

Winter planning for schools and early years settings, 2023-24

City & Hackney Public Health

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Rates of infection and mortality increase in winter, having a plan in place reduces this risk

WHY PLAN FOR WINTER?

Over winter we typically see **increased rates of infection and mortality**, particularly among vulnerable groups – much of this is linked to increases in flu and, more recently, COVID-19.

We can take steps to reduce the risk to pupils and staff, their families and the wider community:

- Vaccination
 - COVID and Flu
 - Measles
- Good hygiene practice
- Responding to winter infections (cases and outbreaks)
- Mild illness protocol
- Additional resources



Reducing the risk over winter - COVID-19 and Flu Vaccinations



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Childhood vaccinations are offered from 6 weeks - 14 years old.

Missed vaccinations can be given at any age

VACCINATION OVERVIEW

Vaccines work by preparing our bodies to respond to infection.

- From the age of 6 weeks to 14 years old, children across the country are offered vaccines according to a [national schedule](#)*.
- In addition to this schedule, flu vaccines are offered each year, with some groups also now eligible for COVID-19 vaccines. – **n.b. children may be at particular risk of harm from flu this year**

**you can catch up on missed vaccines at any age*

Note the flu vaccine is administered in the form of a nasal spray for children aged 2-17 (no needles are needed)

The routine immunisation schedule				from February 2022
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus ²	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
Sixteen weeks old	Rotavirus	Rotavirus ²	Rotarix ²	By mouth
	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ⁵	Fluenz Tetra ^{3,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm



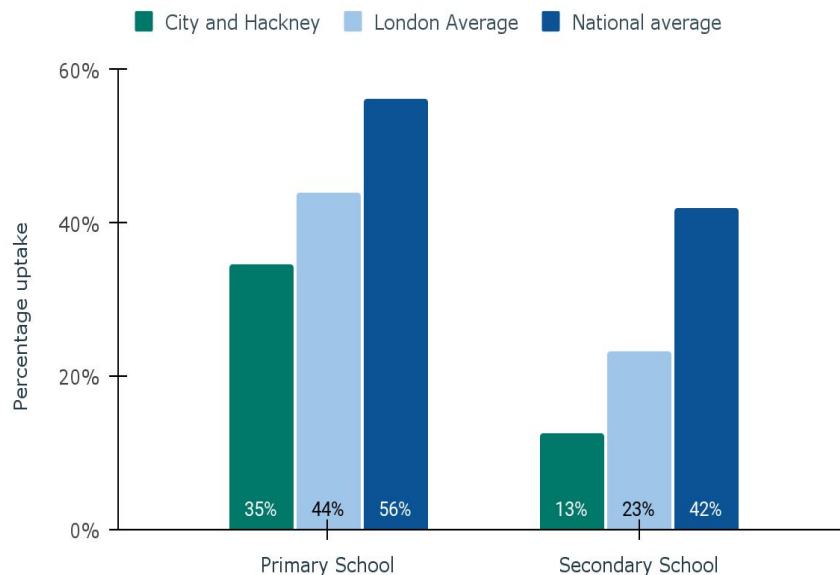
Vaccination uptake in City in Hackney is less than the national and regional average

VACCINATION - FLU AND COVID-19

We need you support to catch-up with COVID and Flu uptake levels across the country

Flu vaccine uptake levels among eligible school-aged children in City and Hackney over 2022/23 were lower than the national and regional averages:

- Primary school (reception - year 6): 34.7%
- Secondary schools (years 7-9): 12.6%



The COVID-19 & flu eligibility cohorts are the same for adults; flu is also offered to children from 2-17

