

Winter Infections in Children 2023/24

Colds, sickness bugs and other infections are common, especially in children and young people, in winter. Children are particularly vulnerable, as their hygiene habits may not always be ideal, and they are often with lots of other children at school. Ensuring good infection prevention and control (IPC) practices and preventative measures are important to reduce the risk of infections spreading.



Respiratory Infection including Covid–19

Winter bugs and viruses causing respiratory infections are common and usually mild, but can sometimes become more serious, particularly in younger children or if an infection spreads to a vulnerable family member.

The symptoms of Covid-9 and other respiratory infections are very similar and may include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

Attending face-to-face education or childcare is hugely important for children and young people's health and their future. Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, <u>can continue to attend</u> their education setting. However, children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people where they can. They can go back to school, college or childcare, and resume normal activities when they no longer have a high temperature and they are well enough to attend. Staff with symptoms of respiratory infection, have a high temperature or do not feel well enough to go to work or carry out normal activities, should try to stay at home and avoid contact with other people, until they no longer have a high temperature (if had one) or until no longer feel unwell.

All children and young people with respiratory symptoms should be encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands after using or disposing of tissues.

How are respiratory infections spread?

Respiratory infections can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets (aerosols) from an infected person to someone



close by. Airborne infections can spread without necessarily having close contact with another person via small respiratory particles. Droplets from the mouth or nose may also contaminate hands, cups, toys, or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. These can penetrate deep into the lungs (respiratory system). Examples of infections that are spread in this way are the common cold, coronavirus (COVID-19), influenza, and whooping cough.

COVID-19

Testing for Covid–19 is no longer free for most people, however it is available for those who are at risk of becoming serious unwell from Covid – 19, despite vaccination. Therefore, as respiratory infections can spread easily, it is important that signs and symptoms are recognised, and appropriate actions are taken to reduce the risk of the spread of infection.

There is separate guidance for people who have been informed by the NHS that they are at highest risk of becoming seriously unwell and who might be eligible for new COVID-19 treatments and therefore eligible for free Covid – 19 tests. Enhanced protection measures, such as those offered by specific treatments or additional vaccinations alongside other protective behaviours, may benefit these individuals.

For those who test positive, it is advised that:

- Children and young people should try and stay away from the setting for 3 days after they took their test. If they have symptoms, or subsequently develop symptoms, they should also follow the advice for people with symptoms above.
- Staff should try and stay away from the setting for 5 days after they took their test. If they have symptoms, or subsequently develop symptoms, they should also follow the advice for people with symptoms above. It is not recommended that people need a negative LFD test before returning.

Guidance about people who is eligible for free covid – 19 testing and actions to consider are below:

COVID-19: guidance for people whose immune system means they are at higher risk

There is also more information about the latest rules around COVID – 19 in schools, colleges, nurseries and other education settings below:

What are the latest rules around COVID-19 in schools, colleges, nurseries and other education settings? - The Education Hub (blog.gov.uk)

Respiratory syncytial virus (RSV)

RSV is a common virus which infects the lower respiratory tract. Almost all children will be infected with RSV before they are aged 2 and, in most cases, it causes only mild cold symptoms. However, for a small number of people who are at risk of more severe respiratory disease, RSV infection might cause pneumonia.

RSV is the most common cause of bronchiolitis in infants. Over 60% of children have been



infected by their first birthday, and over 80% by 2 years of age. The antibodies that develop following early childhood infection do not prevent further RSV infections throughout life.

High-risk groups in children

The very young (under 1 year of age) and the elderly are at the greatest risk. While most RSV infections usually cause mild illness, infants aged less than 6 months frequently develop the most severe disease such as bronchiolitis and

pneumonia, which may result in hospitalisation. Children born prematurely are at increased risk of developing severe disease.

More information about RSV is available below:

https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-symptomstransmission-prevention-treatment/respiratory-syncytial-virus-rsv-symptoms-transmissionprevention-treatment

Bronchiolitis

Bronchiolitis is a more serious inflammation in the smallest airways in the lungs. In babies and young children, where the lower respiratory tract is still developing, the RSV virus can lead to bronchiolitis. Symptoms of bronchiolitis include a rasping dry cough, rapid or wheezy breathing, being irritable, not wanting to feed and vomiting after feeding. Symptoms are usually at their worst from days 3-5 and can last for up to 3 weeks. Most cases are mild and clear up within two to three weeks without the need for treatment, although some children have severe symptoms and need hospital treatment.

