



Public Health  
England

Protecting and improving the nation's health

# **Winter-readiness (infection prevention) information for care homes in South East England**

# 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.

Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk  
Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

Prepared by: Mary Maimo (on behalf of the London Health Protection Teams' care home leads) and Sarah Lock. Updated 2019 by Conall Watson.  
For queries relating to this document, please contact: [conall.watson@phe.gov.uk](mailto:conall.watson@phe.gov.uk)

© Crown copyright 2014, 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit [OGL](https://www.ogcl.gov.uk) or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published October 2019



# Contents

About Public Health England	2
Introduction	4
Key messages for care home managers	5
Care home planning checklist for seasonal influenza (flu)	6
Care home planning checklist for norovirus season	7
Resources	8
Handwashing poster (Wet Soap Wash Rinse Dry)	9
Catch it Bin it Kill it (text) poster	10
Flu poster for care home visitors	11
Guidance poster: outbreaks of flu in care homes	12
Flu vaccination leaflet: Who should have it and why	13-24
Flu Immunisation for social care and hospice staff	25-28
Flu vaccination poster: care workers	29
Norovirus poster (stop norovirus spreading this winter)	30
Shingles vaccination poster and eligibility wheel	31-32
Shingles leaflet	33-40

# Introduction

This pack provides information for care homes on preparing for the winter season, to help try and avoid cases and outbreaks of infectious disease.

Care home residents and staff in long-stay residential care homes are susceptible to infections which increase over the winter months, such as seasonal influenza (flu) and stomach infections (such as norovirus, the “winter vomiting bug”). These are very infectious and can cause outbreaks due to close contact in residential settings. Transmission of infection can sometimes occur by inadequate infection control practices by carers.

Elderly people and those with chronic illnesses are particularly at risk of developing complications from diseases such as flu, pneumococcal infection and shingles infections. These infections can be prevented through vaccination and it is important that eligible residents are given the opportunity to protect themselves through vaccination. This also reduces the likelihood of outbreaks in a care home.

## This briefing provides:

1. Key messages for care home managers 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 shingles.

# Key messages for care home managers

## 1. Be prepared ✓

- Ensure your residents and staff are immunised against flu and have a stockpile of personal protective equipment (PPE) (see checklist on page 6).
- Ensure your residents over the age of 65 are immunised against pneumococcal infection.
- Ensure your residents aged 70 years (plus anyone in their 70's who was born after 1 September 1942 and who missed out on the vaccine) and aged 78 years (plus anyone aged 79 years who missed out on the vaccine) are immunised against shingles. Further information on shingles can be found on the [NHS website](#).

## 2. Recognise outbreaks ✓

Seasonal flu outbreak definition	Norovirus outbreak definition
Two or more cases of flu-like illness* within 48 hours which occur in residents and/or staff in close proximity to each other.	Two or more cases of diarrhoea and/or vomiting within 48 hours which occur in residents and/or staff linked by place.

**\*A flu-like illness is defined as:**

- (i) a temperature of 37.8°C or more AND at least one respiratory symptom (cough, hoarseness, nasal discharge, nasal congestion, shortness of breath, sore throat, wheezing, sneezing) OR
- (ii) an acute deterioration in physical or mental ability without other known cause.

*Sometimes older patients may not develop fever from flu and so respiratory symptoms alone can be used as a sign of a possible flu outbreak to be reported.*

## 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  
Enter the care home's postcode the following weblink to find details of your local health protection team: [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)

In the event of an outbreak of infectious disease such as norovirus or flu in your care home, your health protection team will provide further guidance on outbreak management as well as checklists on how to control the spread of infection.

