



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 70-73 and 78-79 on 1<sup>st</sup> September 2016 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 ✓

- 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](http://www.gov.uk/health-protection-team)

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

# Care home planning checklist for seasonal influenza (flu)

Date completed	Completed by	
<b>Actions to prepare for cases of seasonal flu</b>	<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 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. <ul style="list-style-type: none"> <li>Staff should receive the flu vaccine through arrangements made via their employer's occupational health 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 and infection control precautions</b>		
5. Ensure infection control policies are up to date, read and followed by all staff		
6. Reinforce education of staff about hand and respiratory hygiene. Use respiratory hand hygiene posters e.g. <b>Catch it, Bin it, Kill it</b> , attached at the end of this document		
7. Ensure that liquid soap and disposable paper towels are available, and/or alcohol-based hand rub, in every room and communal areas, and stock levels are adequately maintained		
8. Ensure that Personal Protective Equipment (PPE) is available i.e. disposable gloves, aprons, surgical masks.		
9. Ensure linen management systems are in place as well as clinical waste disposal systems including foot operated bins.		
10. If possible and safe to do so, use alcohol gel in places where hand washing facilities are not available (e.g. entrances/exits, residents' lounge, dining room), and maintain adequate supplies in view of increased use.		
11. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent)		
<b>Reporting to the local health protection team</b>		
12. <b>Early recognition of an influenza/respiratory illness outbreak amongst staff and/or residents is vital</b> (two or more cases in 48 hours, linked by place).		
13. <b>Outbreaks of influenza/respiratory illness should be reported promptly to the local health protection team.</b> (see page 5 for contact details)		
14. The health protection team will undertake a risk assessment and provide further advice (e.g. infection control guidance, nose/throat swabs required and advice on those requiring antiviral treatment).		
15. Maintain high standards of record keeping to help investigate 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 case, total number of residents in the care home, location of cases and the flu vaccination status of cases )		

# Care home planning checklist for norovirus season

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

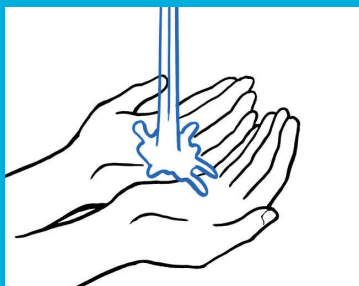
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/548406/9855\\_Shingles\\_2016\\_A5\\_leaflet\\_03\\_web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/548406/9855_Shingles_2016_A5_leaflet_03_web.pdf)

### Poster - Who is eligible for the 2016 to 2017 shingles vaccine?

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/547250/Shingles\\_table\\_GP\\_poster.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547250/Shingles_table_GP_poster.pdf)

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





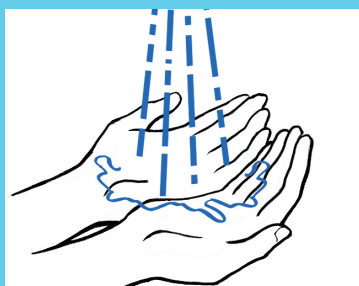
# Wet



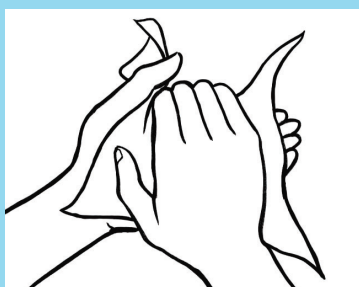
# Soap



# 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  
England



# The flu vaccination

## WINTER 2016/17

Who should have it  
and why



**STAY WELL  
THIS WINTER**

Flu **i**mmunisation 2016/17  
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?

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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?

---

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. 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?

---

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

### **I am pregnant. Do I need a flu vaccination this year?**

Yes. All pregnant women should have the flu vaccine to protect themselves and their babies. The flu vaccine can be given safely at any stage of pregnancy, from conception onwards.

