Public Health England

Protecting and improving the nation's health

Winter-readiness information for London schools and nurseries

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Published September 2018
PHE publications
gateway number: 2017334

PHE supports the UN
Sustainable Development Goals

Contents

Introduction

As winter approaches, it is important that schools are reminded and updated on important health considerations for their pupils/students, parents/carers and staff.

Pupils and staff in schools are particularly susceptible to infections which increase over the winter months, such as seasonal influenza (flu) and stomach infections (such as norovirus). These can be very infectious and cause outbreaks in school settings due to the close contact amongst pupils and staff. The spread of these illnesses can be limited by improving infection control practices within the school.

Young children and/or those with chronic illnesses and neurodevelopmental disorders are also at risk of developing complications from certain vaccine-preventable infections such as measles and flu. It is important that they are fully immunised to prevent any complications and to reduce the likelihood of outbreaks in a school setting. It is also essential that schools have up to date and easily accessible records of children identified as being in a risk group (see page 5 – Influenza risk groups – for more information). This will ensure that a rapid risk assessment regarding the need for post exposure treatment can be considered in the event of individual cases and/or an outbreak situation.

This briefing provides:

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

Key messages for schools on winter preparedness

1. Be prepared ✓

- Ensure your pupils and staff are immunised against flu, where eligible, and have access to personal protective equipment (PPE) (see checklist on page 6).
- Ensure you have compiled a list of children who are at particular risk of developing serious illness from influenza (as outlined below), so that if there is an outbreak you have all of this information to hand to inform a timely risk assessment.
- Ensure your pupils and staff are immunised against measles, mumps and rubella infection (MMR).
- Ensure parents are reminded to exclude their child from school if they have symptoms of flu or diarrhoea and/or vomiting.

2. Recognise outbreaks ✓

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

- North West London - 020 3326 1658
- North East and North Central London - 020 3837 7084
- South London - 0344 326 2052

Use the following web link to find details of your local health protection team: www.gov.uk/health-protection-team

Influenza risk groups

Flu can affect anyone but if you, your staff or children 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. The free flu vaccine is available for those who are pregnant or have one of the following long-term conditions.

Conditions which may increase your risk of serious influenza illness*

- a neurological condition, e.g. multiple sclerosis (MS), cerebral palsy or learning disability
- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- a kidney disease
- are seriously overweight (BMI of 40 and above).
- diabetes
- pregnancy
- a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
- a problem with your spleen, e.g. sickle cell disease, or you have had your spleen removed
- a heart problem
- had a stroke or a transient ischaemic attack (TIA)
- liver disease

This list is not exhaustive.

Source: * PHE NHSE /Flu_vaccination__A5_booklet.pdf

It is important for the school to maintain an up to date record of all those who fall into the above categories. If you or the parents are unsure if their child's condition falls under one of the risk groups, then advise them to speak with their practice nurse/GP to discuss their concerns and establish if they are in an influenza risk group.

In the event of cases/outbreak, a risk assessment, including consideration of those in the above risk groups, will need to be undertaken ASAP. There will be situations where these individuals may be advised to obtain post exposure medication/immunisation from their GP, but for this to be most effective this needs to occur quickly after their exposure.

More information on the risk groups can be found in the
DH Green_Book_Chapter7 Immunisation of individuals with underlying medical conditions.pdf

London schools and nurseries planning checklist for seasonal influenza (flu)

Date completed	Completed by	
Suggested time – September/October		
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, neurodevelopmental disorders (learning disability), diabetes, pregnant • If you do, compile a list and establish if the children/staff are to be vaccinated at their GP or at school. This information is essential in facilitating a prompt risk assessment in the event of an outbreak		
2. Did you know that all 2, 3, 4 year olds and children in Years 1, 2, 3, 4 and 5 are now eligible for the flu vaccination (nasal spray). Children aged 4 to 9 years old (on 31 August 2018), that is those in reception class and school years 1-5, will be offered flu vaccination in schools. Children aged 2 and 3 will be vaccinated by their GP.		
3. Local healthcare teams will be in touch with the school where a school based delivery model has been agreed.		
4. Parental/guardian consent will be required and schools may be asked to assist with collection of the consent forms.		
Respiratory hygiene & 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 hand washing facility, this includes toileting areas and classrooms and stock levels 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		
16. Early recognition of an influenza/respiratory illness outbreak amongst staff and/or pupils is vital (i.e. two or more cases linked by time and place).		
17. **Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team**. This is to enable them to work with you to risk assess the situation and to establish if any of the particularly at risk children and staff are considered for post exposure advice		
18. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of pupils in the school, location of cases) and have to hand the documentation of the flu immunisation uptake levels		
19. The health protection team will undertake a risk assessment and provide further advice (e.g. nose/throat swabs required and advice on those in risk groups who may require prompt antiviral treatment).		
Actions to take in the event of an flu outbreak		
20. In the event of a flu outbreak:- • Discourage the sharing of communal toys/equipment. Encourage the cleaning of hands and objects when passing round shared toys. • Suspend use of communal soft toys due to problems with cleaning them adequately. • Do not allow children to share objects that may become contaminated with respiratory secretions (e.g. wind instruments).		
21. Avoid bringing children together in large crowds in enclosed spaces (e.g. whole school assemblies)		
22. Inform the school nurse and local authority as per local protocol		
23. Display flu posters (exclusion poster, hand washing poster and ‘catch it bin it kill it’)		
24. Send information to parents informing them that there is an outbreak of flu and reinforcing exclusion criteria i.e. do not send children back to school until they are symptom free, and basic hygiene		

London schools and nurseries planning checklist for norovirus season

Date completed	Completed by
Suggested Time – September/October	

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 hand washing 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 is hand washing facilities		
4. Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves, aprons.		
5. Ensure foot operated bins are in use and in working order		
Reporting to the local health protection team		
6. **Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or pupils/student in a school setting is vital** (i.e. two or more cases linked by time and place).		
7. **Outbreaks of D&V should be reported promptly to the local health protection team** for a full risk assessment and further guidance (even if the nursery/school is 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 to help investigate the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of pupils in the school, location of cases).		
Diarrhoea and/or vomiting outbreak control measures		
9. Immediate control measures to be put into place when an outbreak of D&V is recognised are: • Exclusion of cases for 48 hours after any symptoms have ceased, this includes nursery/school staff • Enhanced cleaning of the environment with a hypochlorite solution. • Effective hand washing with liquid soap and water.		
10. Brief all staff on infection prevention and control measures during the outbreak e.g. during handover sessions throughout the day.		
11. Inform the school nurse and local authority as per local protocol		
12. Maintain high standards of record keeping to investigate the outbreak and help identify the source of the infection by keeping a log (i.e. list of staff and pupil cases including: symptoms and frequency, date of onset of symptoms of the first case, location of cases, number of pupils/staff at the school). These details may be requested if the outbreak is not resolving or bloody diarrhoea is reported.		

