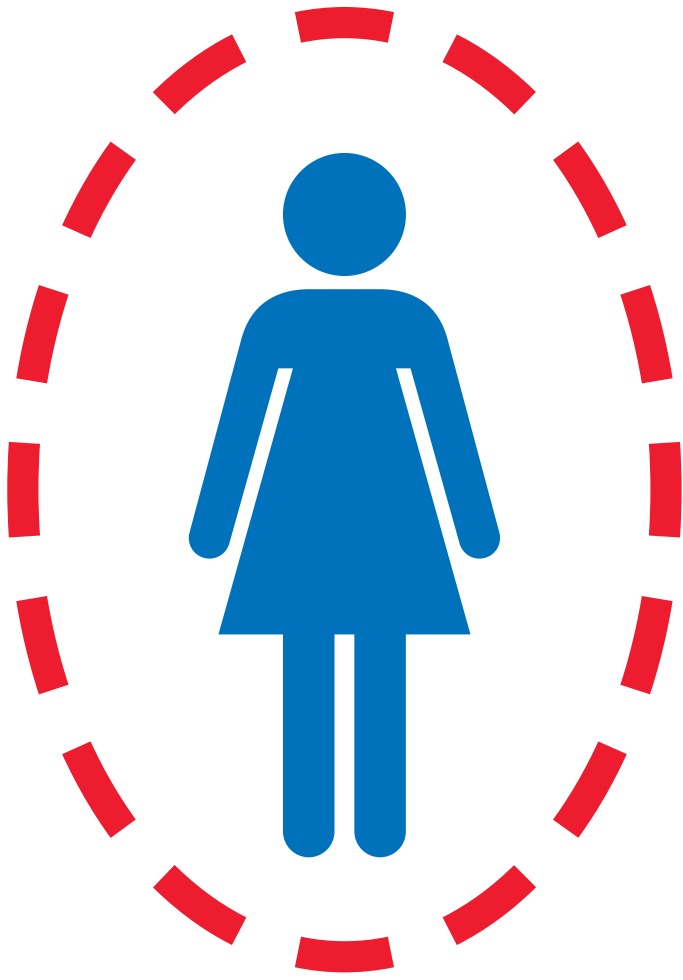
dry cough



tiredness

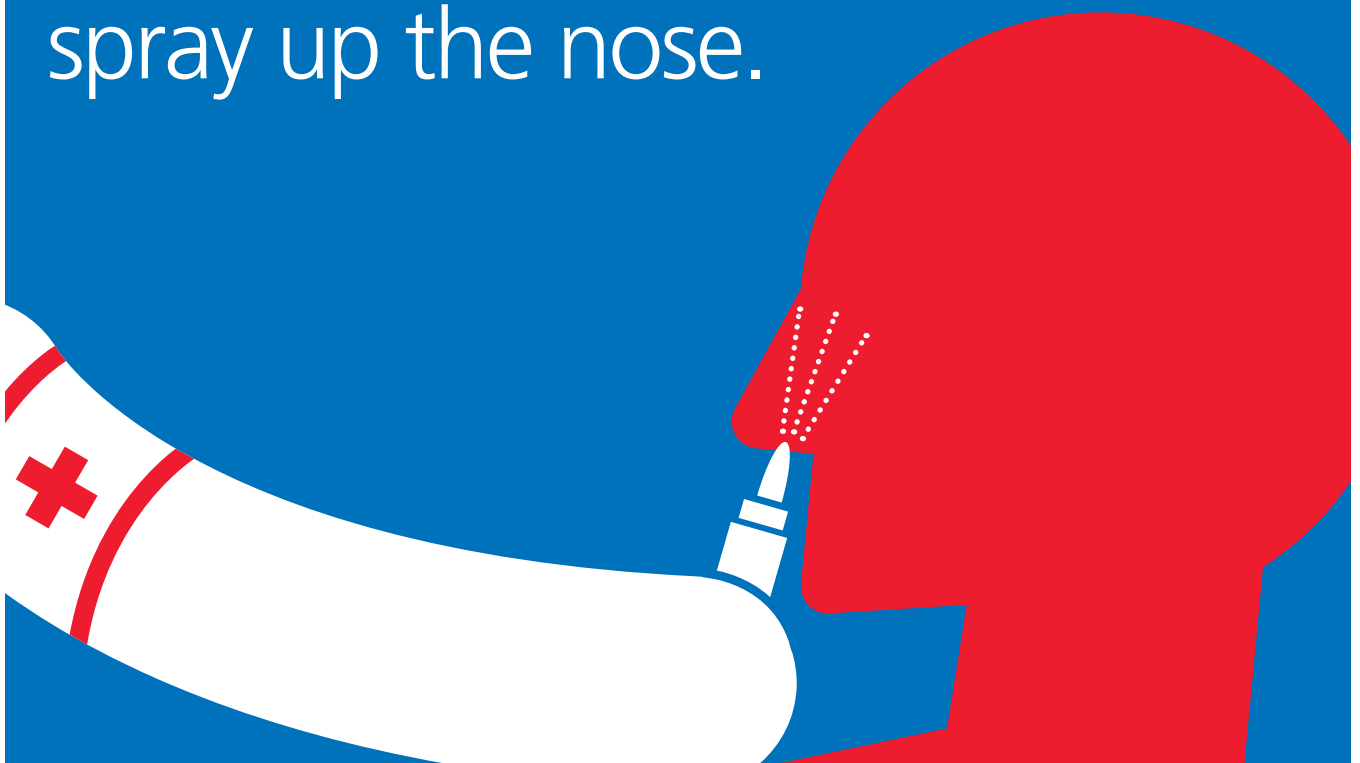