Pregnant women benefit from the flu vaccine because it will:

- reduce their risk of serious complications such as pneumonia, particularly in the later stages of pregnancy
- reduce the risk of miscarriage or having a baby born too soon or with a low birth weight
- help protect their baby who will continue to have some immunity to flu during the first few months of its life
- reduce the chance of the mother passing infection to her new baby

### **I am pregnant and I think I may have flu. What should I do?**

If you have flu symptoms you should talk to your doctor urgently, because if you do have flu there is a prescribed medicine that might help (or reduce the risk of complications), but it needs to be taken as soon as possible after the symptoms appear.

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





## **I had the flu vaccination last year. Do I need another one this year?**

---

Yes; the flu vaccine for each winter helps provide protection against the strains of flu that are likely to be present and may be different from 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**, ie born between 1 September 2011 and 31 August 2014
- **all children in school years 1, 2 and 3**, ie born between 1 September 2008 and 31 August 2011
- **all primary school aged children in some parts of the country**

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

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



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

## 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\*



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

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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 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.gov.uk/government/publications/vaccines-and-porcine-gelatine](http://www.gov.uk/government/publications/vaccines-and-porcine-gelatine)

## 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?

---

Because the flu virus can change from year to year there is always a risk that the vaccine does not match the circulating virus. During the last ten years the vaccine has generally been a good match for the circulating strains.

## How long will I be protected for?

---

The vaccine should provide protection throughout the 2016/17 flu season.

## What do I need to do now?

---

If you belong to one of the groups mentioned in this leaflet, it's important that you have your flu vaccination. 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, 2 and 3
- 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.**



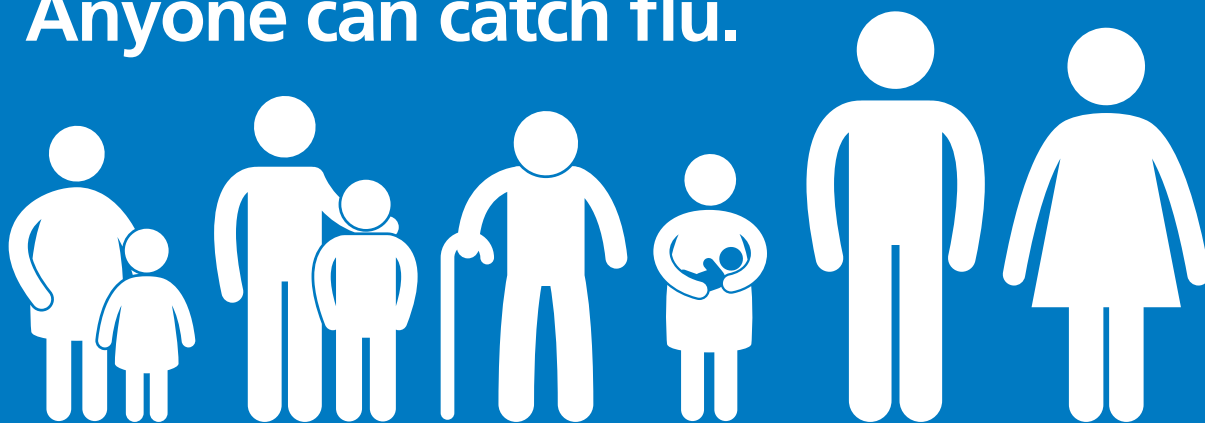
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# All about flu and how to stop getting it

EasyRead version for people  
with learning disabilities



Anyone can catch flu.



Flu is caused by  
a bug called a

**virus**



Flu can make  
you feel ill.

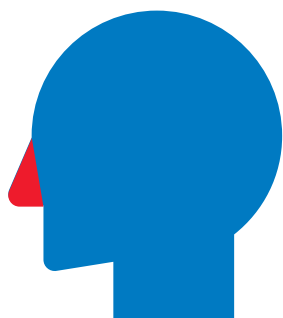


If you are very ill you  
might even need  
to go to hospital.





