



Public Health
England



The childhood flu immunisation programme 2014/15

Information for schools participating in the pilot programmes

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About Public Health England

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This information explains the reason for extending the national flu immunisation programme to children and answers questions that schools might have about their participation in the programme.

Background to the programme

The flu vaccination programme is based on independent expert advice from the Joint Committee on Vaccination and Immunisation (JCVI).

The current flu vaccination policy aims to reduce the serious morbidity and mortality due to flu by immunising those people most at risk of serious illness or death should they develop flu. This policy is in line with most other countries that have seasonal influenza vaccination programmes.

Another benefit of vaccination is to reduce transmission of the infection, thereby contributing to the protection of vulnerable patients who cannot be vaccinated or may not respond well to their own immunisations.

In July 2012, the JCVI recommended extending the programme to healthy children. This programme will lower the potentially serious impact of influenza on those children but should also have a more profound effect on influenza transmission. Children are the main source of transmission in the population, and this programme will therefore reduce the spread of infection from children to other children, to adults and to those in clinical risk groups of any age. The Secretary of State accepted this recommendation, and the implementation of the extension commenced in September 2013 with a general practice roll-out to children aged two and three years and seven geographic pilots in children aged 5-11 years.

This year, the programme in general practice will continue and there will be further pilots in primary and secondary schools designed to help us understand how best to vaccinate large numbers of children in a very short period of time. Using this information, it may prove possible to offer the vaccination to all children aged two to 16. Exactly how the programme will roll out year by year, and for how long, will be guided by the experience of the previous years' programmes.

Questions and answers for schools

Which children will be offered the vaccination this autumn?

From September 2014 vaccination against flu will be offered to all children aged two, three and four years of age. The geographical pilots for primary school aged children established in 2013/14 will continue and there will be a number of additional pilots for children in secondary school years 7 and 8 (aged around 11-13 years). (In the primary school pilots those children in reception year who are aged four may be vaccinated either through the school programme or through their local GP).

When do the vaccinations need to take place?

When the programme is fully implemented, children will be offered the flu vaccine each year in the autumn term. This is because flu viruses can change annually, so the vaccines are made each year to provide protection against the current circulating flu viruses. To be most effective, the vaccine should be given in the autumn or early winter before flu starts to circulate in the community.

Why is the vaccination being delivered through schools?

There are some pilots testing provision through community pharmacies and general practice but the majority of the programme is likely to be delivered through schools. This is because there is evidence from the implementation of other immunisation programmes (eg HPV vaccination) that schools-based immunisation programmes provide a very effective means of reaching and delivering important health programmes to school-aged children, ensuring good uptake.

School involvement

What will schools be asked to do?

They will be asked to:

- work with the healthcare team to develop and agree the best approach for implementing the programme in the school. The more time that is given to planning, the more likely it is that the programme will run smoothly
- agree a date for the vaccination session and provide a suitable location for the immunisation to take place (eg school hall). The healthcare team will discuss their specific requirements
- agree a process for providing parents with the invitation letter, information leaflet and consent form

Won't delivering the vaccinations through schools cause upheaval to school programmes?

We appreciate that delivering most of the programme through schools will involve children being away from lessons for a time. However, for the individual child this should not be for a long period, as the vaccination itself only takes a few minutes. Successful immunisation of the child will help protect them and other children and staff at the school against flu. This in turn is likely to reduce sickness rates from flu and help children stay in school, improving their educational opportunities.

The local health service is already accustomed to working closely with schools to ensure the minimum disruption when delivering vaccinations, and NHS Local Area Teams and immunisation providers will continue to work with schools to minimise any disruptions caused by the flu vaccination programme. Schools are being asked to help with the tasks that cannot be done by the healthcare team such as sending information home with children, collecting consent forms, and taking younger children to and from the vaccination session where necessary.

Who will be giving the vaccine to the children?

At a local level, the programme will be delivered by a healthcare team including nurses, healthcare support workers and administrative staff. They may be part of the school health service, or from a specialist immunisation team. The healthcare team will administer the vaccination. As a nasal spray is being used, some children may be able to self-administer the vaccine under the supervision of the healthcare team. The team will work to nationally set standards and have appropriate qualifications and training.

What are the arrangements for parents consenting to vaccinations?