aches



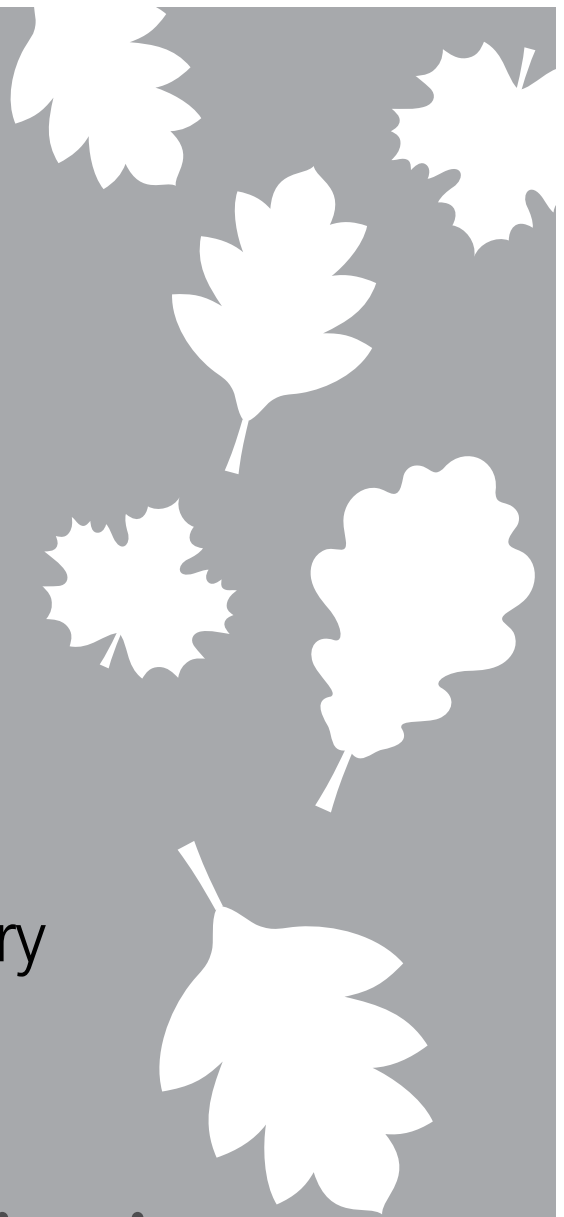
Having a vaccine can help stop you catching flu.

