



Public Health  
England

Protecting and improving the nation's health

# Winter-readiness information for PHE South East care homes

# 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](http://www.facebook.com/PublicHealthEngland)

Prepared by: Mary Maimo (on behalf of the South East Health Protection Teams' care home leads). Adapted for use by PHE South East.

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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 can be very infectious and cause outbreaks in residential settings due to the close contact between residents and staff. Transmission can sometimes be facilitated by inadequate infection control practices by carers.

Elderly people or those with chronic illnesses are also at risk of developing complications from certain vaccine-preventable diseases such as pneumococcal and shingles infections. It is important that they are immunised to prevent such complications or reduce 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 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, 71, 72, 78 or 79 on 1st September 2015 are immunised against shingles. Further information on shingles can be found on the [NHS choices website](#).

## 2. Recognise outbreaks ✓

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

- PHE South East - 0344 225 3861

Use 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)

# South East care home planning checklist for seasonal influenza (flu)

Date completed	Completed by	
<b>Actions to prepare for cases of seasonal flu</b>	<b>✓</b>	<b>X</b>
<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, neurological disease and diabetes)?		
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.		
4. 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. <ul style="list-style-type: none"> <li>Staff can obtain the flu vaccine either from their GP or through arrangements made via their employer's occupational department.</li> <li>Further information is in the <a href="#">Flu vaccination leaflet "Who should have it and why"</a></li> </ul>		
<b>Respiratory hygiene &amp; infection control precautions</b>		
5. Ensure infection control policies are up to date, read and followed by all staff		
6. Reinforce education of staff about hand and respiratory hygiene. Use this <a href="#">Department of Health link</a> for respiratory hand hygiene posters e.g. <b>Catch it, Bin it, Kill it</b>		
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. Ensure appropriate isolation of residents/staff with symptoms for a minimum of 5 days after the onset of symptoms or until fully recovered. Single cases should be isolated in their bedroom or, if there are two or more cases, consider cohorting them in a separate floor or wing of the home.		
11. 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 supplies in view of increased use.		
12. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent)		
13. Transfer of residents to hospital or other institutions should be avoided unless clinically necessary/medical emergency and advised by the GP.		
14. If a resident is transferred back to the care home from a hospital/institution with an influenza outbreak, inform the local health protection team.		
<b>Reporting to the local health protection team</b>		
15. <b>Early recognition of an influenza/respiratory illness outbreak amongst staff and/or residents is vital</b> (i.e. two or more cases linked by time and place).		
16. <b>Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team.</b>		
17. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and resident cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of residents in the care home, location of cases and the flu vaccination status of cases )		
18. The health protection team will undertake a risk assessment and provide further advice (e.g. nose/throat swabs required and advice on those requiring antiviral treatment).		

# South East 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.		
<b>Reporting to the local health protection team</b>		
6. <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 linked by time and place).		
7. <b>Outbreaks of D&amp;V should be reported promptly to the local health protection team</b> for a full risk assessment and further guidance (even if care home already aware of local diarrhoea and vomiting outbreak management guidelines).		
<b>Diarrhoea and/or vomiting outbreak control measures</b>		
8. Immediate control measures to be put into place when an outbreak of D&V is recognised are: <ul style="list-style-type: none"> <li>• Isolation of residents/affected staff until clear of symptoms for 48 hours</li> <li>• Consider cohorting of affected residents/staff on a separate floor or wing of the home</li> <li>• Enhanced cleaning of the environment with a hypochlorite solution.</li> <li>• Effective hand washing with liquid soap and water.</li> </ul>		
9. Brief all staff on infection prevention and control measures during the outbreak e.g. during handover sessions throughout the day.		
10. Care home manager should organise stool sample collection of residents as requested by either the home GP or the health protection team.		
11. Maintain high standards of record keeping to investigate the outbreak and help identify the source of the infection by completing a log sheet (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 case, location of cases)		
12. Remove all alcohol gel in use in the event of a D&V outbreak (it is only effective if used in addition to liquid soap and water).		
13. Admissions/discharges should be suspended until the home has had no new cases for 72 hours and outbreak is over.		
14. Ensure residents are clinically assessed by their GP and rehydrated adequately.		
15. Transfer of residents to hospital or other institutions should be avoided unless in a medical emergency. If a transfer is necessary, inform the receiving hospital/institution of the outbreak.		
16. Restrict visiting as much as possible and any visitors including health professionals should be advised of the outbreak and the need for thorough hand washing.		
17. Refer to the <a href="#">norovirus poster</a> online for further information which can be displayed for staff and visitors in the care home.		

