



Public Health
England

Protecting and improving the nation's health

Winter-readiness 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.

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Introduction

As winter approaches, it is important that care home managers are reminded and updated on important health considerations for their residents.

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

Elderly people or those with chronic illnesses are 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 information for care homes on preparing for the winter season, to help try and avoid cases and outbreaks of infectious disease.

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 on winter preparedness

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 Choices 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 who are 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

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

- Telephone: 0344 225 3861 and select the extension of your local team

Use the following weblink to find details of your local health protection team:

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	
Actions to prepare for cases of seasonal flu	✓	X
Flu vaccination		
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, neurological disease, diabetes, or obese BMI>40)?		
3. If yes to the above, ensure that the care home GP has administered the 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"> • Staff should receive the flu vaccine through arrangements made via their employer's occupational health department. • Further information is in the Flu vaccination leaflet "Who should have it and why" 		
Respiratory hygiene and infection control precautions		
5. Ensure infection control policies are up to date, read and followed by all staff		
6. Reinforce education of staff and residents about hand and respiratory hygiene. Use respiratory hand hygiene posters e.g. Catch it, Bin it, Kill it , 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)		
Reporting to the local health protection team		
12. Early recognition of an influenza/respiratory illness outbreak amongst staff and/or residents is vital (two or more cases in 48 hours, linked by place)		
13. Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team. (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	
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. 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.		
Reporting to the local health protection team		
7. Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or residents in care homes is vital (i.e. two or more cases within 48 hours, linked by place).		
8. Outbreaks of D&V should be reported promptly to the local health protection team (see page 5 for contact details) for a full risk assessment and further guidance (even if 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/uploads/system/uploads/attachment_data/file/543624/PHE_9901_Flu_Vaccination_A5_booklet_Winter2016_17.pdf

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/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:

<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

www.gov.uk/government/uploads/system/uploads/attachment_data/file/322947/Stop_norovirus_spreading_this_winter_leaflet.pdf

Shingles

Leaflets

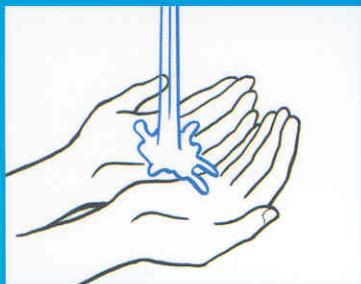
These leaflets describe shingles and the benefits of vaccination for adults

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/623656/Shingles_2017_A5_leaflet.pdf

Poster - Who is eligible for the 2017 to 2018 shingles vaccine?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/640473/Shingles_Eligibility_poster_Sept17-Apr18.pdf

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



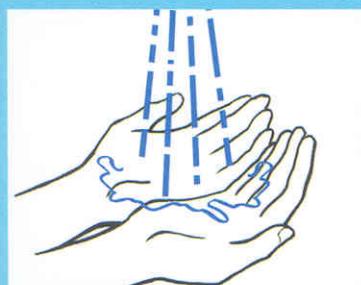
Wet



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.





Public Health
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The **flu** WINTER 2017/18 vaccination

Who should have it and why

Includes information for children
and pregnant women



**STAY WELL
THIS WINTER**

Flu **i**mmunisation in England in 2017/18

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 flu vaccination every year.

What is flu? Isn't it just a heavy cold? How will I know I've got it?

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. If, however, there are complications from getting flu, antibiotics may be needed.

How do you catch flu and can I avoid it?

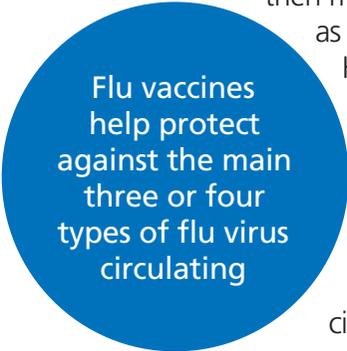
When an infected person coughs or sneezes, they spread the flu virus in tiny droplets of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed. You can prevent the spread of the virus by covering your 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.