The vaccine is a small spray up the nose.



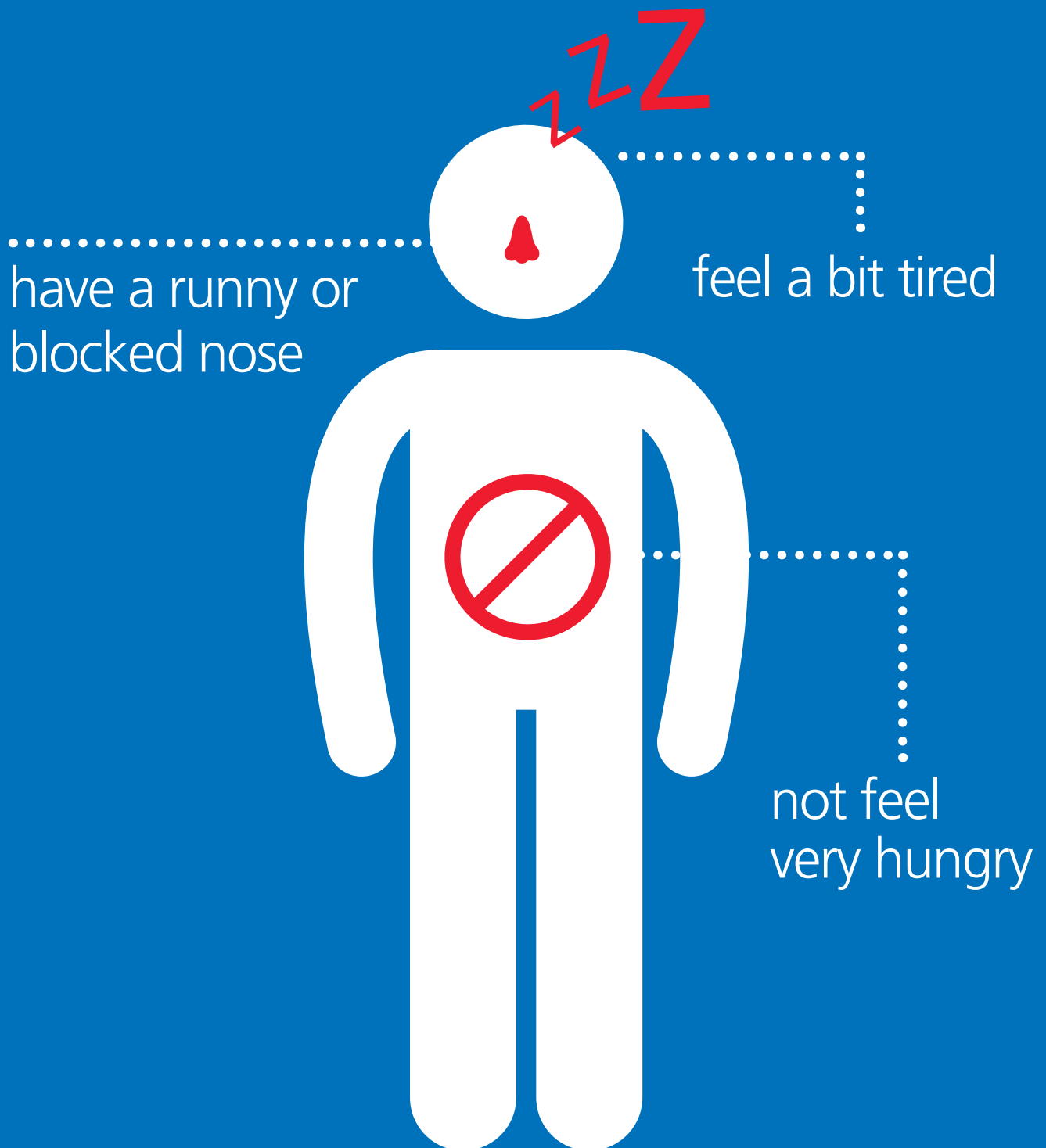
The best time
to have a flu
spray is in the
autumn.