13. Remove all alcohol gel in use in the event of a D&V outbreak, as this has limited effectiveness against diarrhoeal diseases		
14. Discourage the sharing of communal toys/equipment. Encourage the cleaning of hands and objects when passing round shared objects/toys. Suspend use of communal soft toys (due to the problems with cleaning them adequately), water, soft dough and sand play. Do not allow children to share objects that may become contaminated.		
15. 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.		
16. Ensure pupils/staff are encouraged to seek advice from a healthcare provider and have samples taken		
17. Send information to parents informing them that there is an outbreak of diarrhoea and vomiting at the nursery/school and reinforce exclusion criteria (48hours after last symptoms) and basic hygiene		
18. During an outbreak restrict visitors to the school as much as possible and any visitors should be advised of the outbreak and the need for thorough hand washing prior to leaving the school.		
19. Consider suspending visits to other schools and any organised school events, etc. until the outbreak is declared over (48 hours of no new cases at the school which includes both staff and pupils).		

Resources

Flu Resources

Checklist
See checklist on pages 7 and 8 for actions to prepare for seasonal influenza.

Leaflet - Flu vaccination: who should have it this winter and why
www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

Leaflet – Protecting your child against flu: Information for parents
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714954/PHE_Protecting_Child_Flu_DL_leaflet.pdf

Poster – 5 reasons to vaccinate your child against flu
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714952/PHE_Flu_5_reasons_poster_2018.pdf

Immunising primary school children against flu – information for head teachers and other school staff
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716261/PHE_Flu_immunising_primary_school_children_briefing_for_headteachers_.pdf

Leaflet - Flu leaflet for people with learning disability
An easy to read leaflet providing information on influenza (flu) and vaccination.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/530741/9833_PHE_Flu-learning-disability-A4-8pp-6-WEB.pdf

Further information and leaflets on flu can be found at:
www.gov.uk/government/collections/annual-flu-programme

Norovirus Resources

Checklist
See checklist on pages 9 and 10 for actions to prepare for the winter vomiting bug (norovirus) and what to do in an outbreak.

Poster
Further information is available in this norovirus poster and can be displayed for staff and visitors
www.gov.uk/government/uploads/system/uploads/attachment_data/file/322947/Stop_norovirus_spreading_this_winter_leaflet.pdf

Meningitis

Leaflets
These leaflets describe meningitis and the benefits of vaccination

Signs and symptoms poster
https://www.gov.uk/government/publications/meningitis-signs-and-symptoms-poster

Protect yourself against meningitis and septicaemia – In school years 9 to 13
www.gov.uk/government/uploads/system/uploads/attachment_data/file/543950/PHE_9909_MenW_leaflet.pdf

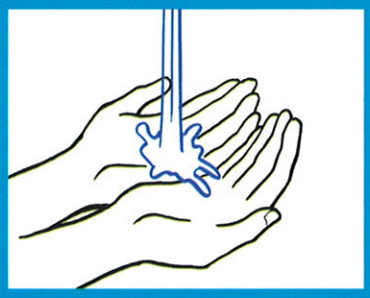
Meningitis and septicaemia – new school leaver flyer
www.gov.uk/government/uploads/system/uploads/attachment_data/file/617266/MenACWY_school_leaver_flyer.pdf

Meningitis and septicaemia – Important information for new university entrants in England
https://www.gov.uk/government/publications/meningitis-and-septicaemia-poster-for-new-university-entrants

https://www.gov.uk/government/publications/meningitis-and-septicaemia-leaflet-for-new-university-entrants

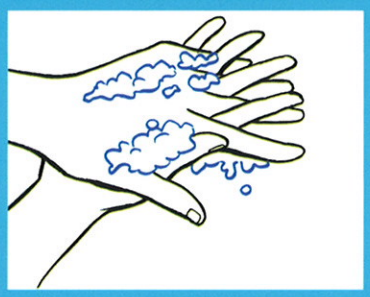
Further information for Higher Education can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582511/MenACWY_HEI_Guidelines.pdf

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

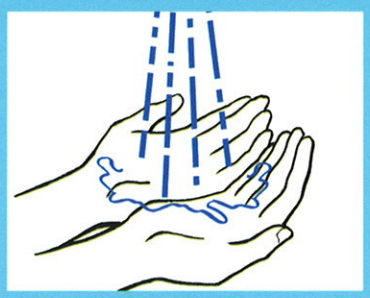


Wet

Soap



Wash



Rinse

Dry

Stop germs spreading.
The power is in your hands.

Have you washed your germs away? Wash your hands.

Public Health England

Stop norovirus spreading this winter

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

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

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

People are advised to:

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

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

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

Further information and advice is available from NHS 111, including an online symptom checker at nhs.uk.

Gateway Number: 2013189

Public Health England

NHS

flu: 5 reasons to vaccinate your child

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

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

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

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

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

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

Public Health England

NHS

Protecting your child against flu

Information for parents

Flu immunisation in England

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

Flu vaccine is offered free each year to most:

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

and:

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

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

Why should my child have the flu vaccine?

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

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

What are the benefits of the vaccine?

Having the vaccine will help protect your child from what can be a very nasty illness in children. Children under the age of five have the highest rate of hospital admissions due to flu.

It will reduce the chance of others in your family, who could be at greater risk from flu, such as grandparents or those with long term health conditions, getting flu from your child. It can help you avoid having to take time off work or other activities because you are ill or need to look after your sick child.

How effective is the vaccine?

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

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

Why are so many children being offered the vaccine?

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

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

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

Who will give my child their vaccination?

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

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

Children who are home educated will be offered the vaccine, provided they are in an eligible age group. Parents can obtain information about arrangements from their local NHS England Public Health Commissioning team.

Details can be found at: **www.england.nhs.uk/about/regional-area-teams/**

How will the vaccine be given

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

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

Can the vaccine cause flu?

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

So how does the nasal spray work?

The nasal spray contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity. When your child comes into contact with flu viruses they will be better able to fight off the infection.

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

Are there any side-effects of the vaccine?

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

Serious side-effects are uncommon.

What about my child who has a health condition?

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

- serious breathing problems, for example, severe asthma needing regular inhaled or oral steroids
- serious heart conditions
- severe kidney or liver disease
- diabetes
- immunosuppression due to disease or treatment, for example, chemotherapy or radiotherapy treatment for cancer or long-term steroid use, and
- problems with the spleen, either because the spleen has been removed (asplenia) or doesn't work properly, for example, because of sickle cell or coeliac disease
- your GP may also recommend that your child is vaccinated if they have a condition that affects the nervous system such as cerebral palsy.

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

If your child has any health condition listed on page 6 but is not offered the vaccine in school, it is important that you contact your GP to arrange an appointment.

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

When will the vaccine be given?

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

For school-aged children a vaccination session will be held at school during the autumn term. If your child is eligible, the local healthcare team will contact you via the school.