# Care home planning checklist for seasonal influenza (flu)

Date completed	Completed by		
<b>Actions to prepare for cases of seasonal flu</b>		✓	X
<b>Flu vaccination</b>			
1. Do you have any residents aged over 65?			
2. Do you have any residents in a clinical risk group (including those with chronic respiratory, cardiac, kidney, liver, neurological disease, diabetes, or obese BMI>40)?			
3. If yes to the above, ensure that the care home GP has administered the appropriate seasonal flu vaccine to residents in both categories in the autumn, before any outbreaks of flu are likely to occur			
4. Remind staff of the importance of having the seasonal flu vaccination and ensure that all staff involved in patient care (including all women at any stage of pregnancy) have received their seasonal flu vaccine in the autumn before any outbreaks of flu. This should include any agency staff. <ul style="list-style-type: none"> <li>Staff should receive the flu vaccine through arrangements made via their employer's occupational health department. In winter 2019-20, care staff can also get the flu vaccine through their GP or any pharmacy providing NHS flu vaccination.</li> <li>Further information is in the Flu vaccination leaflet "Who should have it and why"</li> </ul>			
<b>Respiratory hygiene and infection control precautions</b>			
5. Ensure infection control policies are up to date, read and followed by all staff			
6. Reinforce education of staff and residents about hand and respiratory hygiene. Use respiratory hand hygiene posters e.g. <b>Catch it, Bin it, Kill it</b> , attached at the end of this document. Ensure disposable tissues and foot operated bins are available.			
7. Ensure that liquid soap and disposable paper towels are available, and/or alcohol-based hand rub, in every room and communal areas, and stock levels are adequately maintained			
8. Ensure that Personal Protective Equipment (PPE) is available i.e. disposable gloves, aprons, surgical masks			
9. Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins			
10. If possible and safe to do so, use alcohol gel in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain adequate supplies in view of increased use			
11. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent)			
<b>Reporting to the local health protection team</b>			
12. <b>Early recognition of an influenza/respiratory illness outbreak amongst staff and/or residents is vital</b> (two or more cases in 48 hours, linked by place)			
13. <b>Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team.</b> (see page 5 for contact details)			
14. 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)			
15. Maintain high standards of record keeping to help with investigations of any outbreaks of acute respiratory illness (i.e. list of staff and resident 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 residents in the care home and the flu vaccination status of cases)			

# Care home planning checklist for norovirus season

Date completed	Completed by		
<b>Actions to prepare for norovirus ( winter vomiting bug ) season</b>		✓	X
<b>Infection control precautions</b>			
1. Ensure infection control policies are up to date, read and followed by all staff			
2. Conduct a hand washing audit and educate staff on the importance of hand washing and the appropriate hand washing technique			
3. Ensure that liquid soap and disposable paper hand towels are available in all toilets and communal bathrooms, including individuals' room/en-suite			
4. Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves, aprons			
5. Ensure linen management systems are in place as well as clinical waste disposal systems, including foot operated bins			
6. Refer to the norovirus poster attached to this document for further information which can be displayed for staff and visitors in the care home.			
<b>Reporting to the local health protection team</b>			
7. <b>Early recognition of a diarrhoea and/or vomiting (D&amp;V) outbreak amongst staff and/or residents in care homes is vital</b> (i.e. two or more cases within 48 hours, linked by place).			
8. <b>Outbreaks of D&amp;V should be reported promptly to the local health protection team</b> (see page 5 for contact details) for a full risk assessment and further guidance (even if care home already aware of local diarrhoea and vomiting outbreak management guidelines).			
9. Maintain high standards of record keeping to help investigate any outbreaks and identify the source of the infection (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms and frequency, date of onset of symptoms of the first and most recent cases, location of cases)			

# Resources

## Flu

### Checklist

See checklist on page 6 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 - Flu leaflet for people with learning disability

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

<https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

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 7 for actions to prepare for the winter vomiting bug (norovirus).

### Poster

Further information is available in this norovirus poster and can be displayed for staff and visitors in the care home

<https://www.gov.uk/government/publications/stop-norovirus-spreading-this-winter-leaflet>

## Shingles

### Leaflets

These leaflets describe shingles and the benefits of vaccination for adults

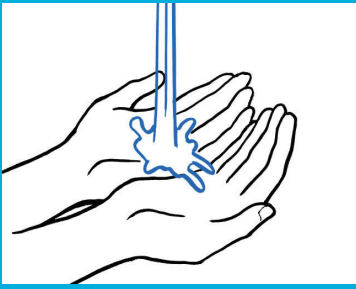
<https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>

### Poster - Who is eligible for the shingles vaccine this year?

<https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster>

Further information on shingles can be found on the [NHS website](#)

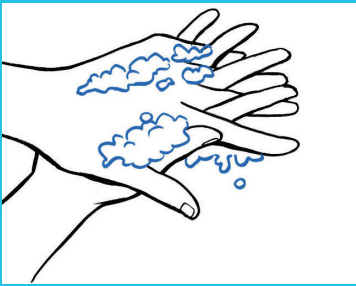




Wet



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.





# DEAR VISITORS

Please do not visit  
the care home  
if you have  
symptoms of flu  
or feel unwell

Some of our residents  
could become seriously  
ill if they catch flu.

Help protect your relative  
or friend by getting your  
free flu vaccine if you  
are eligible.

Ask at your GP surgery  
or local pharmacy.