More information about bronchiolitis is available below: https://www.nhs.uk/conditions/bronchiolitis/

Very few children and young people with respiratory infections become seriously unwell. However, some children aged under 2 years, especially those with a heart condition or born prematurely, as well as very young infants, are at increased risk of hospitalisation from respiratory syncytial virus (RSV).

It can be difficult to know when to seek help if a child is unwell. If worried, especially if the child is under 2 years old, then medical help should be sought.

Diarrhoea & vomiting illnesses

Gastroenteritis is a very common condition that causes diarrhoea and vomiting. It's usually caused by a bacterial or viral tummy bug. It affects people of all ages however is particularly common in young children. Most cases in children are caused by a virus called rotavirus. Cases in adults are usually caused by norovirus (the 'winter vomiting bug') or bacterial food poisoning. Gastroenteritis can be very unpleasant, but it usually clears up by itself within a week.

Diarrhoea and/or vomiting is usually caused by:

- viral stomach bugs e.g. Norovirus, rotavirus
- bacterial stomach bug e.g., food poisoning, Clostridium difficile, Salmonella
- parasites e.g. cryptosporidium, Entamoeba, Giardia
- toxins
- non-infectious diseases ulcerative colitis

Symptoms can include:

- sudden watery diarrhoea
- feeling sick
- vomiting, which can be projectile
- a mild fever

Some people also have other symptoms, such as a loss of appetite, an upset stomach, aching limbs and headaches.

How is gastroenteritis spread?

The bugs that cause gastroenteritis can spread very easily from person to person. It can catch the infection if small particles of vomit or faeces from an infected person get into the mouth, such as through:

- close contact with someone with gastroenteritis they may breathe out small particles of vomit
- touching contaminated surfaces or objects
- eating contaminated food this can happen if an infected person doesn't wash their hands before handling food, or you eat food that has been in contact with contaminated surfaces or objects, or hasn't been stored and cooked at the correct temperatures

A person with gastroenteritis is most infectious from when their symptoms start until 48

hours after all their symptoms have passed, although they may also be infectious for a short time before and after this.

Advice for people with Diarrhoea & vomiting symptoms

The advice is the same if you have diarrhoea and vomiting together or separately.



When someone experiences diarrhoea and/or vomiting they should stay off school or work until 48 hours after symptoms have stopped and they are well enough to return.

More information in avaiable in the below link: <u>Vomiting in babies and children</u> <u>Diarrhoea and vomiting</u>

Scarlet Fever

Scarlet Fever is usually a mild illness, but it is highly infectious. Symptoms in child to look out for include a sore throat, headache, and fever, along with a characteristic fine, pinkish or red body rash with a sandpapery feel.

Although most mild cases of Scarlet Fever will clear up on their own, a GP or NHS 111 should be contacted if it is suspected that a child has Scarlet Fever as early treatment is important to reduce the risk of complications such as pneumonia. Having treatment for the illness speeds recovery and reduces the risk of complications. They will also become non-



contagious more quickly. If a child has Scarlet Fever, they should stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

More information about scarlet fever is available below: <u>Scarlet Fever symptoms, diagnosis and</u> <u>treatment</u>

What measures can schools take to stop the spread of winter infections?

All settings should have in place baseline infection prevention and control measures that will help to manage the spread of infection. Follow these steps to reduce the risk of illness spreading:

- Reinforcing good hygiene practices such as regular hand washing and cleaning.
- Ensuring occupied spaces are well-ventilated and let fresh air in.
- Clean hard or plastic toys with water and washing up liquid and store them when dry.
- Ensuring all eligible groups are enabled and supported to take up the offer of national vaccination programmes including COVID-19, flu and national routine immunisation programme.
- If required, ensure staff and children do not attend school or nurseries according to national guidance.
- Ensure all occupied spaces are well ventilated
- Continue to maintain robust cleaning practices.
- Consider communications to raise awareness among parents and carers of circulating winter infections and reinforce key messages around symptoms and hand and respiratory hygiene measures.