However, there is always a risk of a change in the virus. During the last ten years the vaccine has generally been a good match for the circulating strains.



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

What harm can flu do?

People sometimes think a bad cold is flu, but having flu can 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 one of the following long-term conditions:
- 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).



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.

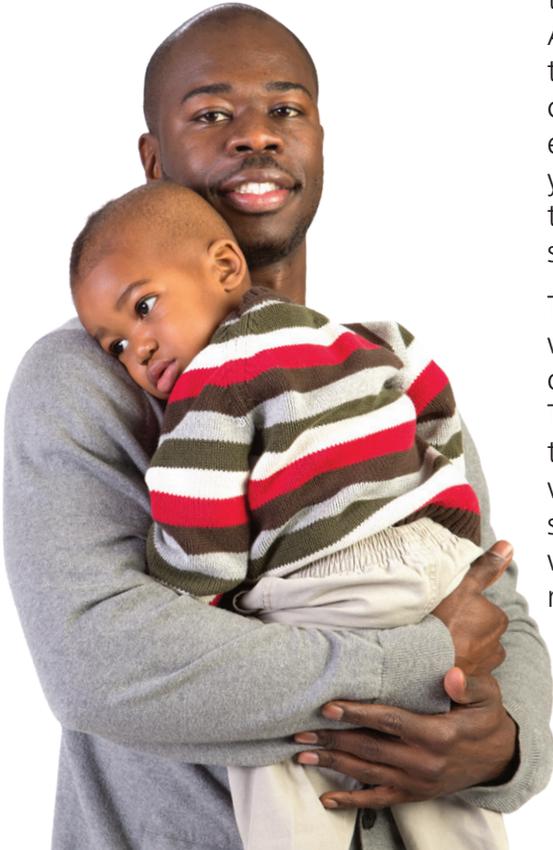
Who should consider having a flu vaccination?

All those who have any condition listed on this page, 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).

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 last year's. 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.

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 help 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 helps:

- 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, which can be complications of flu
- 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 flu 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.

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



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 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** ie born between 1 September 2013 and 31 August 2015
- **all children in reception class and school years 1, 2, 3 and 4** ie born between 1 September 2008 and 31 August 2013
- **all primary school aged children in some parts of the country (in former pilot areas)**



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

All children in reception year and school years 1, 2, 3 and 4 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](https://www.nhs.uk/child-flu)

* In a couple of areas flu vaccination will be offered in primary care settings

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 children?

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**

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

If 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.

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 www.nhs.uk/child-flu-FAQ

Don't wait until there is a flu outbreak this winter, get your free flu jab now.

How long will I be protected for?

The vaccine should provide protection throughout the 2017/18 flu season.

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.

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.

Summary of those who are 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 and 4
- all primary school-aged children in some parts of the country
- everyone living in a residential or nursing home
- everyone who is the main carer 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.

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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.





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www.nhs.uk/flujab



Public Health
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All about flu and how to stop getting it

EasyRead version for people
with learning disabilities



**STAYWELL
THISWINTER**

Flu **i**mmunisation

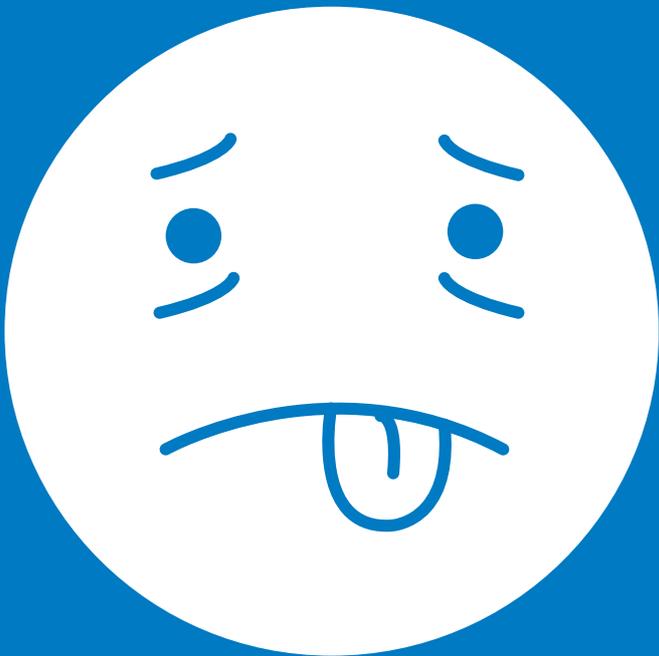
Helping to protect everyone, at every age

Anyone can catch flu.