# Guidance on outbreaks of influenza (flu) in care homes

## Do 2 or more residents or staff have the following symptoms?



Fever of  
**37.8°C**  
or above



New onset or acute worsening of one or more of these symptoms:

- cough
- hoarseness
- runny nose or congestion
- shortness of breath
- sore throat
- wheezing
- sneezing
- chest pain



Sudden decline in physical or mental ability

If you notice 2 or more residents or staff meeting these criteria, occurring within 2 DAYS (48 HOURS), in the same area of the care home **you might have an outbreak**. Consider influenza as an alternative diagnosis in residents with suspected chest infection



Contact your community infection control team (CICT) or PHE health protection team (HPT) immediately and take the infection control measures listed here



### What the CICT or HPT will do:

- work with care home staff and GPs to identify the cause of the outbreak
- advise on infection control measures
- work with GPs to advise on treatment and prevention

## INFECTION PREVENTION AND CONTROL MEASURES

All residents and staff should be offered seasonal flu vaccination each year

### Hand hygiene and protective clothing

- ensure that liquid soap and disposable paper towels are available at all sinks
- wash hands thoroughly using liquid soap and water before and after any contact with residents
- provide 70% alcohol hand rub for visitor use and supplementary use by staff
- staff should wear single-use plastic aprons and gloves as appropriate when dealing with affected residents. The HPT will advise on the use of surgical masks. Dispose of all these as infectious waste

### Cleaning and waste disposal

- provide tissues and no-touch bins for used tissue disposal in public areas
- provide tissues and covered sputum pots for affected residents. Dispose of these as infectious waste
- wash residents' clothes, linen and soft furnishings on a regular basis, and keep all rooms clean

Clean surfaces of lockers, tables & chairs, televisions and floors etc frequently. Always clean hoists, lifting aids, baths and showers thoroughly between patients.

### Reducing exposure

- consider closing the home (and any day care facility) to new admissions if the HPT confirms an outbreak
- residents should not transfer to other homes/attend external activities
- residents should only attend out-patient or investigation appointments where these are clinically urgent
- care for residents with symptoms in single rooms until fully recovered and for at least 5 days after the symptoms started
- affected residents should remain in their rooms as far as possible. Discourage residents with symptoms from using common areas
- as far as possible staff should work in different teams: one team caring for affected residents and the other caring for unaffected residents
- agency and temporary staff in contact with residents with symptoms should not work elsewhere (e.g. in a local acute care hospital, or other care home) until 2 days after last exposure
- staff and visitors with symptoms should be excluded from the home until fully recovered
- the elderly, very young and pregnant women, who are at greater risk from the complications of flu, should be discouraged from visiting during an outbreak
- inform visiting health professionals of the outbreak and rearrange non urgent visits to the home, if possible
- inform the hospital in advance if a resident requires urgent attendance at hospital



Public Health  
England

**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?

---

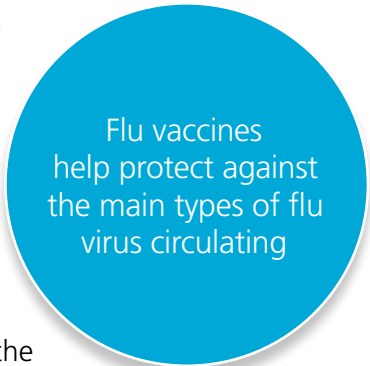
Flu is caused by influenza viruses that infect the windpipe and lungs. And because it's caused by viruses and not bacteria, antibiotics won't treat it. However, if there are complications from getting flu, antibiotics may be needed.