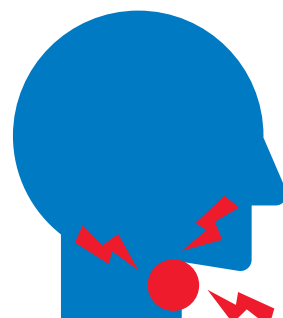
# Here are the signs of flu



blocked up nose



painful ear



sore throat



high temperature



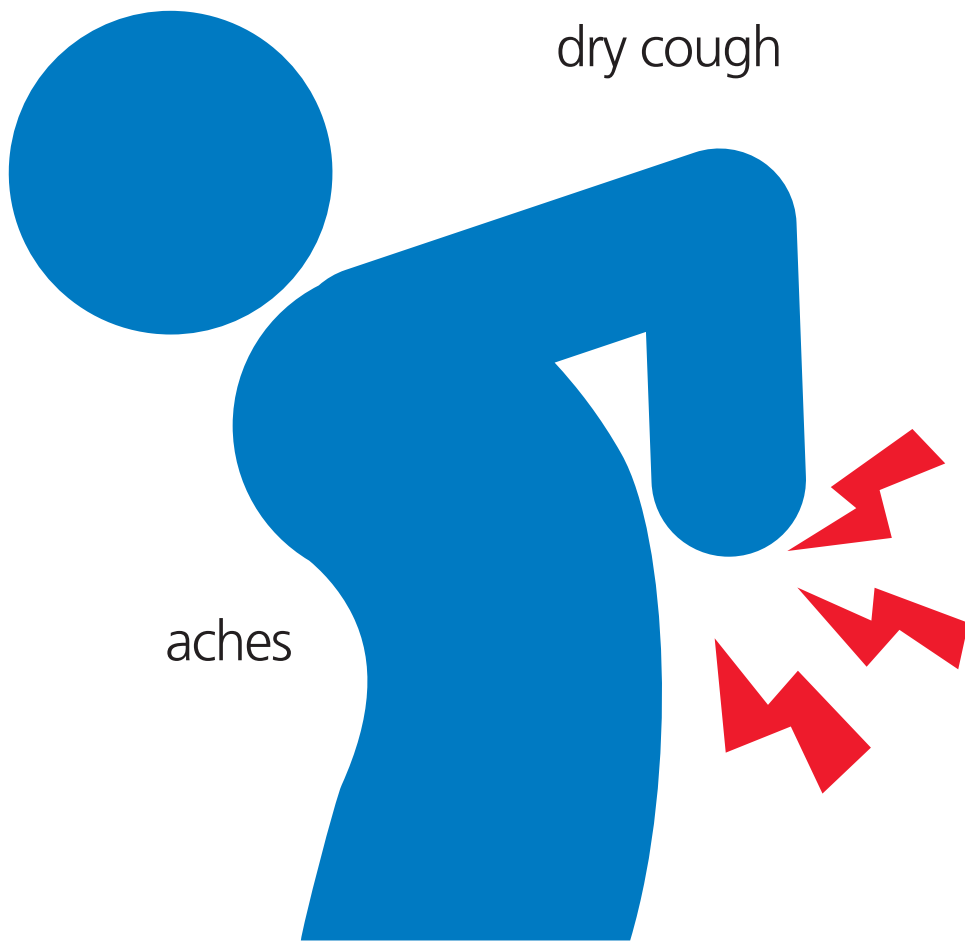
