



# Flu vaccination 2021 to 2022 Programme briefing for schools

**For the 2021 to 2022 flu season, the flu vaccination programme that already includes all children in primary school will be expanded to additional children in secondary school so that those in Years 7 to 11 will now be offered flu vaccination. This significant expansion in the programme is part of the Government's wider winter planning to reduce flu levels in the population, and therefore the potential impact on the NHS, when we are likely to see both flu and COVID-19 in circulation.**

In 2012 the Joint Committee on Vaccination and Immunisation (JCVI), the independent expert advisory group that advises Government on their vaccination programme, recommended vaccinating children against flu as it provides individual protection to the children who receive the vaccine and reduces transmission of flu in the wider population. Flu vaccination has been offered to children since 2013 in a phased roll-out starting with the youngest children first.

Last year, the flu vaccination programme was extended into Year 7 in secondary school for the first time as part of the Government's response to the COVID-19 pandemic. Due to the uncertainties around the impact of COVID-19 this winter, the programme is being extended, to include all secondary school aged children up to Year 11. No decision has yet been made about whether the expanded programme will continue in future years covering all children to year 11 or whether the programme will return to a phased roll-out approach.

## Benefits for schools

Flu is an unpredictable virus that kills thousands of people. The flu vaccine is the best defence we have against it.

The main purpose of the childhood vaccination programme is to provide protection to the children who receive the vaccine and reduce transmission

of flu in the wider population, as children play a key role in the transmission of flu including to those who may be at higher risk from the complications from flu such as the elderly.

As vaccination provides individual protection to the children who receive the vaccine it is especially important that any child with an underlying health condition that puts them more at risk from flu has the vaccine.

It also helps protect teachers who are less likely to catch flu from their pupils and reduces school absenteeism.

Since the start of the programme, research has confirmed that vaccinating large numbers of children has reduced the circulation of flu in the community, the number of GP consultations for flu like illness for the vaccinated children and the wider community, and hospital admissions from flu.

## The Role of Schools

We are grateful for the support that schools provide by hosting NHS vaccination sessions. The vaccines will be administered by healthcare staff with appropriate qualifications who will work to nationally set standards. We know that vaccine uptake is higher in school-aged children when vaccines are offered in schools because this is the best way to ensure easy access for all children.

In primary schools where the programme has now been in place for many years, we have seen year on year increases in uptake as the programme becomes increasingly accepted and embedded.

Last year, those in Year 7 were also offered the vaccine for the first time, and uptake was good despite the difficulties of delivering the programme during the COVID-19 pandemic. Schools also have a key role to play in promoting uptake of the vaccination programme because of

the relationship you have with parents and the children and young people.

Please use all your communication channels to help promote uptake and share this leaflet with staff in your school. The local school age immunisation provider team will be in touch with your school in the lead up to the season to agree a date for the vaccination session and the best approach for implementing the programme in your school.

---

## Frequently asked questions

### **Why is flu vaccination important for children?**

Flu is unpredictable and the levels of flu activity vary each year. Some years are much worse than others. For instance, in 2014 to 2015, a bad flu year, there were 28,000 deaths. There are several strains of the flu virus that cause flu and virus mutations also occur.

Flu can be a serious illness that leads to complications like bronchitis and pneumonia, and painful ear infections in children. Children under the age of 5 years old have the highest rate of hospital admission of any age group.

The main purpose of the programme is to help protect children themselves and to stop them spreading flu to their families and the wider community, given the role that children have in transmission of the flu virus. Those most at risk from the complications of flu (such as pregnant women, older people, and those with underlying health conditions) are also offered flu vaccination, and it is also free for anyone aged 50 years old and over this year.

### **Will it be a bad flu winter this year?**

We don't know whether it will be a bad flu winter this coming year, but we need to be prepared. The winter that we just had saw very low levels of flu activity, with measures in place to reduce COVID-19 (such as hand washing, mask wearing, social distancing and reduced international travel) helping to reduce flu transmission.

It is hard to predict what will happen this coming winter but there may be a rebound in flu. If some of the measures to reduce COVID-19 remain in place, this will help reduce flu transmission too, as will uptake of flu vaccination which was at record high levels last year. However, there is also a risk that because we saw so little flu this last year,

that this coming winter there could be high levels of flu activity because people will be mixing more and will also be more susceptible.

### **Why is there such a large extension of the programme in secondary schools this year?**

Vaccinating children is a cost-effective way of reducing transmission of flu and therefore reducing illness and death from flu. Because of concerns about COVID-19 still being in circulation this winter, and the pressure this may cause the NHS, JCVI recommended that vaccinating secondary school aged children this winter would be the most effective intervention to reduce flu and mitigate the impacts of the co-circulation of flu and COVID-19. This is a temporary measure for 2021 to 2022 season and a decision on future seasons has not yet been made.