## 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?

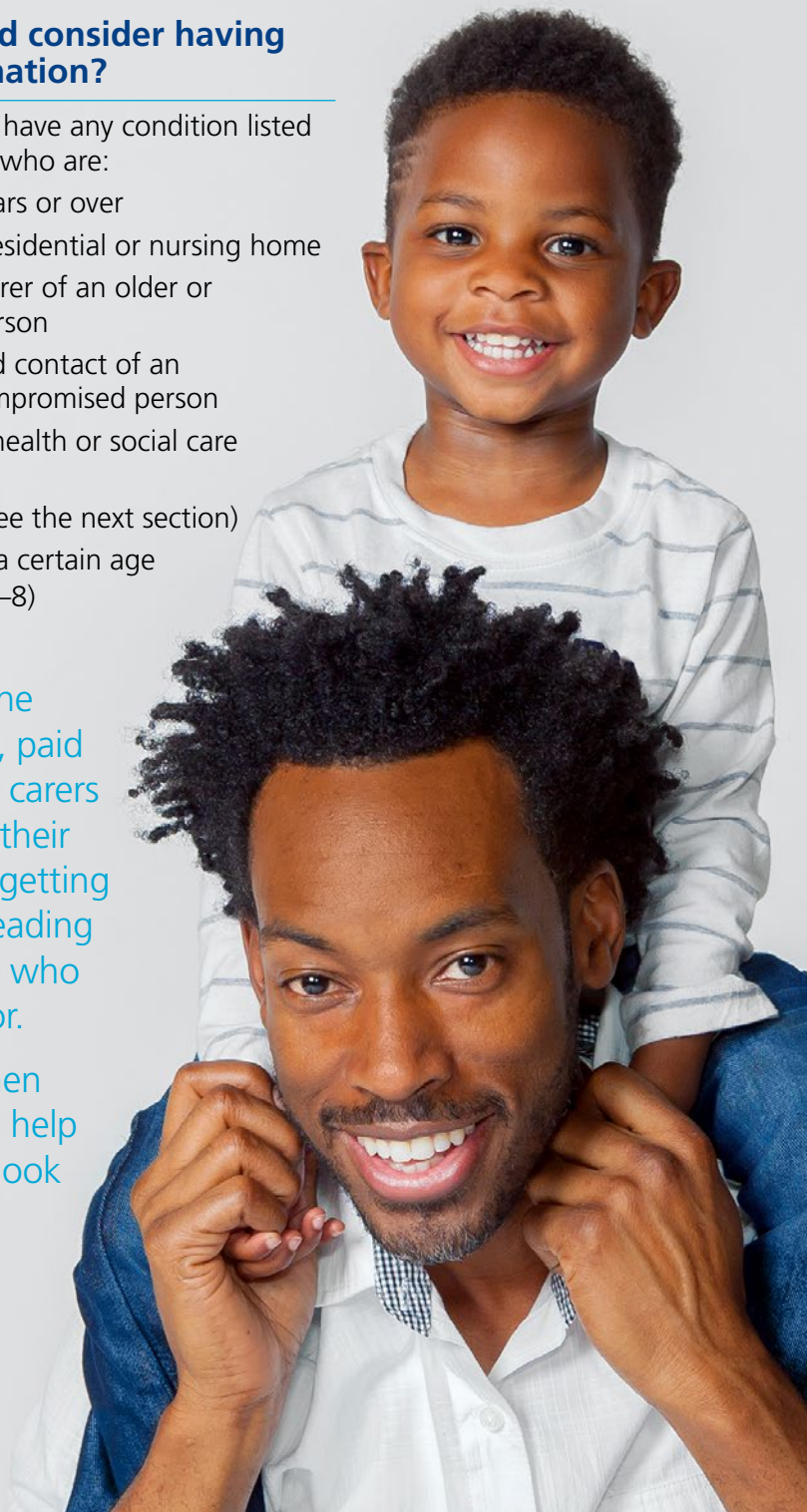
---

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 2019<sup>1</sup>
- all primary school-aged children<sup>2</sup>

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 or<sup>3</sup>
  - egg allergic anaphylaxis<sup>3</sup>
- 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<sup>4</sup>

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







# Flu immunisation for social care and hospice staff

This information is for social care and hospice care providers. It gives details on the benefits of providing staff flu vaccination and options for providing the service to increase uptake.

## Introduction

Flu can be a serious illness, particularly for older people or those with other health conditions. Care workers are looking after some of the most vulnerable people in our communities, so it is important that they help protect themselves and those receiving care against flu.

Flu spreads easily and can be passed from staff to the people they care for even if the staff member has mild or no symptoms. This is why vaccination is important for all staff working with people who are vulnerable either because they are in a clinical risk group or because they are aged 65 and over. Every year there are flu outbreaks in care homes

despite high flu vaccination rates for residents. This is partly because as people age they do not produce as good an immune response to vaccination. This makes vaccination of staff caring for these people even more important.

Vaccination of staff has been shown to be effective in reducing disease spread and patient mortality in the residential care setting<sup>1</sup>. It can also help to ensure business continuity by reducing staff flu related illness and the need to provide locum cover<sup>2,3,4</sup>. It is also equally important to vaccinate staff who are supporting people living in non-residential care settings.



---

## Funding the vaccine

- Social care and hospice providers should offer vaccination to all staff:
- Directly involved in delivering care; or
- In regular contact with people who are being supported; and
- Whether in a residential, in-patient or domiciliary setting.