difficulty breathing



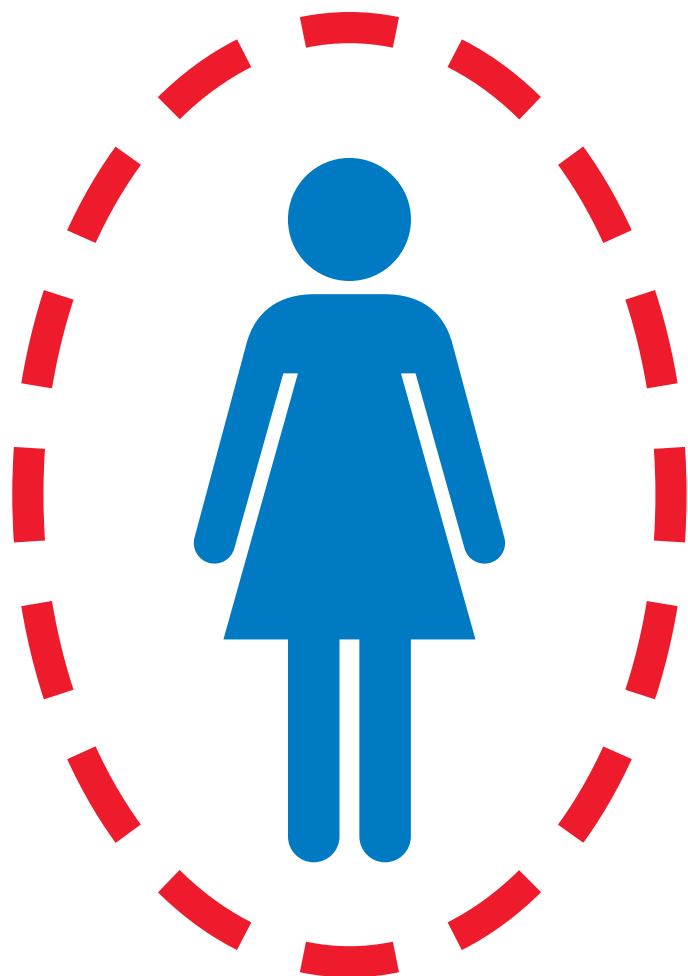
dry cough



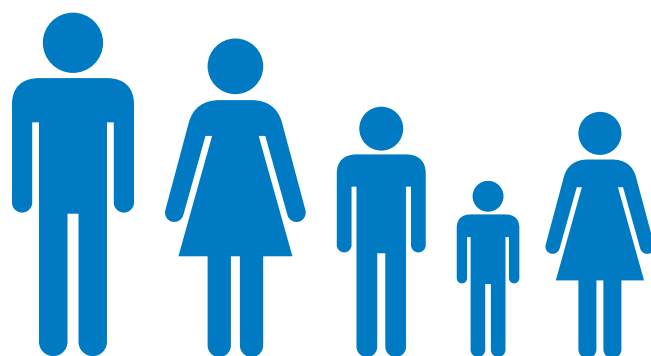
tiredness



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.