Flu is caused by
a bug called a

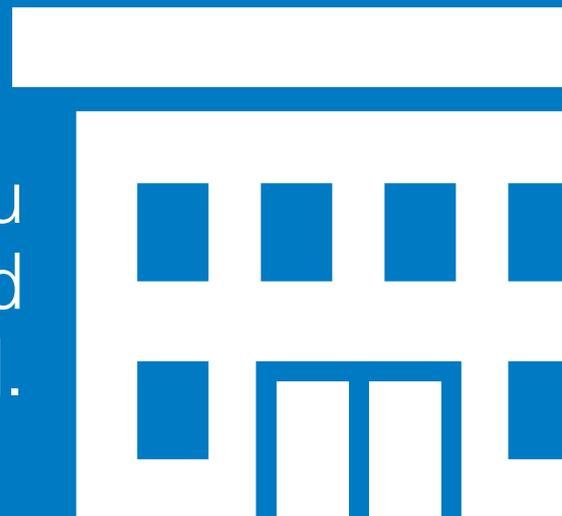
virus



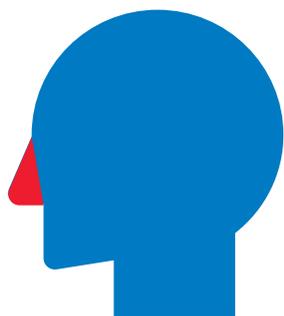
Flu can make
you feel ill.



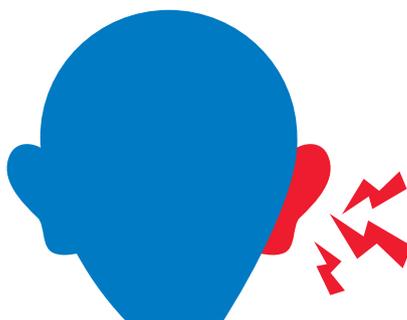
If you are very ill you
might even need
to go to hospital.