There are also benefits for schools from vaccinating their pupils. It helps to provide a healthy school environment by protecting pupils and, indirectly, the staff. Research has shown that the programme has reduced school absences, which is particularly important this flu season given the disruption to education during the COVID-19 pandemic. It also reduces the likelihood of flu outbreaks in schools, where symptoms may be confused with those of COVID-19.

### **Will children and young people be offered COVID-19 vaccination this autumn?**

The JCVI is not currently advising the routine COVID-19 vaccination of children. As the evidence shows that COVID-19 rarely causes severe disease in children without underlying health conditions, at this time the JCVI's view is that the minimal health benefits to offering universal COVID-19

## Flu vaccine uptake in schools since introduction of programme

	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
Reception	64.2%	64.3%	64.3%	62.6%	33.9%*	30.0%*
Year 1	64.5%	63.6%	63.6%	61.0%	57.6%	54.4%
Year 2	63.7%	62.6%	61.5%	60.4%	55.4%	52.9%
Year 3	63.2%	60.6%	60.4%	57.6%	53.3%	N/A
Year 4	61.8%	59.6%	58.3%	55.8%	N/A	N/A
Year 5	61.1%	57.2%	56.5%	N/A	N/A	N/A
Year 6	59.2%	55.0%	N/A	N/A	N/A	N/A
Year 7	56.2%	N/A	N/A	N/A	N/A	N/A

\*Offered in general practice not schools

vaccination to children do not outweigh the potential risks. This advice will remain under review as more safety and effectiveness information becomes available.

The NHS will be inviting for vaccination those aged 12 to 15 years old with certain underlying health conditions that put them more at risk from COVID-19 and 12 to 15 year olds who are household contacts of someone who is immunosuppressed. Those aged 16 to 17 years old who are employed in, studying or in training for health and social care work will continue to be eligible.

JCVI have also recommended an ongoing offer of vaccination to those about to turn 18 years old: for operational flexibility vaccination may be offered from 3 months ahead of an individual's 18<sup>th</sup> birthday.



### What will the school be asked to do?

Your local school age immunisation provider team will try and keep disruption to a minimum and will only ask you to do the things that they cannot do themselves.

Schools will be asked to:

- work with the school age immunisation provider team to agree the best approach for implementing the programme in your school
- nominate a named contact for the school age immunisation provider team to liaise with
- agree a date(s) for the vaccination session
- provide a suitable location for the immunisation to take place (e.g. school hall)
- agree a process for providing parents with the invitation letter, information leaflet and consent form
- encourage children and their parents to look out for the consent form and return it by an agreed time
- send reminders through your usual channels such as email or text distribution lists, parent newsletters, visual display screens etc.
- endorse the programme on your website etc.
- let parents know which day vaccination will take place and let children know what will happen.

## Why are children offered a nasal spray?

Children are offered a nasal spray as it is quick, painless and is more effective in the programme than an injected vaccine. This is because it is easier to administer and considered better at reducing the spread of flu to others.

There will be a small number of children in your school not able to have the nasal spray vaccine because of pre-existing medical conditions or treatments. They will be offered an injected vaccine (either at school or through their GP practice).

All questions about vaccine suitability, and whether the child or young person can have it on the day if unwell, should be directed to the school age immunisation provider team.

## Is there porcine gelatine in the nasal spray?

The nasal spray contains very small amounts of porcine gelatine which is used as a stabiliser in the vaccine. Some people may not accept the use of porcine gelatine in medical products. For these children, there is an alternative injectable vaccine available this year and parents should discuss the options with the school age immunisation provider team.

## When do the vaccinations need to be given?

Vaccinations are generally given in the autumn term before flu tends to circulate. As the flu virus can change each year, vaccination is required on an annual basis.

## Who will be giving the vaccine to the children?

The programme will be delivered by an NHS commissioned school age immunisation provider team which may include nurses, healthcare support workers, administrative staff, and other associated professionals who specialise in delivery of school aged vaccinations. The team will administer the vaccination according to nationally set standards. Staff will have appropriate qualifications and training, including safeguarding training. Depending upon the advice that is current at the time, staff administering the vaccine may need to be wearing personal protective equipment.

## How will parent/guardian consent be obtained?

A consent form and information leaflet provided by the school age immunisation provider team will be used to seek parental consent.

## The nasal flu vaccine

Almost all children will be able to have the vaccine as a nasal spray (up the nose), which is a quick and painless process.

Serious side effects are uncommon but many children can develop a runny or blocked nose, headache, some tiredness or loss of appetite that lasts for a short period.