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



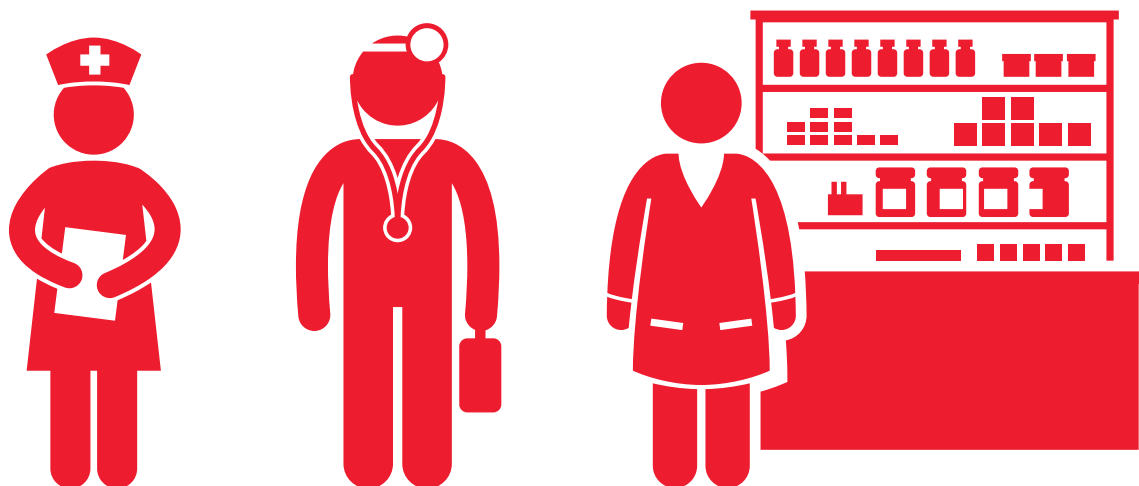
Will the flu spray make me feel ill?

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.

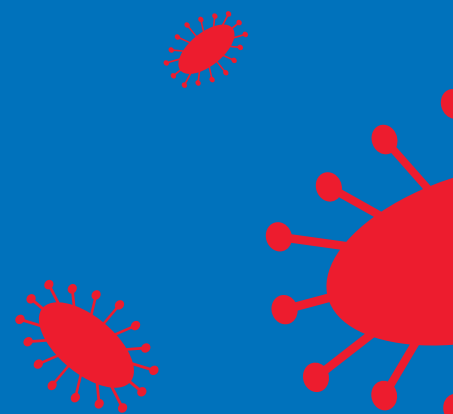


You can also find information online at
www.tinyurl.com/NHSfluinfo





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Produced by APS for Public Health England



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

<p>Keep kids home from school for</p> <p>48 HOURS</p> <p>after symptoms have passed. This is enough time to let the virus run its course</p>	<p>Washing hands frequently and thoroughly helps limit the spread of the virus</p>	<p>25 different strains of Norovirus are known to affect humans. They're the most common cause of stomach bugs in the UK</p>
<p>If your child already has a serious illness, or symptoms last longer than a few days, contact your GP to seek advice</p> <p>Visit nhs.uk/norovirus</p>	<p>Home Treatment</p> <p>Paracetamol is useful for fever or aches and pains</p>	<p>Give kids plenty of water to stay hydrated and replace lost fluids</p> <p>If your child feels like eating, give them bland foods</p>

NHS choices Food Standards Agency

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](https://www.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](https://www.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

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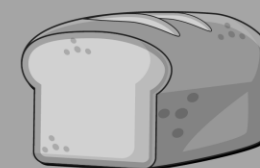
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Stop norovirus spreading this winter