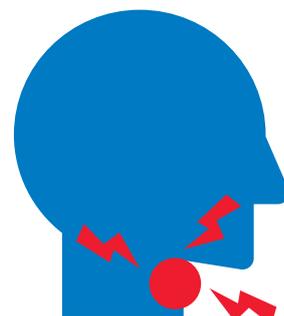
Here are the signs of flu



blocked up nose



painful ear



sore throat



high temperature



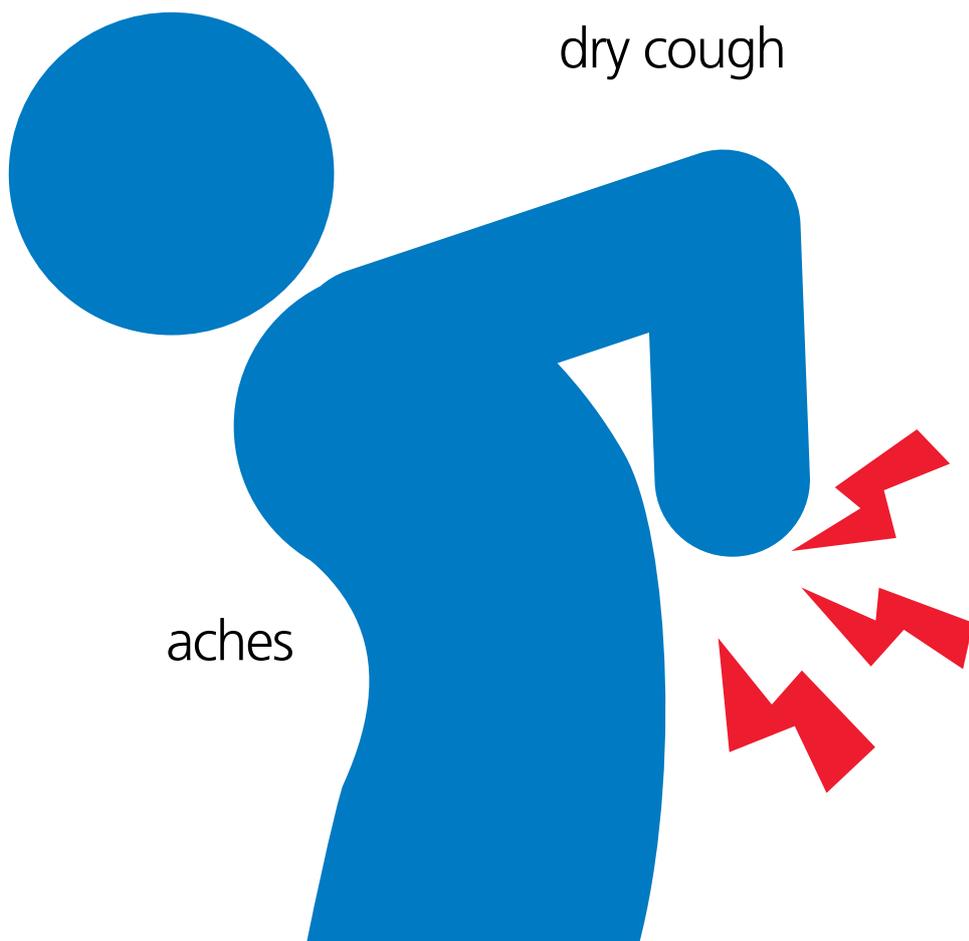
difficulty breathing



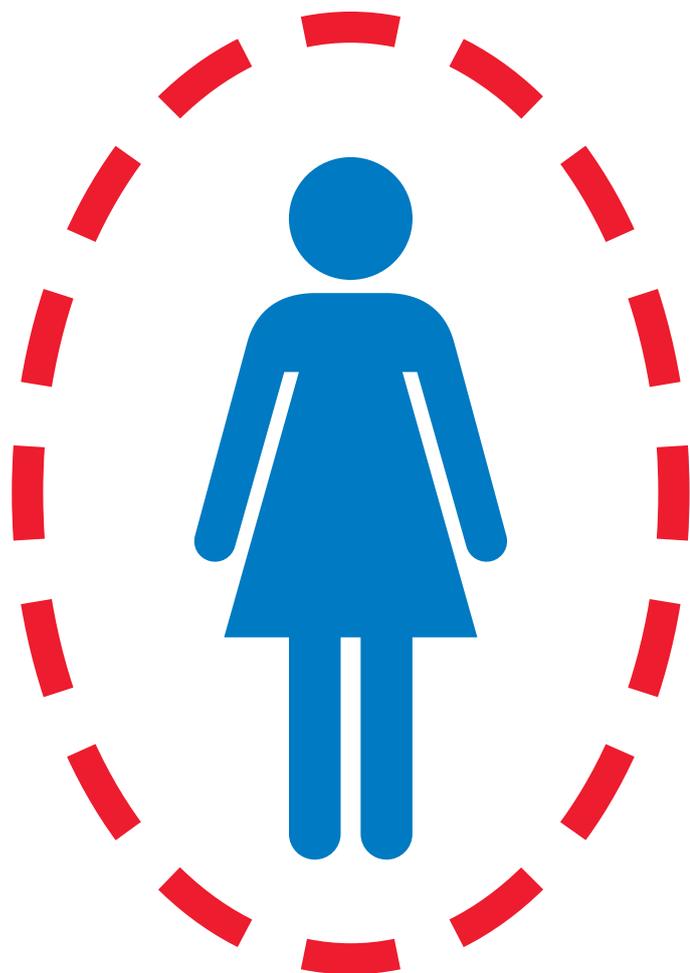
dry cough



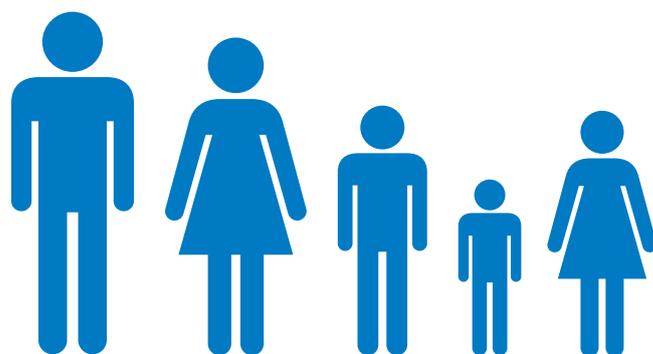