If your child is at school and has a health condition that puts them at increased risk from flu (see page 6), you can ask your child's GP surgery to provide the vaccine if you don't want to wait until the school vaccination session or if this is what you prefer.

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

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

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

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

- are currently wheezy or have been wheezy in the past three days (vaccination should be delayed until at least three days after the wheezing has stopped)

- are severely asthmatic, ie being treated with oral steroids or high dose inhaled steroids
- have a condition, or are on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- have severe egg allergy. Most children with egg allergy can be safely immunised with nasal flu vaccine. However, children with a history of severe egg allergy with anaphylaxis should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine*

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

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

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

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

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

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

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

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

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

The injected vaccine is not being offered to healthy children as part of this programme.

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

The nasal vaccine provides good protection against flu, particularly in young children.

It also reduces the risk to, for example, a baby brother or sister who is too young to be vaccinated, as well as other family members (for example, grandparents) who may be more vulnerable to the complications of flu.

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

Where can I get more information?

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

5 reasons

to get your child vaccinated

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

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

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

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

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

www.nhs.uk/child-flu

2902552B 3.5M 1p JUNE 2018 (APS)
First published June 2015

Public Health England

NHS

The flu vaccination

WINTER 2018/19

Who should have it and why

Includes information for children and pregnant women

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

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

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

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

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

What causes flu?

Flu is caused by influenza viruses that infect the windpipe and lungs. And because it's caused by viruses and not bacteria, antibiotics won't treat it. However, if there are complications from getting flu, antibiotics may be needed.

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

How do you catch flu?

When an infected person coughs or sneezes, they spread the flu virus in tiny droplets of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed. You can prevent the spread of the virus by covering your mouth and nose when you cough or sneeze, and you can wash your hands frequently or use hand gels to reduce the risk of picking up the virus.

But the best way to avoid catching and spreading flu is by having the vaccination before the flu season starts.

How do we protect against flu?

Flu is unpredictable. The vaccine provides the best protection available against a virus that can cause severe illness. The most likely viruses that will cause flu are identified in advance of the flu season and vaccines are then made to match them as closely as possible.

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

What harm can flu do?

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

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

Am I at increased risk from the effects of flu?

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

- pregnant

or have a long term condition such as:

- a heart problem
- a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
- a kidney disease
- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- liver disease
- had a stroke or a transient ischaemic attack (TIA)
- diabetes
- a neurological condition, eg multiple sclerosis (MS), cerebral palsy or learning disability
- a problem with your spleen, eg sickle cell disease, or you have had your spleen removed
- are seriously overweight (BMI of 40 and above)

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

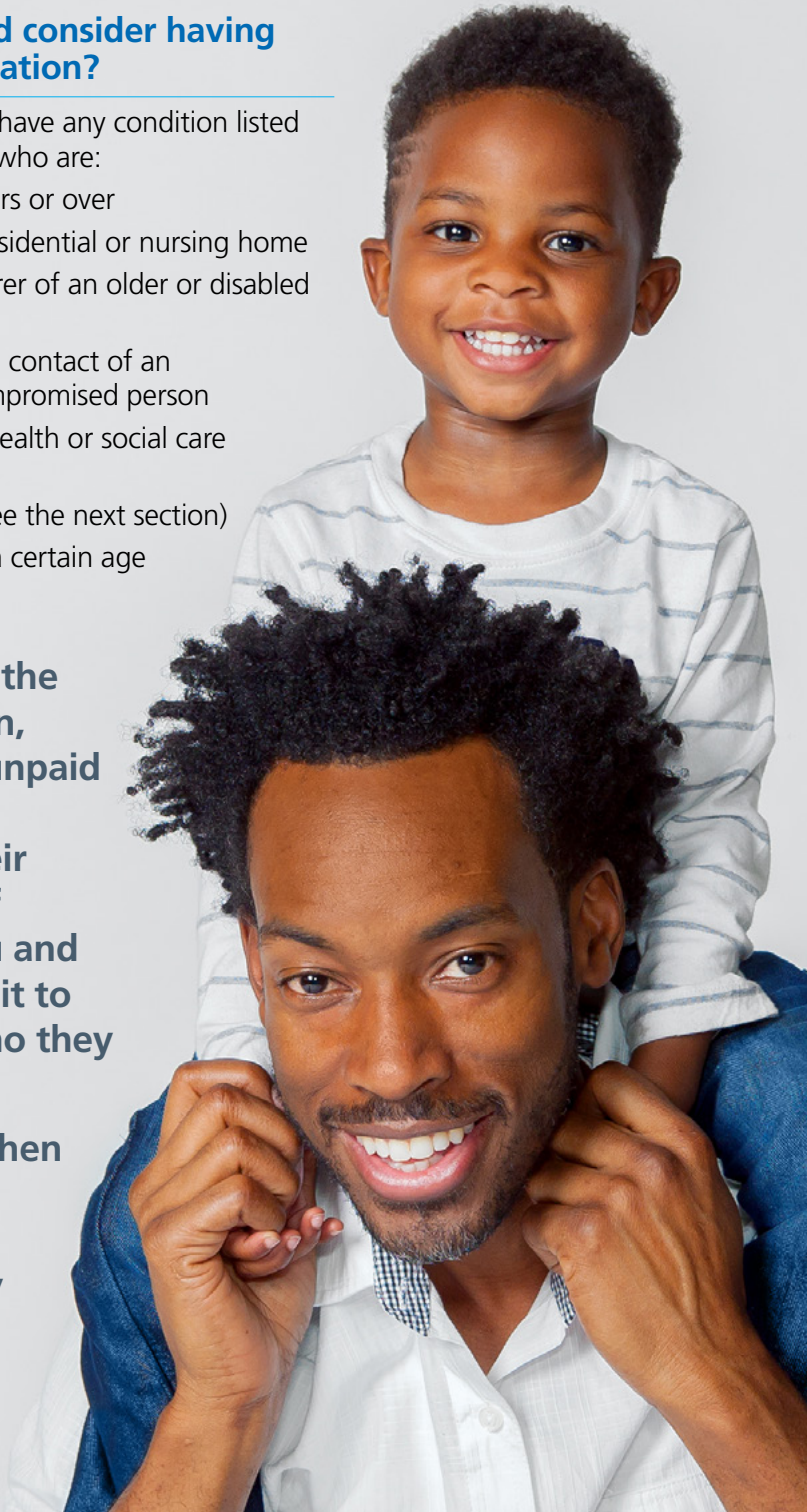
Who should consider having a flu vaccination?

All those who have any condition listed on page 4, or who are:

- aged 65 years or over
- living in a residential or nursing home
- the main carer of an older or disabled person
- a household contact of an immunocompromised person
- a frontline health or social care worker
- pregnant (see the next section)
- children of a certain age (see page 8)

By having the vaccination, paid and unpaid carers will reduce their chances of getting flu and spreading it to people who they care for.