VACCINATION - FLU AND COVID-19

Vaccine	Eligibility	Delivery
Flu [more information here]	<p>Children - All children aged 2-3yrs and everyone from reception to year 11 + those in risk groups.</p> <p>Adults – Those aged 65+, those pregnant, those with certain long term conditions, carers, care home residents, frontline health and social care workers and close contacts of someone with a reduced immune system</p>	<p>School aged children: School clinics (until 15th December) + catch-up sessions</p> <p>Pre-school children: GP or pharmacy</p> <p>Eligible adults (from 11th Sept): GP or pharmacy</p> <p>For those eligible, vaccines are available until 31st March 2024 (sooner is better)</p>
COVID-19 [more information here]	<p>Children (under 16yrs) – those with certain long term conditions and those aged >12yrs who are household contacts of people living with immunosuppression</p> <p>Adults (over 16yrs) – Those aged 65+, those pregnant, those with certain long term conditions, carers, care home residents, frontline health and social care workers, household contacts of whom with a reduced immune system.</p>	<p>NHS should contact those eligible from 11th September</p> <p>National Booking Service - (NHS.net, NHS app, 119) due to open on 18th September</p> <p>For those eligible, vaccines are available until 31st January 2024 (sooner is better – particularly given variant of interest – BA.2.86).</p>



COVID-19 is still circulating and, with the identification of a new variant, it essential to remain aware of the latest guidance

CASES OF COVID-19

	Guidance
Symptoms	High temperature, new continuous cough, loss/change in smell/taste, shortness of breath, tiredness, aches, headache, sore throat, runny nose/congestion, loss of appetite, diarrhoea, feeling sick
What to do if symptomatic?	Try to stay home and avoid contact with others if high temperature or don't feel well enough to go to school/work. Can return when feeling better and don't have a high temperature
What to do if tested positive?	What to do if tested positive (n.b. no longer required to test)? <ul style="list-style-type: none">• < 18yrs: try to stay at home and avoid contact with others for 3 days after day of test• >18yrs: try to stay at home and avoid contact with others for 5 days after day of test• All : avoid meeting people who are more likely to get seriously ill (such as those with a reduced immune system) for 10 days after test
Further information	Covid-19 symptoms and what to do - NHS (www.nhs.uk)



Reducing the risk over winter - Measles Vaccinations



Measles is a highly contagious, airborne disease caused by a virus that can lead to severe complications

WHAT IS MEASLES?

What is measles?



A virus



Spread through coughing, sneezing, close contact and contact with secretions



Highly contagious
Can be transmitted within 15 mins of contact



High fever
Runny Nose
Cough
Red/watery eyes
Rash (later)



It can lead to complications including pneumonia and encephalitis and, in some instances, it can be fatal

Who is most at risk?



Anyone without immunity can become unwell with measles, but infants (those under 1yr), pregnant women and those with immunosuppression are at higher risk

When to have the MMR?

Schedule is typically at one year old then again at 3 years and 4 months old. If missed, **it's never too late to catch-up!**

Measles cases are increasing across London; City and Hackney populations are at particular risk of outbreaks

WHY ARE WE FOCUSING ON MEASLES NOW?

Cases are rising in London

Rise in UK measles cases causing concern

© 4 hours ago

Coronavirus pandemic



GETTY IMAGES

By James Gallagher
Health and science correspondent

A "very concerning" rise in the number of people catching measles in the UK has been reported by health officials.

Measles can make some people very unwell

Complications from measles include:

- Ear infection
- Pneumonia
- Severe diarrhoea and related dehydration

Less common complications:

- Convulsions and swelling of the brain

Rarely measles can be fatal

We have the lowest vaccination rates in the country

Hackney's MMR coverage is: 69% (dose 1) and 60% (dose 2)

City's vaccination coverage* is: 86% (dose 1) and 82% (dose 2)

To achieve adequate levels of protection, 95% if people need to be vaccinated.

*Note: Coverage data for City of London population is unavailable and so the uptake data from the Neaman GP Practice within the City of London has been used as a proxy.

NHS London has launched a catch up campaign for polio and MMR vaccinations for children aged 1 to 11

SUPPORTING THE CATCH UP CAMPAIGN

Phase 2 of the polio + MMR catch-up campaign launched earlier this year and is aimed at under-vaccinated children in London aged 1 to 11 years.

- Undervaccinated children aged 1 to 4 years will be vaccinated through primary care
- Undervaccination children aged 5 to 11 years will be vaccinated through primary schools - led by Vaccination UK (school-age immunisation service in City and Hackney)

What you can do to help support the campaign:

- Look out for communication from Vaccination UK and facilitate on-site vaccination at your school where needed
- Help make parents/carers aware and signpost to the school nurse or GP for those who might have missed out.