More information is available in the below links:

https://www.gov.uk/government/publications/health-protection-in-schools-and-other- childcare-facilities/chapter-2-infection-prevention-and-control
https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/
https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/
https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/

Seasonal vaccinations and winter health - NHS (www.nhs.uk)

Should children be kept of school if they have an infectious disease?

YES	
ILLNESS	UNTIL
Chicken Pox	At least 5 days from the onset of the rash and until all blisters have crusted over
Diarrhoea and vomiting	48 hours after last episode
Cold and Flu-like illness	they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID- 19.
Covid-19 (free testing only available for small number of people, see above)	If tested positive: Children and young people should try and stay away from the setting for 3 days after they took their test. If they have symptoms, or subsequently develop symptoms, they should also follow the advice for people with symptoms above.
	Staff should try and stay away from the setting for 5 days after they took their test. If they have symptoms, or subsequently develop symptoms, they should also follow the advice for people with symptoms above. It is not recommended that people need a negative LFD test before returning.
Impetigo	sores have crusted and healed, or 48 hours after they started antibiotics
Measles	4 days after the rash first appeared
Mumps	5 days after the swelling started
Scabies	received their first treatment
Scarlet Fever	24 hours after they started taking antibiotics

Whooping Cough	48 hours after they started taking antibiotics

NO - but school or nursery should be informed of	
Hand, foot and mouth	Glandular fever
Head lice	Tonsilitis
Threadworms	Slapped cheek

Managing cases of infectious diseases in all education and childcare settings posters are available in the below link. It may be useful to print and display the posters in areas where parents and guardians will see:

https://www.gov.uk/government/publications/infectious-diseases-schools-and-otherchildcare-settings

Vaccinations to prevent infectious diseases.

School Aged Immunisations during 2023/24

Vaccinations are the most important thing we can do to protect ourselves and children against ill health. They prevent millions of deaths worldwide each year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that kill or disable millions of people are either gone or now very rarely seen. However, if people stop having vaccinations, it is possible for infectious diseases to quickly spread again.

When children and young people receive vaccinations included in the National routine childhood immunisation programme, this has a direct positive impact on their health and wellbeing, as well as their communities. Vaccines also reduce the likelihood of outbreaks in schools and protect children, which in turn reduces pupil and staff absenteeism rates.

Schools have a vital role to play to support the routine immunisation programme. Delivering the influenza and adolescent immunisation programmes through schools makes it more accessible to pupils, ensures timely protection against vaccine preventable diseases, reduces inequality and results in higher uptake levels.

'Vaccinations UK' deliver immunisations across schools in Worcestershire. The success of the immunisation programme is driven by a close working relationship between the school, school Nurses and Vaccination UK. The offer of vaccinations in school also provides an opportunity to check that children are up to date with all their routine immunisations.

Vaccines offered in schools (2023/24):

Vaccine	School year offered	Diseases protected against
		Influenza virus
Seasonal Influenza Vaccine	Reception to Year 11	
Human Papillomavirus (HPV) vaccine	Year 8	Protects against genital warts and HPV infection (which can cause cervical cancer, cancers of the head and neck and cancers of the genital area)
MenACWY	Year 9	Meningococcal groups A, C, W and Y
Td/IPV (3-in-1 booster)	Year 9	Tetanus, diphtheria and polio
MMR check and offer	Opportunistic check for all school years, offer years 8 & 9	Measles, Mumps & Rubella

What can schools do to support vaccination sessions

School can help protect children and young people by supporting the national vaccination programme. Vaccination UK is the current organisation responsible for delivering vaccinations in schools in Worcestershire, and will keep disruption to a minimum when vaccinating in school settings. To support the delivery of vaccination schools can:

- liaise with the team to agree the best approach for implementing the programme in your school
- nominate a named contact to liaise with the team
- agree dates for the routine vaccination sessions or catch-up sessions as required
- provide class lists with contact details to support the offer to eligible children,
- agree a process for providing parents or guardians with the invitation letter, information leaflet and consent form
- encourage young people and their parents or guardians 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, parent evenings
- promote and communicate through your website
- let parents know which day vaccinations will take place
- let young people know what will happen and answer any questions that they or their parents have on the logistics and date of vaccinations

Other practical things to considerations include:

• providing a suitable location for the vaccination to take place such as the school hall or large classroom

 ensuring the immunisation team can access the agreed space before the vaccinations are due to start, so they can set up

Vaccination UK have a school portal where you can log into and view consent form return rates and immunisation uptake rates for your school. For further details on how to sign up please contact Vaccination UK via the details below.