They can then continue to help those they look after.



The flu vaccination for pregnant women

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

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

Pregnant women benefit from the flu vaccine because it will:

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

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

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

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

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

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

For this reason we strongly recommend that even if you were vaccinated last year, you should be vaccinated again this year. In addition, protection from the flu vaccine may only last about six months so you should have the flu vaccine each flu season.

I think I've already had flu, do I need a vaccination?

Yes; other viruses can give you flu-like symptoms, or you may have had flu but because there is more than one type of flu virus you should still have the vaccine even if you think you've had flu.

What about my children? Do they need the vaccination?

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

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

Some other groups of children are also being offered the flu vaccination. This is to help protect them against the disease and help reduce its spread both to other children, including their brothers or sisters, and, of course, their parents and grandparents.

This will help you to avoid the need to take time off work because of flu or to look after your children with flu.

The children being offered the vaccine this year, are:

- all two and three years of age[1]
- all children in reception class and school years 1, 2, 3, 4 and 5[2]

Children aged two and three years will be given the vaccination at their general practice usually by the practice nurse. Nearly all eligible children in reception year and school years 1, 2, 3, 4 and 5 throughout England will be offered the flu vaccine in school. For most children, the vaccine will be given as a spray in each nostril. This is a very quick and painless procedure.

For more information on children and flu vaccination see the NHS Choices information at nhs.uk/child-flu

Which type of flu vaccine should I have?

There are three types of flu vaccine:

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

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

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

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

Is there anyone who shouldn't have the vaccination?

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

What about my child?

Children should not have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past three days (vaccination should be delayed until at least three days after the wheezing has stopped)
- are severely asthmatic, ie being treated with oral steroids or high dose inhaled steroids
- have a condition, or are on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- have severe egg allergy. Most children with egg allergy can be safely immunised with nasal flu vaccine. However, children with a history of severe egg allergy with anaphylaxis should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine[3]

[1] ie born between 1 September 2014 and 31 August 2016
[2] ie born between 1 September 2008 and 31 August 2014
[3] see the website at xpil.medicines.org.uk and enter Fluenz Tetra in the search box for a list of the ingredients of the vaccine

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

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

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

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

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

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

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

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

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

Will I get any side effects?

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

Will the flu vaccine protect me completely?

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

How long will I be protected for?

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

What do I need to do now?

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

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

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

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

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

- everyone aged 65 and over
- everyone under 65 years of age who has a medical condition listed on page 4, including children and babies over six months of age
- all pregnant women, at any stage of pregnancy
- all two- and three- year-old children
- all children in reception class and school years 1, 2, 3, 4 and 5
- everyone living in a residential or nursing home
- everyone who cares for an older or disabled person
- household contacts of anyone who is immunocompromised
- all frontline health and social care workers

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

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

www.nhs.uk/flujab

NHS

3079111C 500K AUG 2018 (APS)

Public Health England

NHS

Immunising primary school children against flu

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

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

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

The extension of the national flu immunisation programme to children is based on the advice from an independent expert committee, the Joint Committee on Vaccination and Immunisation (JCVI), which advises the Government on vaccination policies.

Flu can be a very unpleasant illness in children, with serious complications such as bronchitis and pneumonia. The programme is designed to provide both individual protection to children who receive the vaccine and to prevent the spread of flu to their family and community.

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

STAY WELL THIS WINTER

Frequently asked questions

When do the vaccinations need to be given?

To be effective, vaccinations need to be given between October and December as this is before flu tends to circulate. As the flu virus can change each year, vaccination is required on an annual basis. The local healthcare team contracted to deliver the flu vaccination will be in touch to confirm arrangements with you for the autumn.

What will schools be asked to do?

As in previous years, you will be asked to:

- work with the healthcare team to develop and agree the best approach for implementing the programme in your school
- agree a date for the vaccination session
- provide a suitable location for the immunisation to take place (e.g. school hall or classroom)
- agree a process for providing parents with the invitation letter, information leaflet and consent form.

We are grateful for your on-going support with the programme and for agreeing to host the vaccination session. Local healthcare teams will work with schools to ensure minimum disruption and schools will only be asked to help with tasks that cannot easily be done by the healthcare team.

Please note, on the rare occasion when schools do not agree to host sessions children may need to be released from school to receive their vaccine elsewhere.

Who will be giving the vaccine to the children?

The programme will be delivered by a healthcare team which may include nurses, healthcare support workers, administrative staff, and other associated professions. They may be part of the school health service, or from another team dedicated to providing vaccinations in schools. The team will administer the vaccination and will work to nationally set standards. Staff will have appropriate qualifications and training, including safeguarding training.

Flu vaccine uptake in schools over last three years

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

*Offered in general practice not schools

How will parent/guardian consent be obtained?

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

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

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

Who decides whether a child receives the vaccination?

Parents or guardians with parental responsibility make this decision. Only children for whom consent has been received will be vaccinated. The healthcare team will make all decisions regarding whether a child should receive the vaccination on the day, taking into account information on the consent form and, for example, whether the child is well at the time.

Can parents refuse to have their child vaccinated?

Yes. The vaccination is not mandatory. Parents will need to give their informed consent for the vaccination. The nasal flu vaccine contains a highly processed form of gelatine (derived from pigs).

Some faith groups may or may not accept the use of porcine gelatine in medical products – the decision is solely one for the child's parents/ guardians. The healthcare team will provide an information leaflet with each consent form and their contact details for additional parental queries.

What happens if a child is not present on the day when vaccination is offered in the school?

This will depend on local arrangements and the healthcare team will discuss second opportunity arrangements with you and parents.

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

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

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

The nasal spray vaccine has a good safety record and unvaccinated contacts are not at risk of catching flu from the vaccine, either through being in the same room where flu vaccine has been given or by being in contact with a recently vaccinated individual.

Although vaccinated children are known to shed virus for a few days after vaccination, it is less able to spread from person to person than the natural infection. The amount of virus shed is normally below the levels needed to pass on infection to others and the virus does not survive for long outside of the body. This is in contrast to natural flu infection, which spreads easily during the flu season.

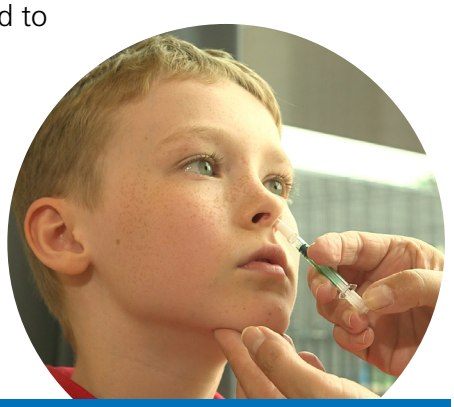
Excluding children from school during the period when the vaccine is being offered, or in the following weeks, is therefore not considered necessary. The only exception to this would be the tiny number of children who are extremely immunocompromised (for example those who have just had a bone marrow transplant). These children are normally advised not to attend school anyway because of the much higher risk of being in contact with other infections, including the natural flu infection,that spread in schools.