tiredness



aches



Having a flu jab can help stop you catching flu and passing it on to other people.



The flu jab is an injection in your arm usually given to you by a nurse at your doctors.



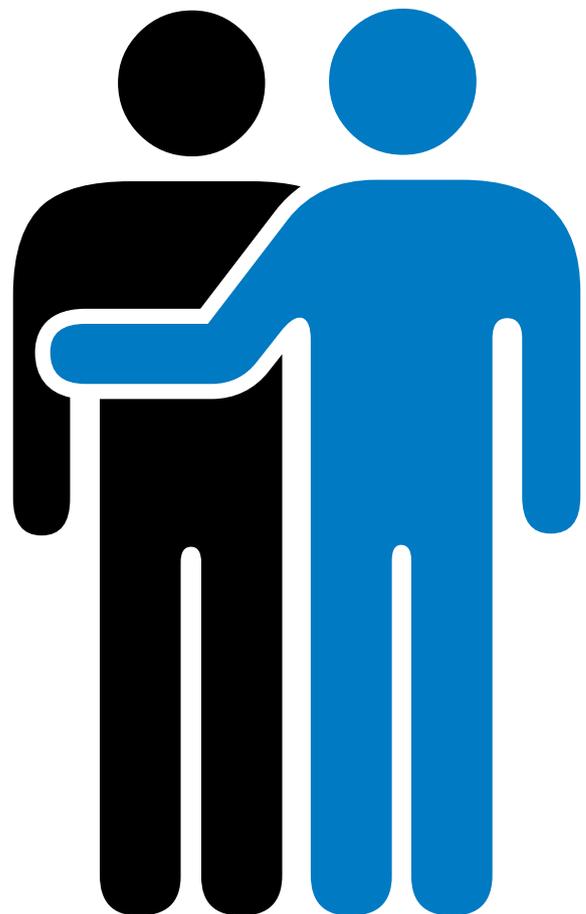
The best time to have a jab is in the **autumn**.