Parental consent will be arranged via a letter, information leaflet and consent form that the healthcare team will provide to be sent home with the child. It should be signed by parents and returned to the school prior to the vaccination session. If any children have already received the flu vaccine in general practice, parents should indicate this on the consent form, so that the child is not offered another flu vaccination.

Can parents refuse to have their child vaccinated?

Yes. The vaccination is not mandatory. Parents will need to give their consent for the vaccination.

What happens if a child is not present on the day when the healthcare team comes into the school to offer flu vaccination?

This will depend on the local arrangements and can be discussed with the healthcare team.

Can teachers get the vaccine?

Not as part of the programme. The principle of the programme is that by vaccinating children the likelihood of the virus spreading through the community is reduced. We therefore expect that teachers will be protected to some extent against the flu because the children in the school are protected. Some schools, however, may choose to provide the vaccine for their teachers through their own occupational health services.

It should also be noted that the nasal spray vaccine, Fluenz Tetra, used in this programme is not licensed for adults.

Has the education profession been consulted about this programme?

The Department of Health will be working with the Department for Education and consulting with unions and professional groups over the summer to ensure that their views are reflected on how to deliver the programme.

The flu vaccine for children

Why are children being offered the flu vaccine?

Flu can be a very unpleasant illness in children causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness often lasting for several days. Some children can also get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Complications of flu can include bronchitis, pneumonia, and a painful ear infection – these may be severe.

Annual immunisation will not only provide important protection to individual children but will also reduce the spread of flu to their families and the wider community, including groups at high risk of complications from flu (including babies), during the flu season.

What are the benefits of the vaccine?

Having the vaccine will help protect the child from what can be a very nasty illness and reduce the chance of others in their family from getting it. It may also reduce the amount of time they have off school through illness.

What vaccine is being offered?

Children will be offered Fluenz Tetra, a nasal spray. It is quick and painless to administer and since it does not require an injection, it is more acceptable to children and parents alike.

Is the vaccine safe?

The vaccine has an excellent safety record and has been used for over ten years in the USA without any serious concerns and, of course, it was used in 2013/14 in the UK where hundreds of thousands of children were successfully vaccinated.

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

Children should not have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past week (vaccination should be delayed until at least seven days after the wheezing has stopped)
- are severely asthmatic, ie being treated with oral steroids or high dose inhaled steroids
- are allergic to eggs or any part of the vaccine* or
- have a condition that severely weakens their immune system

Also, children who have been vaccinated 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.

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

Will parents who object to the vaccination because it contain porcine gelatin be offered an alternative vaccination for their child?

The nasal vaccine contains a highly processed form of gelatine (derived from pigs), which is used in a range of many essential medicines. The nasal vaccine provides the best protection against flu, particularly in young children.

This nasal vaccine not only protects the child against disease but, if enough children are vaccinated, the disease won't spread from one person to another, and so their friends and family are also protected. By having the nasal vaccine, a child reduces the risk to, for example, a baby brother or sister who is too young to be vaccinated, as well as other children and grandparents who may be more vulnerable to the complications of flu.

The injected vaccine does not do this as effectively and so is not offered to healthy children as part of this programme. However, if a 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.

For further information about porcine gelatine and the nasal flu vaccine, see www.gov.uk/government/news/vaccines-and-gelatine-phe-response.

Are there any side-effects of the vaccine?

Side effects are uncommon but may include a runny or blocked nose, headache, general tiredness and some loss of appetite.

The future

Are there plans on how the roll-out will be extended to all school-aged children?

The provisional plan is to bring all five- and six-year-olds into the programme in 2015/16 and work up through the primary school years. As with all the national immunisation programmes JCVI will carefully monitor the programme to assess the impact and better understand and implement the eventual roll out of the vaccination programme.

Does this mean that the secondary school pilots are only for one year?

Yes. Plans for next year do not include secondary schools. However, this year we are extending the pilot programme to secondary schools, to help us to understand how best to work with older children. Information from pilots will help us to improve the longer term delivery of the programme.

Why are children in England, Northern Ireland, Scotland and Wales all receiving a different programme to different timetables?

Northern Ireland, Scotland and Wales will also be running pilot programmes this year, as they did last year. Whilst the offer in these countries is not exactly the same as that in England, the lessons from across all of the UK will allow us to understand how best to deliver the programme.