Can teachers have the vaccine?

Not as part of this programme. The nasal flu vaccine used for children is not licensed for adults. Some schools, however, may choose to provide an injectable vaccine for their teachers through their own occupational health services. Staff with certain medical conditions that put them more at risk of flu, or who are pregnant, are entitled to free flu vaccination (injectable vaccine) through the NHS. Eligible staff should contact their GP practice. See www.nhs.uk/flujab for further information.

Why is vaccination offered in schools rather than general practice?

JCVI recommended offering vaccination through schools as the most effective route to deliver immunisations to school-aged children. Pilots undertaken before the national roll-out showed uptake levels in schools that were markedly higher compared to those areas that did not deliver through them.



The nasal flu vaccine

- Almost all eligible children will be able to have the vaccine as a nasal spray (up the nose), which is a quick and painless process.
- Serious side effects are uncommon but many children can develop a runny or blocked nose, headache, some tiredness or loss of appetite that lasts for a short period.
- The 'Protecting your child against flu' leaflet provides more information for parents on the vaccine, including how it works and contraindications.

All questions on the suitability of the vaccine for individual children should be directed to the healthcare team. School staff will not be expected to answer questions about this programme.

Benefit to schools

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

NHS

www.nhs.uk/vaccinations

Public Health England

NHS

All about flu and how to stop getting it

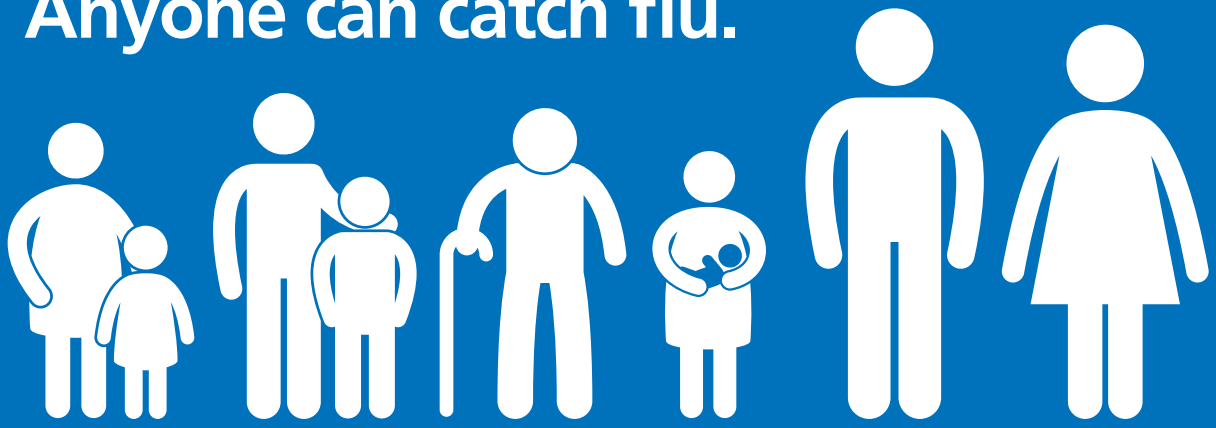
EasyRead version for children with learning disabilities

STAY WELL THIS WINTER

Flu immunisation

Helping to protect everyone, every winter

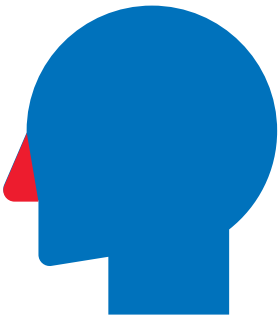
Anyone can catch flu.



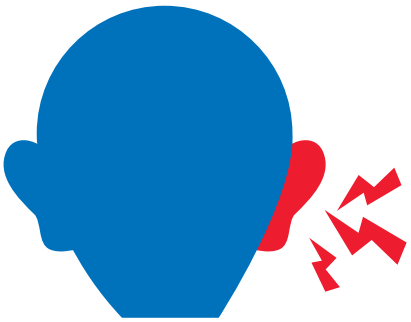
Flu is caused by a bug called a **virus**

Flu can make you feel ill.