There are some children who cannot have the nasal spray because of pre-existing medical conditions or treatments. All questions about suitability should be directed to the school age immunisation provider team.

If a child is unwell on the day, the school age immunisation provider team will decide whether to proceed with vaccination or not.

There are NHS leaflets which provide more information for parents on the vaccine, including how it works and information on those children and young people who are unable to have it.

**All questions on the suitability of the vaccine for individual children should be directed to the NHS school age immunisation provider team delivering the vaccinations.**



Parents will also be provided with a contact number for the school age immunisation provider team in case of any queries. Forms should be returned by the deadline agreed with the team. You may be asked to collect these forms from parents on behalf of the school age immunisation provider team or it may be done electronically.

## How else could the school support the programme?

We know that teachers and other members of staff are trusted by parents and can support the programme by teaching pupils about the benefits of vaccination, and reassuring children on the day (if needed).



## Does GDPR change how consent needs to be obtained?

The General Data Protection Regulation (GDPR) became UK law on 25 May 2018. No change is required to the way in which parental agreement is obtained. Schools should continue to work with the school age immunisation provider teams providing vaccinations in schools, who will provide information resources and parental consent forms.

## How will the school age immunisation provider team identify the children to be vaccinated?

The team will have a list of all children for whom consent has been received. They may ask the class teacher or assistant to confirm the identity of younger children in primary school.

## Who decides whether a child receives the vaccination?

Parents or guardians with parental responsibility make this decision. In primary school, only children for whom consent has been received will be vaccinated. It is therefore worth reminding parents of the importance of completing the consent form they are sent ahead of the scheduled vaccination sessions.

In secondary schools, some older children may be sufficiently mature to provide their own consent if their parents have not returned a consent form and they express a wish to have a vaccine on the day of the session. The team will speak to the child and will be responsible for assessing the appropriateness of administering the vaccine. This will include making every effort to contact the parent to seek their verbal consent and/or an assessment of the individual child's capacity to self-consent, where appropriate.

## Can parents refuse to have their child vaccinated?

Yes. The vaccination is not mandatory. Parents will be asked to give their informed consent for the vaccination. Where the child is older, they may express a wish to have the vaccine and have the capacity to provide informed consent themselves. Parents of older children should be encouraged to speak to their children ahead of time so that there is agreement on consent in advance of the vaccination session.

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

For any children absent on the vaccination day, there will be catch-up arrangements in place that the school age immunisation provider team will be able to share with the school.

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

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

## What if the vaccination session at my school is quite late in the autumn/ winter?

For children who are at risk because they have an underlying health condition, it is very important that they get the flu vaccine for their own protection. Parents can ask their child's GP to vaccinate them rather than wait for the school session if this is what they prefer. See [nhs.uk/child-flu](https://www.nhs.uk/child-flu) for further information.



## Benefits to schools

- helps protect children against flu which in turn reduces pupil and staff absenteeism rates
- promotes a healthy working environment in schools and the wider community, including amongst the children's immediate and extended family
- reduce the likelihood of flu outbreaks in schools, where symptoms may be confused with those of COVID-19
- the engagement in NHS public health programmes, including vaccination, is recognised by OFSTED as being important and provides an opportunity to discuss vaccinations as part of Health Education, which is compulsory in primary and secondary schools from September 2020
- provides an opportunity to integrate learning about the benefits of vaccination into the school curriculum including history and science

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

The nasal spray vaccine has a good safety record and unvaccinated contacts are not at risk of catching flu from the vaccine, either through being in the same room where flu vaccine has been given or by being in contact with a recently vaccinated individual. Although vaccinated children are known to shed virus for a few days after vaccination, it is less able to spread from person to person than the natural infection. The amount of virus shed is normally below the levels needed to pass on infection to others and the virus does not survive for long outside of the body. This is in contrast to natural flu infection, which spreads easily during the flu season.

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

### Can teachers have the vaccine?

Not as part of this programme. The nasal flu vaccine is not licensed for adults. Some schools, however, may choose to provide an injectable vaccine for their teachers through the school's occupational health services.

Staff aged 50 years or older, with certain medical conditions that put them at risk from flu, or who are pregnant, are entitled to free flu vaccination (injectable vaccine) through the NHS. Eligible staff should contact their GP practice or pharmacy. See [nhs.uk/flujab](https://www.nhs.uk/flujab) for further information.

### Are pre-school children being offered flu vaccination in general practice?

Yes, all children who are aged two and three years old on 31 August 2021 will be offered flu vaccination through general practice.

### What about the young people in the sixth form/sixth form college, will they be offered flu vaccination this year?

Any young person who is not in one of the eligible year groups for flu vaccination, but has an underlying health condition that puts them more at risk of flu, is eligible for a free flu vaccine from their GP practice or pharmacy.



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