And it is free to people with learning disabilities

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

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



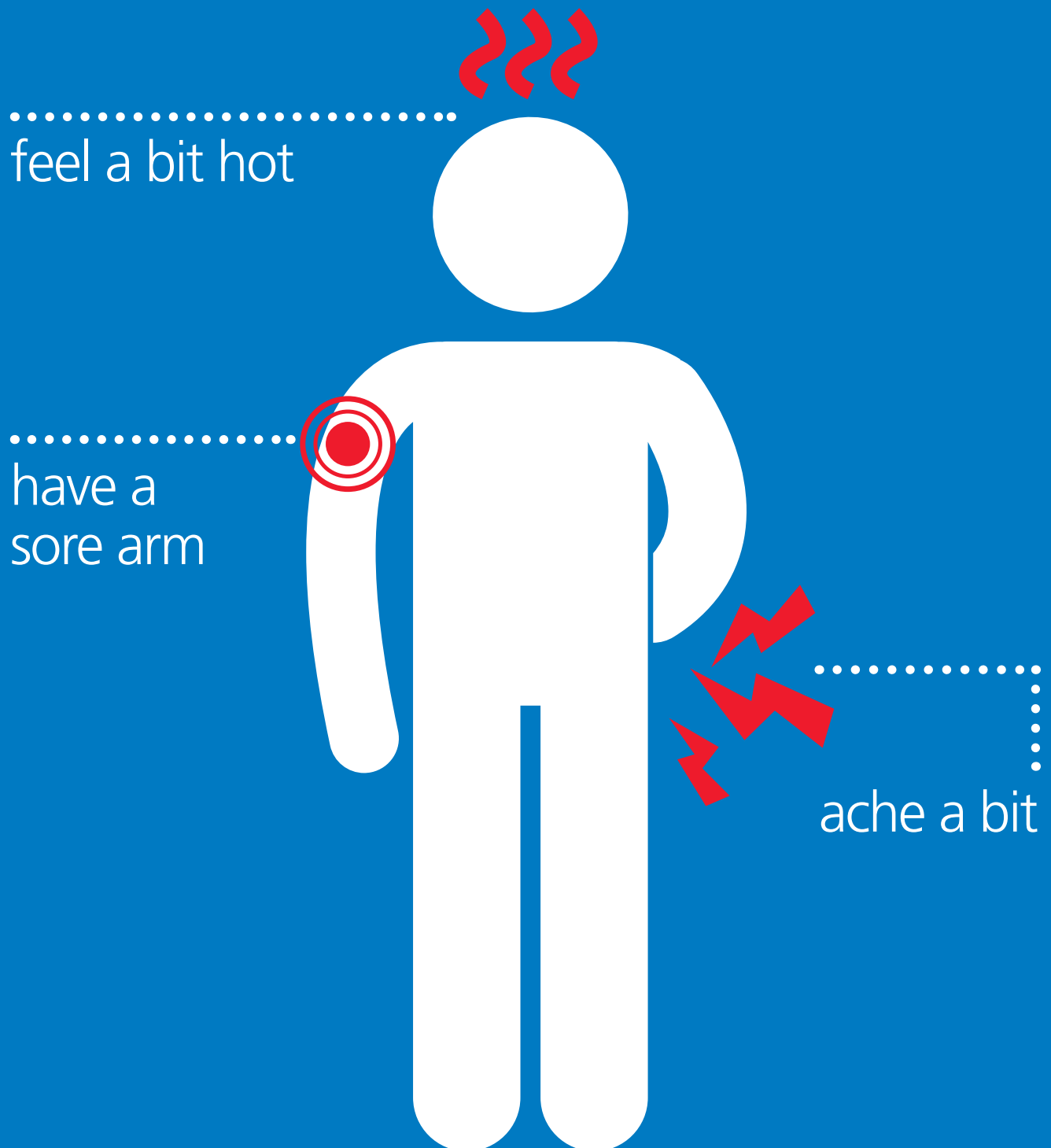
## **Who else should have a flu jab?**

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.

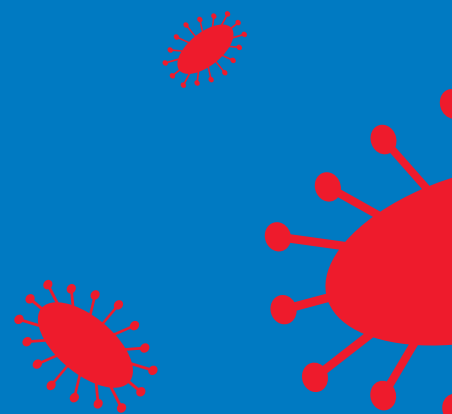


You can also find information online at  
**[www.tinyurl.com/NHSfluinfo](http://www.tinyurl.com/NHSfluinfo)**





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Produced by Williams Lea for Public Health England