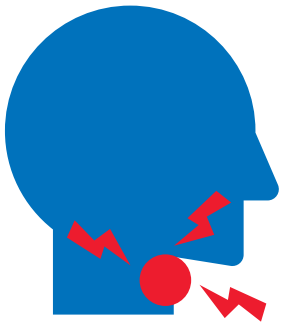
Here are the signs of flu



blocked up nose

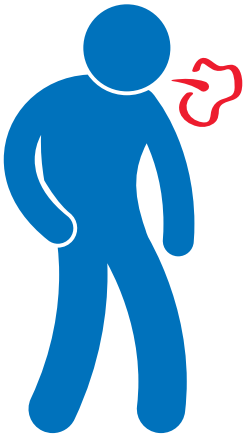


painful ear



sore throat

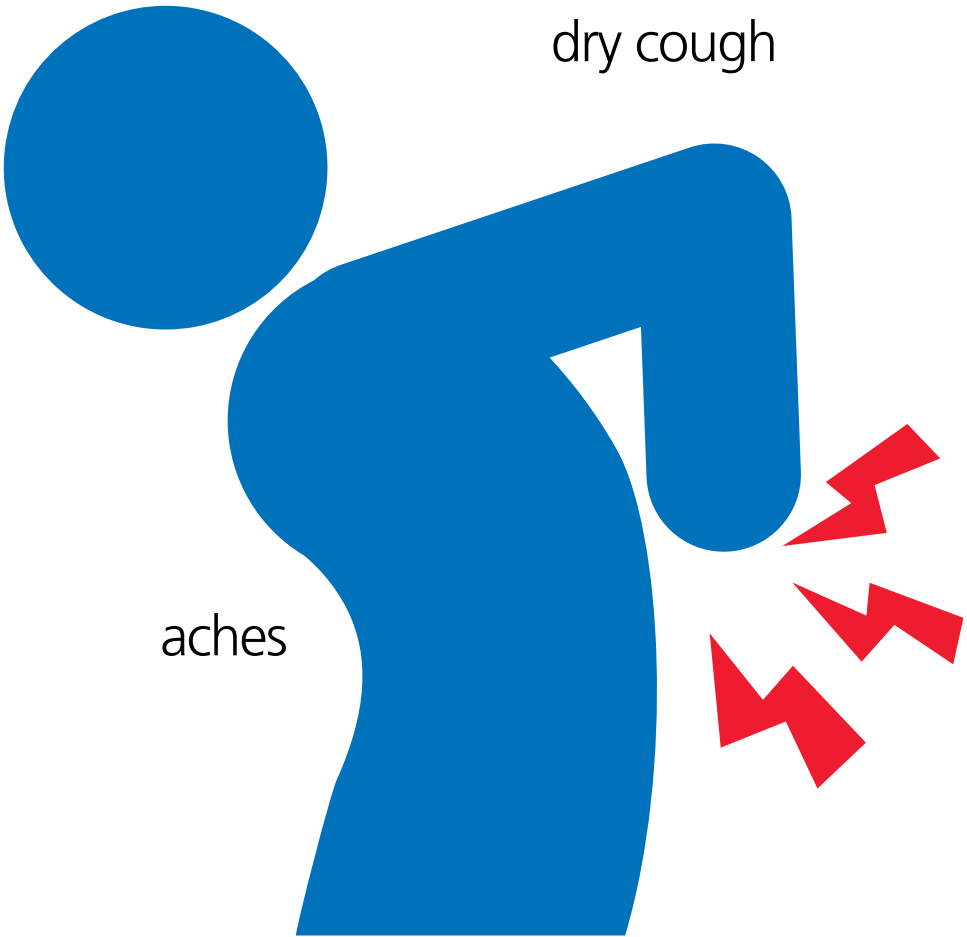
high temperature



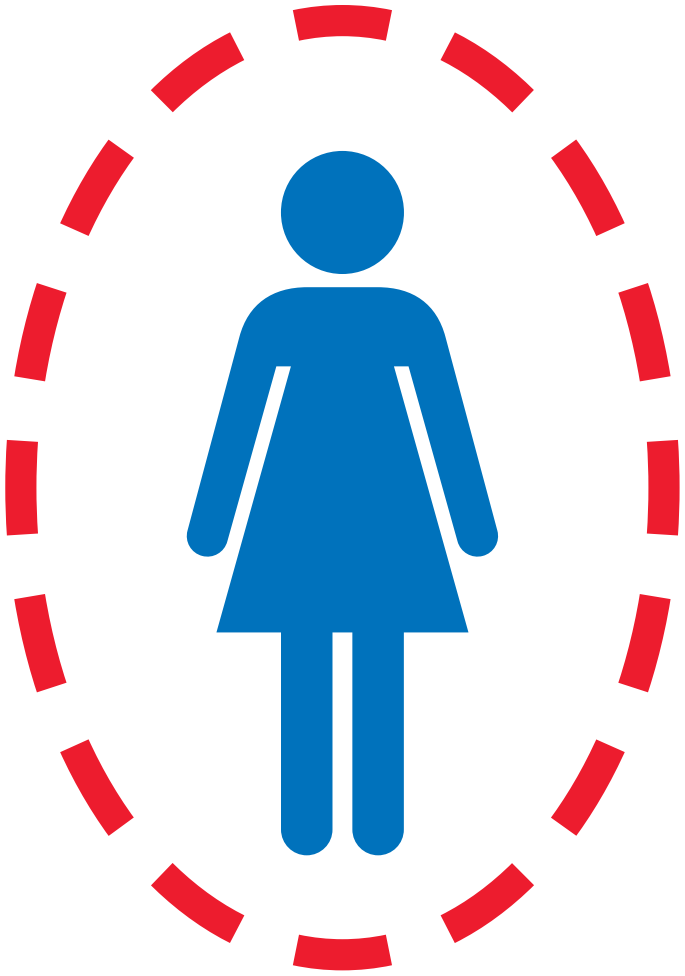
difficulty breathing

dry cough

tiredness

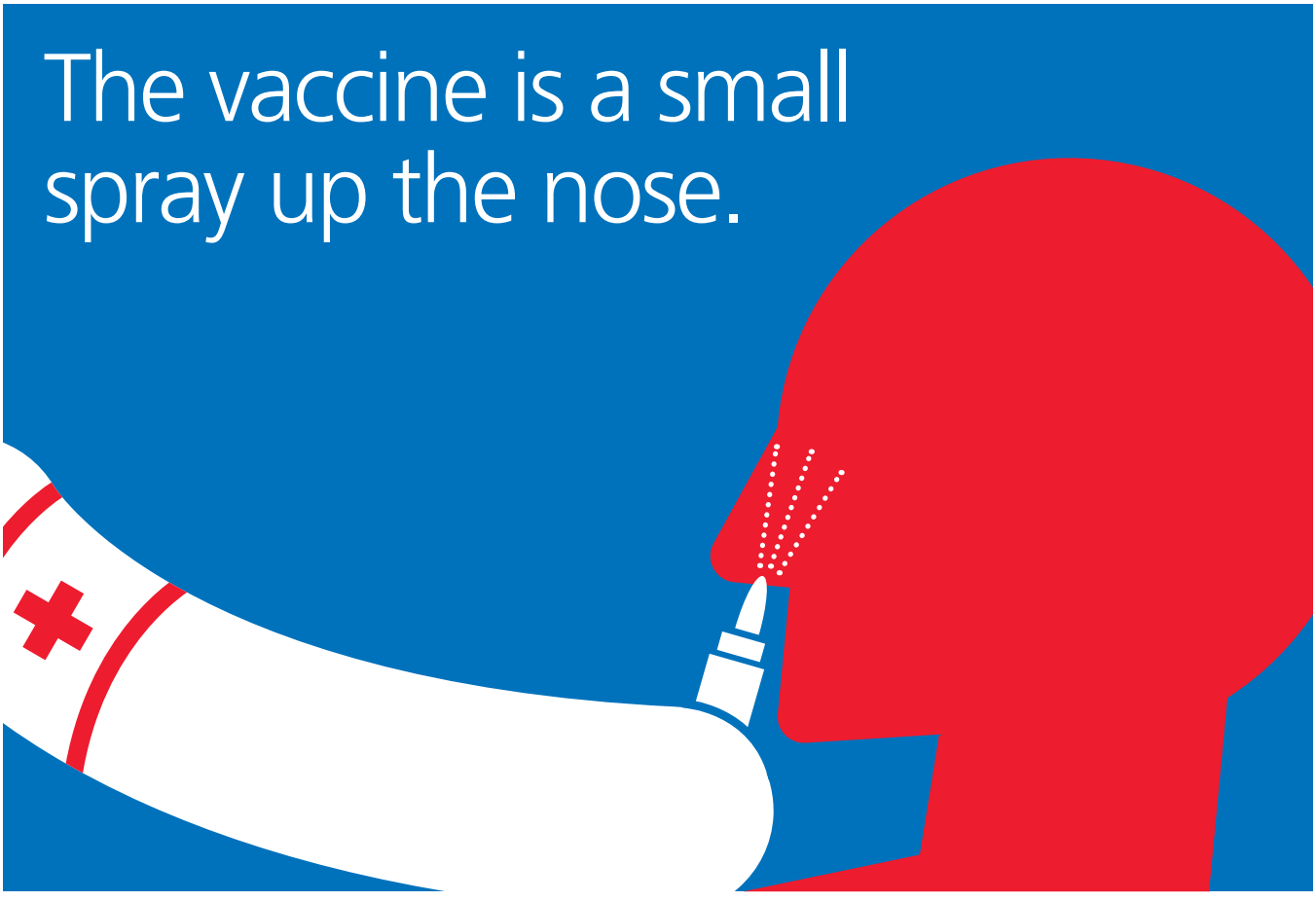


aches



Having a vaccine can help stop you catching flu.