The low cost of vaccination compared with the impact it can have on the service should be an important consideration for employers.

As with NHS healthcare workers the vaccination should be funded by employers at local level as part of their occupational health responsibilities. More information on the potential models of delivery is provided overleaf.

NHS England and NHS Improvement also support the vaccination of social care and hospice workers who can access vaccination via their general practice (GP) or pharmacy. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. It is available to:

- Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to flu. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.
- Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to flu. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.

## The vaccination is required every year

Flu viruses change over time. The vaccines are made each year in advance of the flu season and protect against the strains of the virus that are most likely to circulate that year. Flu viruses usually circulate in England from around late December to late March or even early April. Health and social care workers should receive the vaccine as soon as possible once it is available, usually in September or October. Immunisation is the single best way of protecting staff from flu and preventing its spread.

## The flu vaccine is safe and effective

The flu vaccine has a good safety profile. The injectable vaccine does not contain any live viruses and **cannot cause flu**. During the last ten years the vaccine has generally been a good match for the circulating strains. There are now a wider range of flu vaccines available, which have been introduced as they are more effective.

## Regulations and code of conducts

Workplace safety regulations require employers to prevent or reduce exposure to hazardous substances, including pathogens such as flu. This includes providing vaccination where appropriate<sup>5</sup>. Employees should not be charged for this<sup>6</sup>.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance<sup>7</sup>, states that control of flu virus includes immunisation.

Registered health professionals such as nurses, physiotherapists, dieticians, occupational therapists and social workers are required by their codes of practice to take all reasonable steps to reduce the risk of harm to service users, carers and colleagues.<sup>8,9</sup>

## Potential options for providing vaccination for staff

The nature of shift working and the likely high proportion of part-time workers, makes achieving high uptake amongst care home, social care and hospice staff challenging. A multi-component approach is recommended to ensure all staff have easy access to the vaccine. Some staff may be eligible for free vaccination via their general practice if they are in an existing clinical “at risk” group – it is especially important that these staff are vaccinated early to protect themselves from serious illness associated with flu infection (see [www.nhs.uk/flu/jab](http://www.nhs.uk/flu/jab) for further information).

There are a number of options for consideration.

Model	Advantages	Considerations
<p><b>Occupational health</b> Larger providers may have access to services</p>	<ul style="list-style-type: none"> <li>• Immunisation provided at the workplace (if using occ health outreach model)</li> <li>• Trained and experienced immunisers</li> <li>• Experience of medicine ordering and cold chain maintenance</li> <li>• Prescribing issues responsibility of occupational health services</li> </ul>	<ul style="list-style-type: none"> <li>• Cost</li> <li>• Logistics of immunising across multiple sites, lack of flexibility for shift workers</li> </ul>
<p><b>Local contracts with healthcare providers</b> Employer contracts with local community providers such as GPs, pharmacies or nursing services. The Healthcare provider visits the workplace to provide immunisation</p>	<ul style="list-style-type: none"> <li>• Immunisation provided at the workplace</li> <li>• Trained and experienced immunisers</li> <li>• Experience of medicine ordering and cold chain maintenance</li> <li>• Employers do not have to obtain and store vaccines</li> <li>• In care homes, residents and staff vaccines could be given at the same time if GPs in agreement</li> <li>• Prescribing issues responsibility of providers</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility for shift workers if staff not on the premises at the time of the session(s). Some back-up provision should be made for these staff</li> </ul>
<p><b>Staff flu vouchers</b> Employer makes agreement with community pharmacies to provide flu vaccination to staff</p>	<ul style="list-style-type: none"> <li>• Provides more flexibility for shift workers particularly if multiple outlets involved</li> <li>• Employers do not have to obtain and store vaccines</li> <li>• Prescribing issues responsibility of pharmacy rather than social care</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have to be motivated to attend for vaccination outside the workplace</li> <li>• Relies on vaccinator being available at pharmacy when staff member visits</li> <li>• Employer time required to set up scheme with pharmacies</li> </ul>
<p><b>Staff reimbursement</b> As above but employee pays for vaccine and claims money back from employer</p>	<ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Staff can get vaccine from any pharmacist</li> <li>• Employers do not have to obtain and store vaccines</li> <li>• Prescribing issues responsibility of pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Staff may be less likely to attend for vaccination if they have to pay up front and claim money back</li> <li>• Requires process and budget for reimbursement</li> </ul>
<p><b>Peer vaccinators</b> Employer would purchase the flu vaccines and staff would vaccinate each other</p>	<ul style="list-style-type: none"> <li>• Very flexible, enables shift workers to obtain the vaccine easily</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase and storage of vaccines</li> <li>• Cold chain maintenance required</li> <li>• Clinically qualified staff required at each immunisation session</li> <li>• Immunisation training required for vaccinators</li> <li>• Prescribing issues to be considered</li> </ul>

---

## Plan for success

A multi-component approach is recommended to ensure all staff have easy access to the vaccine.