Public Health  
England

# 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://nhs.uk).



Public Health  
England



There's now a  
**vaccine to help**  
protect you against  
**shingles**



**i**mmunisation

the safest way to protect your health



**There is now 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.

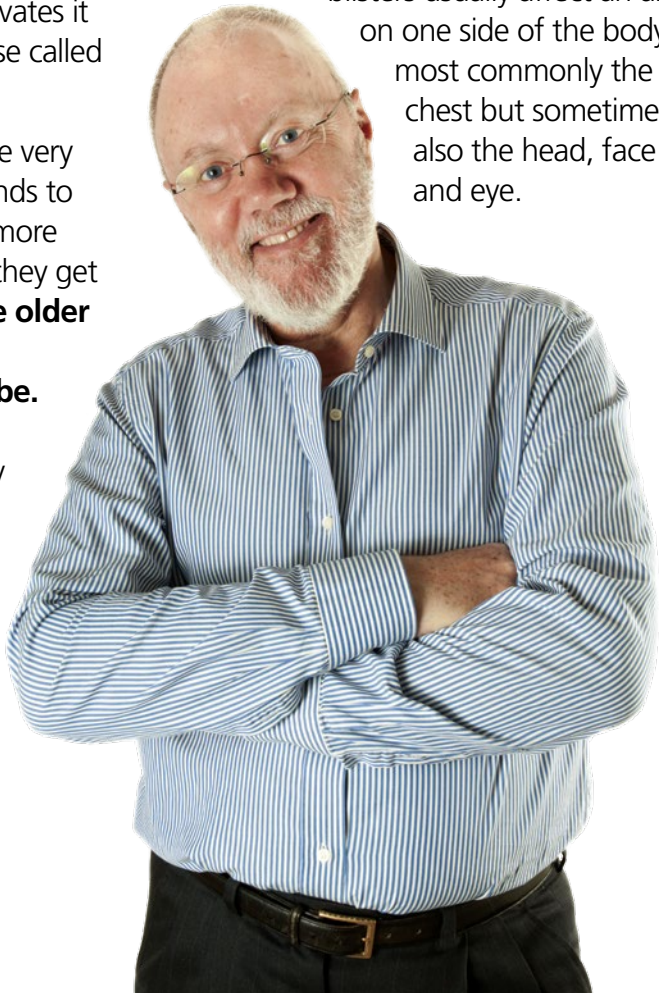
Shingles isn't like other infectious diseases because you don't catch it from someone else. Most of us had chickenpox when we were young, although some of us will not be aware that we've had it. If you did have it, then the virus that caused it can stay in your body for the rest of your life without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



All people aged 70 on 1 September 2016 are eligible to get the vaccine. In addition, this year anyone who is 78 on 1 September 2016 can also receive 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 two years of the shingles vaccination programme more than 913,000 people were vaccinated in England.

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

All people aged 70 on 1 September 2016 (i.e. all those born between 2 September 1945 and 1 September 1946, inclusive). People aged 78 will also be offered the vaccine in a catch up programme (i.e. all those born between 2 September 1937 and 1 September 1938, inclusive).

The vaccine is also available for those previously eligible but who missed immunisation. For example, those born

from 2 September 1942 to 1 September 1945 and those born from 2 September 1936 to 1 September 1937 up to the day before their 80<sup>th</sup> birthday.

## **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?**

No; your doctor will invite you for the vaccination. You can 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.

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

If you are unable to go to the appointment offered, then 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](http://www.nhs.uk/shingles)**

Remember that patients who were eligible for immunisation in the first three years of the programme but who have not been vaccinated against shingles remain eligible until their 80<sup>th</sup> 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](http://www.nhs.uk/vaccinations)**

# Who's eligible for the **shingles vaccine** in **2016/17** and beyond?

Date of birth <sup>†</sup>	Current age	First became or will become eligible	Eligible in 2016/17
On or after 2 September 1946	<b>69 or under</b>	2017/18 onwards	No
2 September 1945 to 1 September 1946	<b>70</b>	2016/17	<b>Yes</b>
2 September 1944 to 1 September 1945	<b>71</b>	2015/16	<b>Yes</b>
2 September 1943 to 1 September 1944	<b>72</b>	2014/15	<b>Yes</b>
2 September 1942 to 1 September 1943	<b>73</b>	2013/14	<b>Yes</b>
2 September 1941 to 1 September 1942	<b>74</b>	2020/21*	No
2 September 1940 to 1 September 1941	<b>75</b>	2019/20*	No
2 September 1939 to 1 September 1940	<b>76</b>	2018/19*	No
2 September 1938 to 1 September 1939	<b>77</b>	2017/18*	No
2 September 1937 to 1 September 1938	<b>78</b>	2016/17	<b>Yes</b>
2 September 1936 to 1 September 1937	<b>79</b>	2015/16	<b>Yes</b> (up to 80 <sup>th</sup> birthday)
2 September 1935 to 1 September 1936	<b>80</b>	2014/15	No
2 September 1934 to 1 September 1935	<b>81</b>	2014/15	No
2 September 1933 to 1 September 1934	<b>82</b>	2013/14	No
On or before 1 September 1933	<b>83</b>	Never have been eligible	No

\* These are anticipated dates that will be confirmed nearer the time because they are dependent on vaccine supply and contractual negotiations

<sup>†</sup> inclusive