# 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

[www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why](http://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.

[www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability](http://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability)

Further information and leaflets on flu can be found at:

[www.gov.uk/government/collections/annual-flu-programme](http://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) and what to do in an outbreak.

### 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](http://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

[www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet](http://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet)

### Poster - Who is eligible for the 2015 to 2016 shingles vaccine?

[www.gov.uk/government/publications/who-is-eligible-for-the-2015-to-2016-shingles-vaccine](http://www.gov.uk/government/publications/who-is-eligible-for-the-2015-to-2016-shingles-vaccine)

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





# 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).

Who's eligible for the 2015/16

# SHINGLES VACCINES

## AGE:

The age you  
will be on  
1 September 2015



# 69

or under

i.e. born on or after  
1 September 1946<sup>†</sup>



# 70

i.e. born between  
2 September 1944 and  
1 September 1945<sup>†</sup>



# 71

i.e. born between  
2 September 1943 and  
1 September 1944<sup>†</sup>



# 72

i.e. born between  
2 September 1942 and  
1 September 1943<sup>†</sup>



# 73 to 77

i.e. born between  
2 September 1938 and  
1 September 1941<sup>†</sup>



# 78

i.e. born between  
2 September 1936 and  
1 September 1937<sup>†</sup>



# 79

i.e. born between  
2 September 1935 and  
1 September 1936<sup>†</sup>



# 80

or over

i.e. born on or before  
1 September 1935<sup>†</sup>

<sup>†</sup> inclusive



Public Health  
England

**NHS**

# The flu vaccination Winter 2015/16

## Who should have it and why

Includes information for children  
and pregnant women



Flu **i**mmunisation 2015/16

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?**

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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?**

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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? Can I avoid it?

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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?

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Flu is unpredictable. It is not possible to predict fully the strains that will circulate each year, and there is always a risk of a change in the virus as was seen in the recent season. However, this does not happen very often. During the last ten years the vaccine has generally been a

good match for the circulating strains. The vaccine still provides the best protection available against an unpredictable virus that can cause severe illness.

The most likely viruses that will cause flu each year are identified in advance of the flu season in the UK and vaccines are then made to match them as closely as possible. The vaccines are given in the autumn ideally before flu starts circulating.

Flu vaccines protect against the main three or four types of flu virus most likely to be circulating.

## What harm can flu do?

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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?

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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

## Who should consider having a flu vaccination?

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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 6)

**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

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### **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?**

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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?**

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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?**

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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.

This year some other groups of children are also being offered the flu vaccination. This is to 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, three or four years of age\*
- all children in school years 1 and 2\*\*
- all primary school aged children in some parts of the country

\* ie born between 1 September 2010 and 31 August 2013

\*\* ie born between 1 September 2008 and 31 August 2010

Children aged two, three and four will have the vaccination in their GP's surgery although

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

in some areas four-year-olds who have started school may be offered flu vaccination in school instead.

All children in school years 1 and 2 throughout England, and in some areas all primary school-aged children, will be offered the flu vaccine. It is likely that in most areas the vaccinations will be in schools, although it may be offered through other schemes such as general practices and local pharmacies.

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](http://nhs.uk/child-flu)



## 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 that severely weakens their immune system or have someone in their household who needs isolation
- 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 should seek specialist advice. Please check with your GP
- are allergic to any other components of the vaccine\*

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



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.

\*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

### **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 the best 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 thought to reduce spread so effectively and so 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.gov.uk/government/news/vaccines-and-gelatine-phe-response](http://www.gov.uk/government/news/vaccines-and-gelatine-phe-response)

## Will I get any side effects?

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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?

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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 although last year it was less so.

## How long will I be protected for?

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The vaccine should provide protection throughout the 2015/16 flu season.

## What do I need to do now?

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If you belong to one of the groups mentioned in this leaflet, it's important that you have your flu vaccination. The vaccines are normally available from late September or early October, depending on supplies.

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 jab is free. So make an appointment to receive the vaccine as soon as possible

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

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

## Summary of those who are recommended to have the flu vaccine:

- everyone aged 65 and over
- everyone under 65 years of age who has a medical condition listed on page 4, including children and babies over six months of age
- all pregnant women, at any stage of pregnancy
- all two-, three- and four-year-old children
- all children in school years 1 and 2
- all primary school-aged children in some parts of the country
- 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.**



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