- Have written, up to date flu vaccination policy either as a stand-alone document or as part of another policy e.g. Infection Control. These should cover both resident and staff vaccination.
- Identify an enthusiastic lead member of staff with responsibility for running the flu immunisation campaign.
- Plan the campaign early so that all staff members are aware of the process and can access the vaccines as soon as possible after it becomes available. Set a target for uptake.
- Use resources such as posters, leaflets, and digital tools, which can be downloaded from the [PHE Campaign Resource Centre](#). You will need to register/ sign in to access the materials for this campaign.
- Some NHS trusts have successfully used incentives such as hot drink vouchers, raffle tickets etc. Some organisations have donated money to UNICEF using 'Get a jab, give a jab' as their theme. This provides vaccinations for people in developing countries for every staff member vaccinated.
- Consider using a 'declination' form where staff sign and give a reason for non-vaccination. This can improve uptake as it makes refusal a conscious decision rather than 'not getting round to it'. It can also provide useful information to inform planning for future seasons.
- Record the number of employees with direct patient contact and the number receiving the vaccine so that uptake can be measured.
- At the end of the season review the campaign, discuss and record successes, challenges and learning points for next year.

---

## Resources

- Campaign materials – including posters, social media tools, digital banners etc. – are available to download for the entire duration of the flu season from the [PHE Campaign Resource Centre](#)

Annual Flu immunisation letter:

[www.gov.uk/government/publications/national-flu-immunisation-programme-plan](http://www.gov.uk/government/publications/national-flu-immunisation-programme-plan)

---

## References

1. Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD, et al. (2000) Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000;355:93–7.
2. Burls A (2009) Jordan R, Barton P, Olowokure B, Wake B, Albon E, Hawker J. Vaccinating healthcare workers against influenza to protect the vulnerable—Is it a good use of healthcare resources? A systematic review of the evidence and an economic evaluation. *Vaccine*, Vol 24, issue 19, 8th May 2006, p. 4212–4221
3. Saxen H, Virtanen M. (1999) Randomized, placebo-controlled double blind study on the efficacy of influenza immunization on absenteeism of health care workers. *Pediatr Infect Dis J* 1999;18:779–83.
4. Wilde JA, McMillan JA, Serwint J, Butta J, O’Riordan MA, Steinhoff MC. (1999) Effectiveness of influenza vaccine in health care professionals: a randomized trial. *JAMA* 1999;281:908–13
5. Health and Safety Executive (2005) Advisory Committee on Dangerous Pathogens, Biological agents: Managing the risks in laboratories and healthcare premises, May 2005 [www.hse.gov.uk/biosafety/information.htm](http://www.hse.gov.uk/biosafety/information.htm)  
Health and Safety at Work Act (1974), Ch37 The Stationery Office 1974 ISBN 0 10 543774 3
6. The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, P. 28. Department of Health, July 2015.
7. Nursing and Midwifery Council [www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf)
8. Health and Care Professions Council, Standards of conduct, performance and ethics.





# Take care of others by taking care of yourself

If you work in the community it's time to get your free annual flu jab.

Visit [nhs.uk/getflujab](https://nhs.uk/getflujab) for more information



# 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).





# Shingles vaccination

## Who's eligible?

**Aged**  
**70** years?

Plus anyone in their 70s who was born after 1 September 1942 and has not yet had the vaccine.

**Aged**  
**78** years?

Plus anyone aged 79 years old who has missed out on the vaccine.

Protect yourself from the pain of shingles – speak to your GP surgery about having your vaccine today!