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

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



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

People are advised to:

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

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

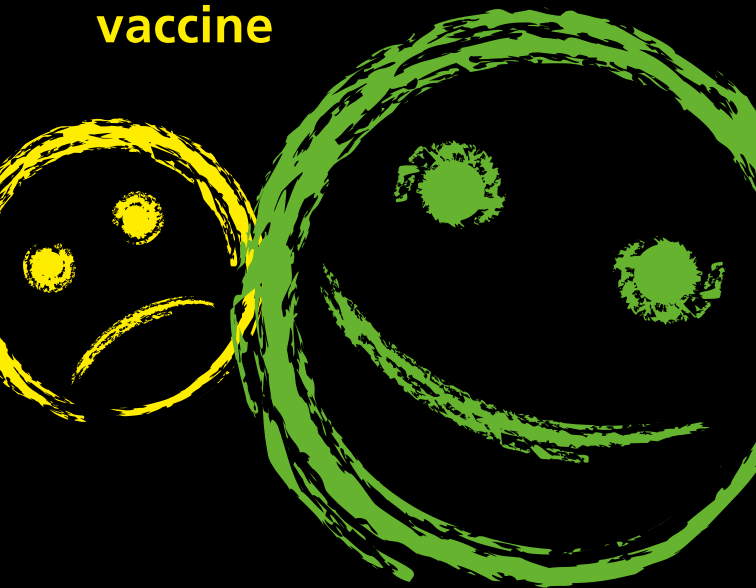
Do not visit either A&E or GPs with symptoms as this may spread the virus.

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

In school years 9 or 10?

Protect yourself against
meningitis AND
septicaemia

▶ **Have the MenACWY
vaccine**



This leaflet tells you why it is important
to have the MenACWY vaccine.

MENINGOCOCCAL DISEASE

is a rare but life-threatening disease caused by meningococcal bacteria. Teenagers and young adults are in one of the highest risk groups for this disease.

This leaflet explains why it's important that students in school years 9 to 10 have MenACWY vaccination to protect against meningococcal disease.



What is MenACWY vaccine?

MenACWY vaccine protects against four common groups of meningococcal disease – MenA, MenC, MenW and MenY. You should receive an invitation to have this vaccine when you are in school year 9 or 10 (aged 13-15 years). You need this vaccine even if you had a meningococcal vaccine when you were younger.

What is meningococcal disease?

Meningococcal disease can cause both meningitis and septicaemia. Meningitis is when bacteria reach the meninges (the lining around the brain and spinal cord) and cause dangerous swelling. Septicaemia is when bacteria enter the bloodstream and cause blood poisoning which can trigger sepsis. Sepsis is an overwhelming and life-threatening immune response to any infection and can lead to tissue damage, organ failure and death.

Meningococcal disease is rare but very serious and requires urgent hospital treatment. It can lead to life-changing disabilities such as amputations, hearing loss, brain damage and scars.

What causes meningococcal disease?

Meningococcal disease is caused by different groups of meningococcal bacteria. In the UK it is almost always caused by one of four meningococcal groups commonly known as MenB, MenC, MenW or MenY. These can be prevented with vaccines. MenA disease is rare in the UK but can also be prevented by vaccination.

What are the common signs and symptoms?

Initially meningococcal disease can be like a bad case of flu. But anyone affected will usually become seriously ill within a few hours. Early treatment can save your life so it is sensible to be aware of some main signs and symptoms. It is important to know the signs and symptoms of meningitis and septicaemia even if you are vaccinated as there are many other bacteria that can cause these illnesses, including the group B strain that is not covered by the ACWY vaccine.

Be aware of these common signs and symptoms

High temperature

Vomiting/diarrhoea

Stomach cramps

Joint or muscle pain

Severe headache

Stiff neck

Dislike of bright light

Rapid breathing

Cold hands and feet

Pale blotchy skin

Rash/bruising rash*

Confusion and/or irritability

Drowsy or difficult to wake

Seizures/fits

One or more of these symptoms may develop and they can appear in any order and be mixed between the two illnesses. It is important to seek early medical advice if you or a friend have symptoms of concern or a condition that is getting rapidly worse.