The vaccine is a small spray up the nose.

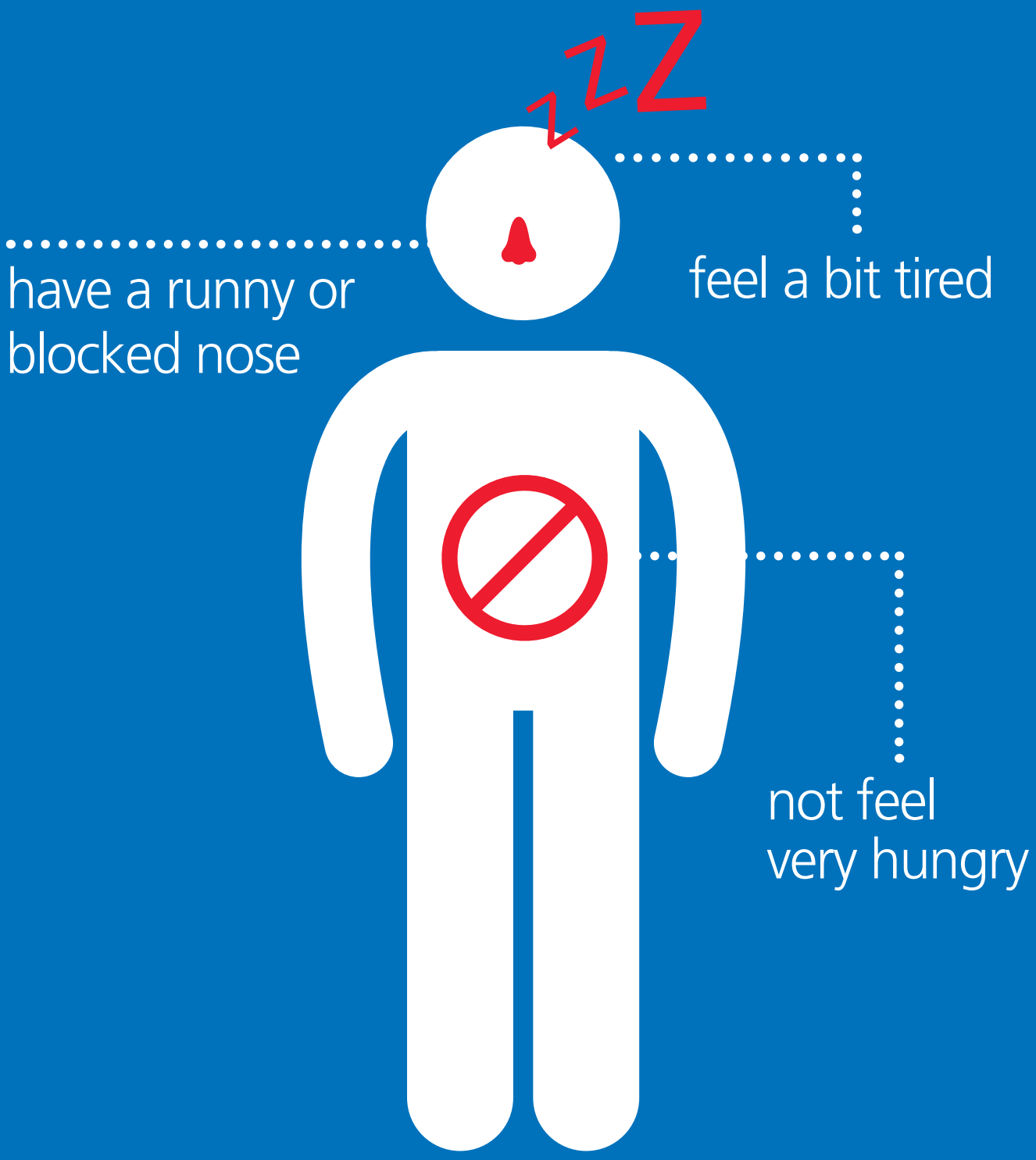


The best time to have a flu spray is in the autumn.

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

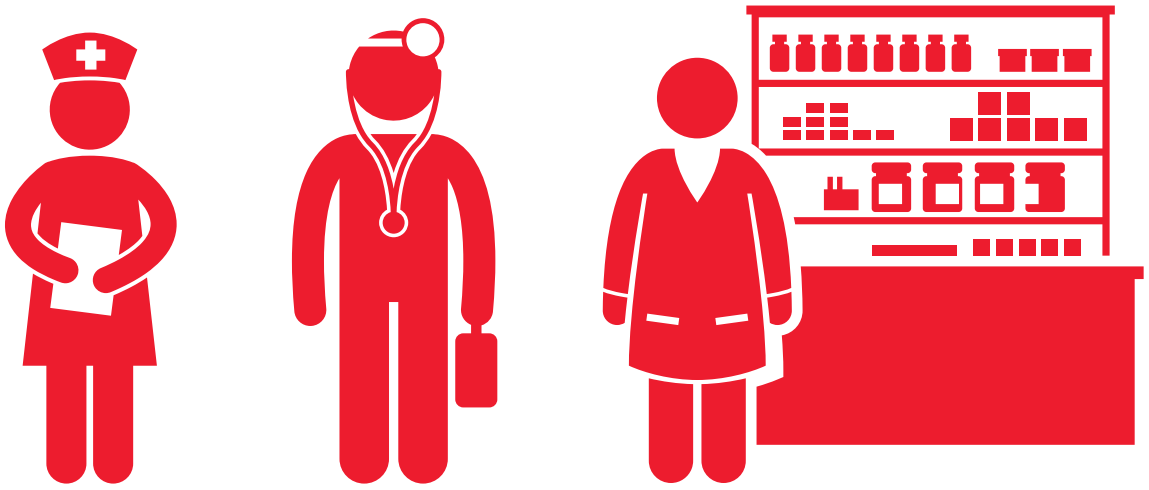
Will the flu spray make me feel ill?

After the flu spray you may:



This will go away in a few days.

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



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

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

www.nhs.uk/vaccinations

NHS

In school years 9 to 13?

Protect yourself against meningitis and septicaemia

Are you in school years 9 to 13 (aged 13 to 18 years)? Living in England?

You need to get the MenACWY vaccination. This leaflet tells you what to expect next.

immunisation

the safest way to protect your health

MENINGOCOCCAL DISEASE

is a rare but life-threatening disease caused by meningococcal bacteria which are divided into several groups. The most common are A, B, C, W and Y. Infants, young children, teenagers and young adults have the highest risk of meningococcal disease.