## September 2019 – 31 August 2020

# Shingles eligibility

current age

- ✓ Eligible
- ✗ Non eligible



Patients remain eligible for the shingles vaccine up until their 80th birthday





Public Health  
England



There's a **vaccine to help**  
protect you from the pain of

**shingles**



**i**mmunisation

the safest way to protect your health

**There is a vaccine that helps reduce your risk of getting shingles and reduces the severity of symptoms if you develop the disease.**

**Shingles is caused by the same virus as chickenpox. Anyone can develop shingles because most people have had chickenpox (even if they don't remember having it).**

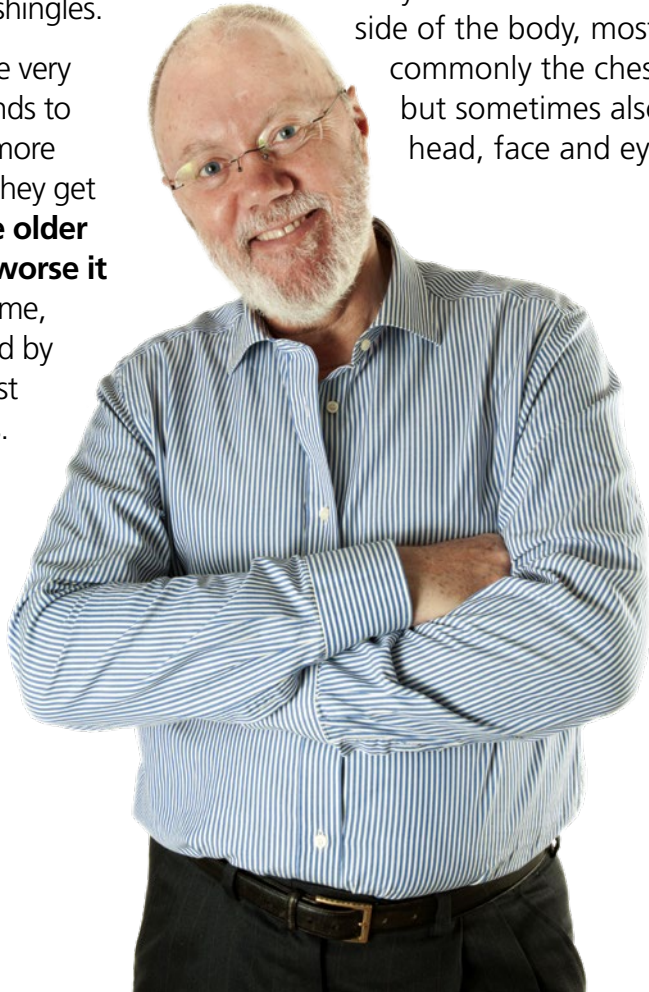
This leaflet describes shingles and the benefits of the vaccination and who is eligible for the vaccine this year.

Shingles isn't like other infectious diseases because you don't catch it from someone else. Most of us had chickenpox when we were young, although some of us will not be aware that we've had it. If you did have it, then the virus that caused it can stay in your body for the rest of your life without you knowing it is there. If the virus reactivates it causes a disease called shingles.

Shingles can be very painful and tends to affect people more commonly as they get older. **And the older you are, the worse it can be.** For some, the pain caused by shingles can last for many years. Shingles can really affect your life, stopping you from doing all the things you usually enjoy.

## What is shingles?

Shingles (also known as herpes zoster) is caused by the reactivation of an infection of a nerve and the area of skin that it serves, resulting in clusters of painful, itchy, fluid-filled blisters. These blisters can burst and turn into sores that eventually crust over and heal. These blisters usually affect an area on one side of the body, most commonly the chest but sometimes also the head, face and eye.



## How long does it last and how serious can it be?

The rash usually appears a few days after the initial pain and tingling and lasts for about a week. The older you are, the more likely you are to have long-lasting pain. Sometimes shingles develops in the eye and may also affect the eyelid. This can cause severe pain and lead to decreased vision or even permanent blindness in that eye. Most people recover fully, but for some, the pain goes on for several months or even years – this is called post-herpetic neuralgia (PHN).

This is a particularly unpleasant condition with severe burning, throbbing or stabbing nerve pain. The vaccine reduces the risk of getting shingles and PHN. Even if you still get shingles, the symptoms may be much reduced.



## What causes shingles?

Shingles is caused by the same virus that causes chickenpox – the varicella zoster virus. When you recover from chickenpox most of the virus is destroyed but some survives and lies inactive in the nervous system. It can then reactivate later in life when your immune system is weakened by increasing age, stress or conditions/treatments that reduce your immunity.

## How do you catch shingles?

You don't catch shingles. Chickenpox virus caught earlier in your life reactivates later to cause shingles. You can't catch shingles from someone who has chickenpox. However, if you have shingles blisters, the virus in the fluid can infect someone who has not had chickenpox and they may develop chickenpox.



**You become eligible for shingles vaccine as you turn 70 or 78 years.** If you are 70, 71, 72, 73, 74, 75 or 78 or 79 and have not yet had the shingles vaccine, you can also have it now.