A full description of the signs and symptoms of meningitis and septicaemia can be found at www.meningitis.org and www.meningitisnow.org

*On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible.

Why do I need to get the vaccine?

Older teenagers and young adults are at higher risk of getting meningococcal disease, so you need to get vaccinated now to protect yourself. Vaccination also reduces the risk of other people around you becoming infected. You may have had MenC vaccination as a baby and toddler 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).

Do I have to have MenACWY vaccine?

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. It's good to discuss the matter as a family and come to a shared decision.

Does MenACWY vaccine protect against Men B?

No, Men B is caused by another group of the bacteria which commonly affects young infants. A different vaccine, which protects against MenB, is given to very young babies. Some adults and older children considered at risk may be eligible on the NHS. You can find out more about how to get the MenB vaccine through the charity websites listed overleaf.

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 now in an older school year group or have left school?

If you were born on or after 1 September 1996 and eligible but missed your teenage MenACWY vaccine you can still have the vaccine up to your 25th birthday. If you are older and starting university for the first time, you can still have the vaccine up to your 25th birthday. If you are still at school you should talk to your school provider otherwise you will need to make an appointment with your GP practice.


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*.



*On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible.

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

www.nhs.uk/conditions/vaccinations/meningitis-b-vaccine

www.nhs.uk/vaccinations

www.nhs.uk/conditions/vaccinations/men-acwy-vaccine

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:

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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www.nhs.uk/conditions/vaccinations/men-acwy-vaccine/

DON'T IGNORE

The signs

Fever? Headache? Vomiting?

Sleepy?
Confused?

Stiff neck?

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!



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These are just some of the warning signs. If you are worried for yourself or someone else get medical help immediately. Contact 111

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



Public Health
England



Born between 1 September 1998 and 31 August 1999

Leaving school or college?

Whatever you do next, get your

MenACWY vaccine

Getting the MenACWY vaccine from your GP practice
and knowing the symptoms of meningitis could

save your life

SIGNS AND SYMPTOMS

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

Not everyone will develop these symptoms and they can appear in any order.

Your vaccine helps protect you from four types of meningitis and blood poisoning – Men A, C, W and Y. But there are other types so you need to know the signs and symptoms. Being aware could help keep you and your friends safe.

MenACWY DISEASE CAN KILL

Meningitis
now

Meningitis
Research
Foundation



Don't let your child catch it
– get them vaccinated with the MMR vaccine

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.

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.



M

MEASLES

M

MUMPS

R

RUBELLA



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





What is measles?

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

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

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

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

What is mumps?

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

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

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

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

What is rubella?

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

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

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

1

One vaccine

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

2

Two doses

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

3

Three infections

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



Long-lasting protection

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

Who should have the vaccine?

Young children

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

Older children, teenagers and young adults

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

Women of child bearing age

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

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

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

Older adults

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

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

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

Born or brought up abroad?

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

How does the MMR vaccine work?

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



How safe is the vaccine?

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

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

Does it work?

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

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

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

What are the side effects from the vaccine?

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

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

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

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

Why should I or my children have the vaccine?

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

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

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

Does the MMR vaccine contain gelatine?

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



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

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

Is there anyone who should not have the MMR vaccine?

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

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

Egg allergy

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

What are the signs and symptoms?

Measles

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

Mumps

Fever, headache and swollen glands in the face

Rubella

Swollen glands, sore throat, temperature and a rash

Is it serious?

Yes

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

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

Yes

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

Yes

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

Who needs to have the vaccine?

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



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

Where can I get the vaccine?

From your GP surgery

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

At your school

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

From your employer's occupational health service

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

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



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



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Minicom: 0300 123 1003
(8am to 6pm, Monday to Friday)

www.nhs.uk/vaccinations