This leaflet explains why it's important that students in school years 9 to 13 have MenACWY vaccination to protect against meningococcal disease.

Since 2009 there has been a year on year increase in the number of cases of meningococcal W (MenW) disease and there is no sign of the numbers declining. Older teenagers and young adults are more at risk of getting meningitis and septicaemia from MenW. A catch-up programme offering a MenACWY vaccination to every pupil from years 9 to 13 is starting in general practice from late August and in schools from September 2015 onwards.

The MenACWY vaccine will also replace the teenage MenC vaccine usually offered to year 9 or 10 students and become the routine vaccination for teenagers.

What is meningococcal disease?

Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). Both diseases are very serious and can kill, especially if not diagnosed early.

The early symptoms of meningococcal disease are similar to those of flu, so you need to be able to recognise the symptoms very quickly. You may have had a meningococcal vaccine but it will not protect against all forms of the disease. A full description of the signs and symptoms of meningitis and septicaemia can be found at www.meningitis.org and www.meningitisnow.org

What causes meningococcal disease?

There are five main groups of meningococcal bacteria that can cause meningitis and septicaemia – A, B, C, W and Y. The same bacteria that cause this serious disease are also commonly carried in the back of the nose and throat, especially in young adults.

Look out for any of these symptoms

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

How common is meningococcal disease?

Meningococcal group C disease is now rare since MenC vaccination was introduced in 1999. MenB is now the most common cause of meningococcal disease in children and young adults, while MenW and MenY used to mainly cause serious illness in older adults. Since 2009 there has been a large increase in MenW disease in England, resulting in several deaths among infants and teenagers.

In late summer 2015

- MenB vaccine became part of the routine infant programme to help protect young babies, and
- MenACWY vaccine replaced the teenage MenC vaccine and became the routine vaccination given in school year 9 or 10.

Why do I need to get the vaccine?

As an older teenager, you become at higher risk of getting meningococcal disease, so you need to get vaccinated to protect yourself. Vaccination also reduces the risk of you carrying the bacteria and so protects other people around you. This should, in turn, prevent the numbers increasing to serious levels. You may have had MenC vaccination as a

baby and again more recently as a teenager but this will not protect you against other meningococcal groups. The MenACWY vaccine will increase your protection against MenC and help to protect you against three other meningococcal groups (A, W and Y). It is still important to know the signs and symptoms of meningitis and septicaemia because there are many other bacteria that can cause these illnesses, including the group B strain that is not covered by this vaccine.

When will I get the vaccination?

It's recommended that **all** teenagers in school years 9 to 13 have the MenACWY vaccination before or soon after they leave school. The catch-up programme will started in August 2015 and will end in around October 2017. With so many pupils to vaccinate, the programme will be rolled out gradually, with year 13 pupils offered the vaccine first. These older teenagers are at greatest risk of the disease especially when starting university where they will come into contact with many new people of a similar age.

In addition, all year 9 students (and year 10 students in some areas) will be offered the MenACWY vaccine routinely instead of the MenC vaccine.

Do I have to have it?

No, but the best way to help protect yourself is by having the MenACWY vaccine. You, or your parent/guardian, have to consent to have the vaccine.

What if I want the vaccination but my parents don't agree?

If you can show that you understand the benefits and risks of MenACWY vaccination, you can consent to have the vaccine. But it's hoped that you will discuss the matter as a family and come to a shared decision.

What if I want more information?

See the information provided at the end of the leaflet.

What do I need to do if I'm in year 13 now?

You will get an invitation from your GP to have the vaccine in the summer. Students in lower years will be offered the vaccine through schools or general practice. You will get further information about this later in the year.

What do I need to do if I'm planning to go to university?

New university students are at particularly high risk in the first weeks of term. You should always register with a GP in the area when you start university and you can arrange to get the vaccine there. You should do that straight away – ideally before you start university or as soon as possible after – don't leave it till later.

Is the vaccine safe?

The vaccine has been used for many years across the world and has an excellent safety record. Serious side effects from the vaccine are rare.

Does the vaccination hurt? What are the common side effects?

It's like a sting. You may get soreness and some redness and swelling in your arm after the injection – you may also get a headache, but these symptoms should disappear after one or two days. If you feel unwell at any time after vaccination, you should contact your GP.

Meningitis and septicaemia are very serious and require urgent attention. If you think you've got either, get medical help immediately and make sure your fellow students know to look out for you and each other.

Do the glass test

Someone with septicaemia may develop a few spots or a widespread rash with fever. Later on the rash can develop into purple blotches that do not fade under pressure. You can do a test for this by pressing the side of a drinking glass against the rash. If you have a fever and a rash, and the rash does not fade under pressure, get medical help immediately by calling 999 or getting someone to take you to the nearest hospital emergency department. Never wait for a rash, though. It can be a late sign or may not appear at all. If someone is ill and getting worse get medical help immediately.

How can I find out more?

There is more information about the MenACWY vaccination on the NHS Choices website at www.nhs.uk/conditions/Meningitis/Pages/Introduction.aspx or you can talk to your GP, nurse or university health centre if you have any questions. The following charities also provide information, advice and support:

Meningitis Now
Freephone Meningitis Helpline
0808 80 10 388
9am to 10pm every day
www.meningitisnow.org

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

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

www.nhs.uk

Important information for new university entrants in England

MENINGITIS AND SEPTICAEMIA CAN KILL VERY QUICKLY

- Cases caused by meningococcal W (MenW) bacteria are increasing in the UK
- Teenagers and young adults have a higher risk of meningococcal W disease
- The MenACWY vaccine protects against 4 meningococcal groups (A, C, W and Y)

If you are starting university, go to your GP to get the vaccination before you go. If you miss out, you can still register with a GP at uni and get the vaccination there.

All new university entrants up to 25 years old are eligible for the MenACWY vaccine

For more information, speak to your your doctor, or visit
www.nhs.uk/vaccinations, www.meningitis.org or www.meningitisnow.org

Public Health England

NHS

Born between 1 September 1998 and 31 August 1999

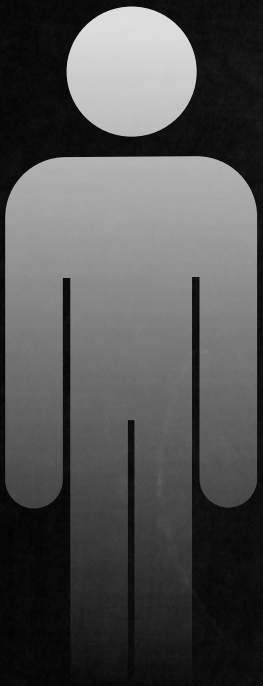
Leaving school or college?

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.

Meningitis now

Meningitis Research Foundation

MenACWY DISEASE CAN KILL