Operational note

Those who are unvaccinated and exposed to measles may be required to miss up to 3 weeks of school/work.



Reducing the risk over winter - Hygiene

Practicing and encouraging hand, respiratory and wider hygiene in schools/early years settings can prevent and control infection

PREVENTING AND CONTROLLING INFECTION

Hygiene	What you need to do
Hand Hygiene	<ul style="list-style-type: none">● Make sure liquid soap, warm water and paper towels are readily available and easily accessible to all● Advise everyone to clean their hands before eating or handling food, after using the toilet, after playtime and after touching animals● Educate children and young people on the importance of hand hygiene
Respiratory Hygiene	<ul style="list-style-type: none">● Advise everyone to follow the 'Catch it, Bin it, Kill it' protocol● Educate children and young people on the importance of hand hygiene
Wider Hygiene	More guidance of hygiene practice, including cleaning, PPE and safe management of the school environment can be found here



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Responding to winter infections - Cases and outbreaks

Contact the UKHSA Health Protection Team if you have increasing numbers of respiratory illnesses in staff and/or pupils

RESPONDING TO RESPIRATORY INFECTIONS AND OUTBREAKS

Most coughs and colds can be managed under business as usual.

Instances where support may be needed from the Health Protection Team include:

- a **high or rapidly increasing number** of pupil or staff absences due to acute respiratory infection
- **severe disease** due to respiratory infection e.g. if a pupil or staff member is admitted to hospital
- a **cluster of cases** affecting **vulnerable staff or students**
- transmission in **boarding or residential school environments**

North East North Central Health Protection Team

Tel: 0300 30 30 450.

Email: necl.team@ukhsa.gov.uk

Address: 10 South Colonnade, Canary Wharf, London E14 EPU



Schools suffer during outbreaks; develop a plan to reduce the impact of any future outbreaks

PLANNING AHEAD FOR OUTBREAKS

Operational issues often pose significant challenges for schools during outbreaks – largely linked to staff absence.

Recommended measures include:

- Optimising vaccination amongst pupils, and staff who are eligible
- Encouraging all who are unwell to stay at home or remain separate from others
- Ensuring indoor spaces are well ventilated and let fresh air in
- Reinforcing good hygiene practices (outlined in this presentation)
- Requesting that parents, carers or students report a diagnosis of any infectious disease
- Developing business continuity plans (inc. identifying and making plans for those vulnerable) ahead of time



When to send children home - Mild illness guidance

The CMO has developed guidance to help parents decide whether to send their children to school or not if they are mildly unwell

MILD ILLNESS GUIDE

As children and young people return to school, the Chief Medical Officer has provided guidance to help parents understand whether they should send their children to school or not if they are unwell.

The guidance recommends that:

- Children should go to school with mild respiratory illnesses (minor cough, runny nose, sore throat)
- Children with a temperature over 38°C and more severe respiratory illnesses should be kept at home

Further information can be found in the:

- [Letter to school leaders on mild illness and school attendance](#)
- [NHS 'Is my child too ill for school?' guidance](#)

Send to school	Keep at home
Minor cough or common cold	Fever/high temperature
Cold sores	Chickenpox
Conjunctivitis	COVID-19
Hand foot and mouth disease (if they feel well)	Ear infection
Head lice and nits	Impetigo
Slapped cheek syndrome (fifth disease)	Scarlet fever
Sore throat	Vomiting and diarrhoea
Threadworms	
Ringworm	



Additional resources

Below is a list of useful resources to help understand guidance around outbreak prevention and vaccinations this winter

ADDITIONAL RESOURCES

- [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Should I keep my child off school checklist poster \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [A guide to immunisation for young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Looking after children and those in early years settings before and during cold weather: teachers and other educational professionals](#)
- [Measles: information for schools and healthcare centres](#)
- [UKHSA blog: A parent's guide to keeping kids healthy this school year](#)
- [e-BUg](#) - a range of resources which can help educate young people on infection prevention and control and how to prevent antimicrobial resistance