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



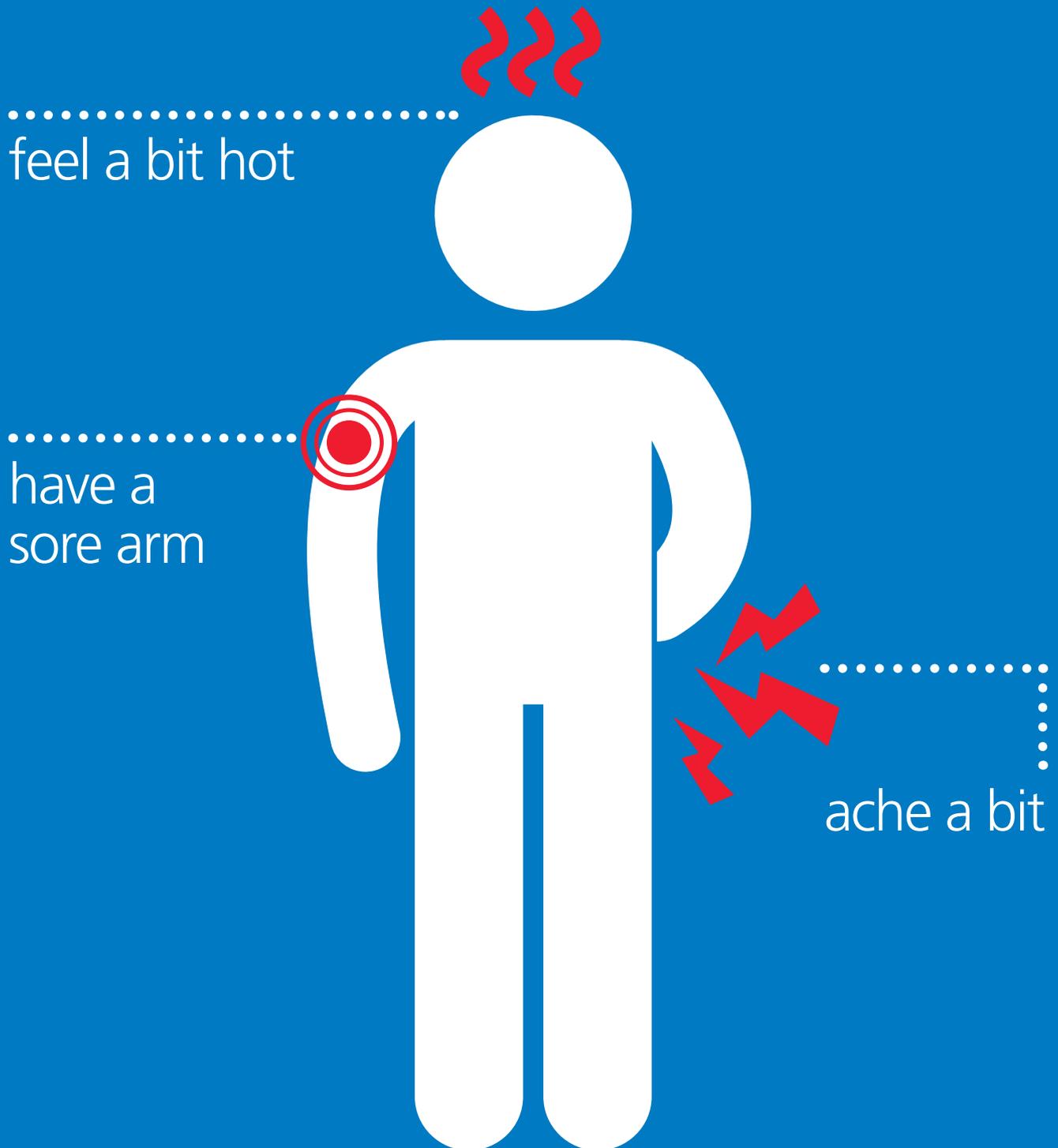
Who else should have a flu jab?

People who care for you should have a flu jab so they don't get ill.



Will the jab make me feel ill?

After a flu jab you may:



But do not worry, if you do feel ill,
it will go away in a few days.

What do I need to do to get a flu jab?