### **How common is shingles?**

About one in five people who have had chickenpox develop shingles. This means that every year in England and Wales, tens of thousands of people will get shingles. It is more common in people aged over 70 years, and of these, about 14,000 go on to develop PHN and over 1400 are admitted to hospital because of it.

### **How effective is the vaccination?**

By having the vaccination you will significantly reduce your chance of developing shingles. In fact, in the first three years since the vaccine was introduced there were about 17,000 fewer GP consultations for shingles. And, if you do go on to have shingles the symptoms are likely to be milder and the illness shorter, than if you had not had the vaccination.

### **Where is the vaccination given and will I need one every year?**

Like most vaccinations, the vaccine will be given in your upper arm. You will only have the vaccination once – unlike the flu jab, you do not need to be re-vaccinated every year.

### **Will there be any side effects?**

Side effects are usually quite mild and don't last very long. The most common side effects, which occur in at least one in every ten people, are headache, and redness, pain, swelling, itching, warmth, and bruising at the site of the injection. If the side effects persist for more than a few days you should discuss this with your GP or practice nurse.

## **How safe is the vaccine – has it been used in other countries?**

Like all licensed vaccines, the shingles vaccine has been thoroughly tested and meets UK and European safety and licensing requirements. It has been used extensively in several countries including the United States of America and Canada.

In the first four years of the shingles vaccination programme more than 2.3 million people were vaccinated in England.

## **Who will get the vaccine?**

Those currently aged 70 or 78 years of age are eligible for the vaccine.

The vaccine is also available for those previously eligible but who missed immunisation. For example, anyone in their 70s who was born after 1 September 1942 and has not yet had the vaccine plus anyone aged 79 years who has missed out on the vaccine.

## **What about people who aren't 70 or 78, will they be getting it?**

People under 70 years of age are at lower risk of shingles but will become eligible for the vaccine when they turn 70.

People aged 80 years and over are not eligible for the shingles vaccination because the vaccine becomes less effective as people get older. If you are worried about shingles speak to your GP.

## **Do I need to do anything to get the vaccination?**

Yes, if you are eligible, contact your GP practice to make an appointment to have your vaccination.

## Are there people who shouldn't have the vaccination?

People who have weakened immune systems, for example due to cancer treatment, should not have the vaccine. Your doctor will advise whether this applies to you. Also, if you've had a severe reaction to any of the substances that go into the vaccine, you shouldn't have it. Again, your GP will advise you. The shingles vaccine in use in the UK contains porcine gelatine.

Some people may not want this vaccine but this is the only one available currently in the UK.

## Can the vaccine give me shingles?

Most people do not get a rash from the vaccine but in the rare event that you do, please seek advice from your GP practice.

Remember if you were eligible for immunisation in previous years of the programme and have not been vaccinated against shingles, you remain eligible until your 80<sup>th</sup> birthday.

## What if I miss my vaccination? Can I have it later?

If you missed the shingles vaccine, you can still have it up to your 80th birthday. Please contact your GP practice to make an appointment. It's important that you do not leave it too late to have the vaccination.

## Further information

Speak to your GP or practice nurse, for more information before or after you've had the vaccination. You can also visit the NHS Choices website at **[www.nhs.uk/shingles](http://www.nhs.uk/shingles)**

For more information about the Shingles vaccine Zostavax<sup>®</sup>, visit **[www.medicines.org.uk/emc/product/6101/pil](http://www.medicines.org.uk/emc/product/6101/pil)**



## SUMMARY OF THE DISEASE AND THE VACCINE

### Shingles

- is a common disease that can cause long-lasting, severe pain
- has been known to cause permanent disability
- occurs more frequently in those over 70 who are also more likely to have worse symptoms.

### The vaccine

- is significantly reducing the number of cases
- will reduce the severity of symptoms in vaccinated people if they develop the disease
- has been used extensively in the USA and Canada
- cannot cause shingles in healthy people

Having your routine shingles vaccination is a good way of looking after your health so that you can get on with enjoying life without the pain of shingles.



[shinglessupport.org.uk](http://shinglessupport.org.uk)



[facialpalsy.org.uk](http://facialpalsy.org.uk)

© Crown copyright 2018  
2942850A 1p 100K March 2018 (APS)  
First published August 2014. Revised March 2018

The text of this document may be reproduced without formal permission or charge for personal or in-house use.

To order more copies of this leaflet visit [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)  
or phone: 0300 123 1002, Minicom: 0300 123 1003 (8am to 6pm, Monday to Friday)

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