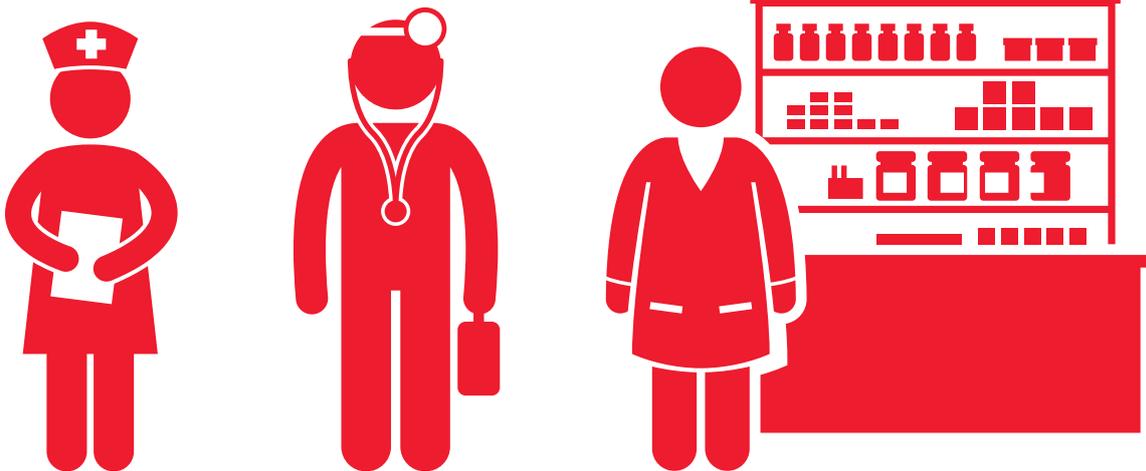


Your doctors should get in touch with you to come in for a jab.

If they don't get in touch, you should contact them to arrange to have one.

"Hello, can I have a flu jab please?"

If you have any questions or want more information, talk to your nurse, doctor or the person in the chemists called the pharmacist.

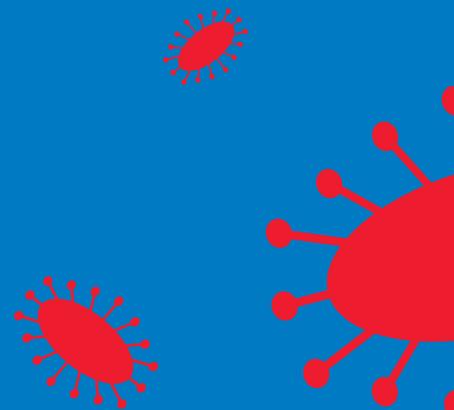


You can also find information online at www.tinyurl.com/NHSfluinfo





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Public Health
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Flu immunisation for social care staff

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



**STAYWELL
THISWINTER**

Flu mmunisation

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 and support against flu. Flu spreads easily and can be passed from staff to the people they care for when the staff member has mild or even no symptoms. In 2016/17 there were a large number of flu outbreaks in care homes despite elderly residents having high flu vaccination rates. 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 older people even more important. Vaccination of staff has been shown to be effective in reducing disease spread and patient mortality in the care setting¹. It can also help to ensure business continuity by reducing staff flu related illness and the need to provide locum cover^{2,3,4}.

Funding the vaccine

Social care providers should offer vaccination to all staff directly involved in delivering care. 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. There is no central provision of vaccine for NHS or social care services. With many local national pharmacies and supermarkets offering flu vaccinations, the service can be set up easily and delivered at a relatively low cost. More information on the potential models of delivery is provided below.

The vaccination is required every year

Flu viruses change over time. The vaccines are made in advance of the flu seasons and aim to 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. 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. The flu vaccine is less effective with advancing age, so vaccination of staff is an important strategy in providing indirect protection for elderly residents and clients.

Regulations and code of conducts

Workplace safety regulations require employers to prevent or reduce exposure to hazardous substances, including pathogens such as influenza. This includes providing vaccination where appropriate⁵. Employees should not be charged for this⁶.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance⁷, states that control of influenza 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^{8,9}.

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 and social care 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 influenza infection (see www.nhs.uk/flujab for further information).

There are a number of options for consideration.

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

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: www.nhsemployers.org/case-studies-and-resources/2017/05/flu-fighter-planning-guide
- Use resources such as posters, leaflets, 'I have had my vaccination' stickers to promote staff vaccination. Social care specific examples can be found at www.nhsemployers.org/campaigns/flu-fighter/flu-fighter-residential-care/what-free-digital-pack
- 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 job, give a job' 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 you can monitor uptake.
- Encourage staff to inform their GP of their vaccination
- At the end of the season review the campaign, discuss and record successes, challenges and learning points for next year www.nhsemployers.org/case-studies-and-resources/2017/05/flu-fighter-evaluating-your-campaign-guide

Resources

- National Flu immunisation letter and plan 2017/18: <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>
- Flu fighter website: www.nhsemployers.org/flufightercare
- To join the flu fighter social care mailing list for latest news and tips throughout the season by emailing flufighter@nhsemployers.org
- Join the flu fighter flu leads closed group on Facebook: <https://www.facebook.com/groups/flufighter>
- Follow [@nhsflufighter](https://twitter.com/nhsflufighter) on Twitter and use [#flufighter](https://twitter.com/nhsflufighter) to be part of the discussion
- Clinical evidence for HSCW vaccination: www.nhsemployers.org/~media/Employers/Publications/Flu%20Fighter/flu%20fighter%20clinical%20evidence%20Aug%202016.pdf

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Stop norovirus spreading this winter

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

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



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

People are advised to:

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

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

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

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



1 September 2017 – 1 April 2018

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



immunisation

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.

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

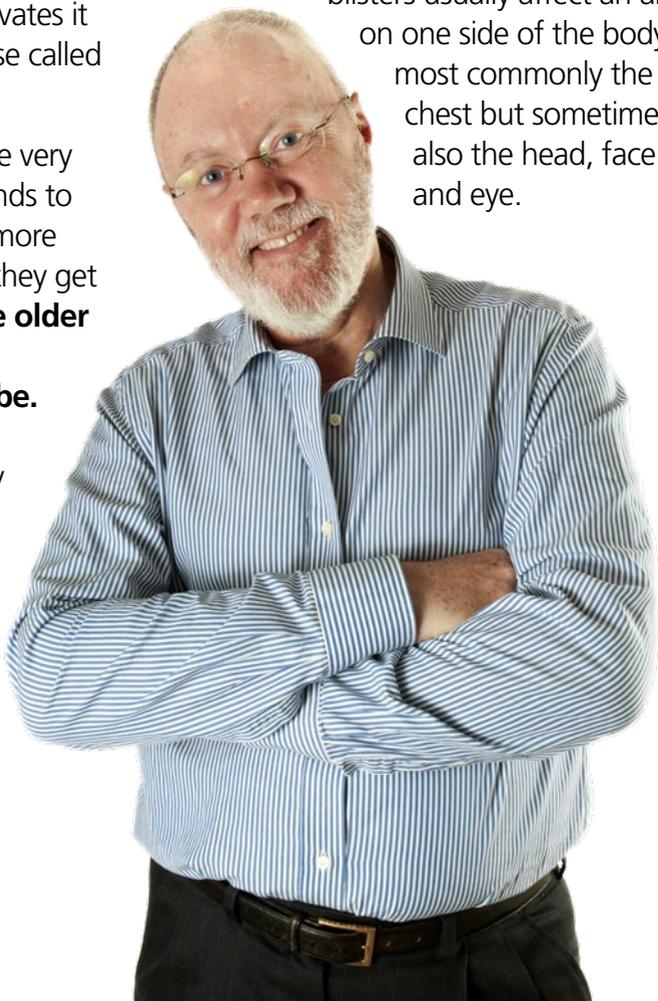
Shingles isn't like other infectious diseases because you don't catch it from someone else. Most of us had chickenpox when we were young, although some of us will not be aware that we've had it. If you did have it, then the virus that caused it can stay in your body for the rest of your life without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

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.



People turning 70 or 78 years of age on or after 1 April 2017 are eligible to have the vaccine.

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. 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?

All people who turn 70 or 78 years of age on or after 1 April 2017 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 in the year following their seventieth birthday.

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 find out when they are offering the vaccination. You can usually have it at the same time as your flu jab in the autumn (although you can have it at any time of the year once you're eligible).

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 to have the vaccine but this is the only shingles vaccine available worldwide.

Should I take any precautions after having the vaccination?

If you get a rash after having the vaccination you should seek advice from your GP practice.

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

If you miss the shingles vaccine, you can still have it up to your 80th birthday. Please contact your GP practice to re-arrange it. 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

Remember that patients who were eligible for immunisation in previous years of the programme but who have not been vaccinated against shingles remain eligible until their 80th birthday.

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 expected to significantly reduce 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.



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www.nhs.uk/vaccinations