Where vaccination visits have been most successful, the school and Vaccination UK have worked in close partnership, respecting each other's different roles and responsibilities whilst working flexibly and planning together.

Vaccination UK contact details

If you have any queries regarding immunisations offered in schools **Vaccination UK** can be contacted on 01527 390030 or via the website <u>www.schoolvaccination.uk</u>

For further information on the NHS vaccination programmes delivered in schools and the important role that schools play in the delivery of these programmes please see the information below:

Adolescent vaccination programme briefing

Reporting infectious diseases

If you suspect cases of infectious illness at your school or setting, have an outbreak or are unsure if it is an outbreak, please contact the local health protection team:

UKHSA West Midlands Health Protection Team Phone: 0344 225 3560

Further information about reporting infectious diseases is available below:

https://www.gov.uk/government/publications/health-protection-in-schools-and-otherchildcare-facilities/managing-outbreaks-and-incidents

Resources and guidance

A number of tools and resources have been developed to support schools and nurseries with the management of winter infections. The below tools can be found the appendices:

- Action card for Norovirus outbreaks.
- Action card for Respiratory infection outbreaks
- Winter infections cover letter (to be sent to parents in the event of an outbreak)
- Winter illnesses in children leaflet for parents.

UKHSA have produced a blog aimed at parents with steps they can take now and throughout the coming term to help protect their family from seasonal illnesses: <u>A parent's guide to keeping kids healthy this school year - UK Health Security Agency</u> (blog.gov.uk)

E-Bug is a free, online educational science resource covering the topics of microbiology, hygiene and health. It teaches children and young adults in Key Stage 1 to Key Stage 5 about microorganisms and the spread, prevention and treatment of infection.

The e-bug resources include information, games and lesson plans to teach children about infections and how they spread.

E – bugs is available from the link below: <u>Home (e-bug.eu)</u>

The 'Clean Hands Safe Hands' campaign was developed to encourage children to wash their hands. The key message is washing your hands with soap and water is still the best way to make sure your hands are germ-free as hand sanitisers are not effective against



some germs like the winter sickness bug, Norovirus.

The campaign is led by Public Health, Worcestershire County Council. Toolkits are available and include ideas, activities, and messages to encourage children to regularly wash their hands as part of their everyday routine.



The toolkits for schools and nurseries can be accessed below:

Download the Early Years Toolkit here Download the Primary School Toolkit here

Further guidance:

Below are links to further information and guidance:

5 ways to protect your under 5s this winter

What infections are, how they are transmitted and those at higher risk of infection.

Infectious diseases in schools and other childcare settings

Health Protection in schools and other childcare facilities

Health Protection in schools and other childcare facilities - managing outbreaks and incidents

Health protection in children and young people settings, including education - GOV.UK (www.gov.uk)

The Managing specific infectious diseases: A to Z

Health A to Z - NHS (www.nhs.uk)

Covid advice and services

NHS - Diarrhoea and vomiting

RSV - symptoms, prevention and treatment

Complete routine immunisation schedule - GOV.UK (www.gov.uk)Information about COVID-19 in children

Information about Flu

Information about scarlet fever symptoms and managing the illness

Information about fevers in children and how to manage them

Action cards for Respiratory infection outbreaks & Norovirus outbreaks.



UK Health Security Agency

Guidance on managing outbreaks of norovirus in schools and nurseries

Norovirus, also called the 'winter vomiting bug', is a stomach bug that causes vomiting and diarrhoea. It can be very unpleasant, but usually goes away in about 2 days. Symptoms start suddenly, within 1-2 days of being infected.

Main symptoms of norovirus:

- nausea feeling sick
- vomiting being sick
- diarrhoea

- A person may also have:
 - a raised temperature
 - a headache
 - aching arms and legs

How contagious is norovirus?



- Norovirus outbreak definition: a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- Response: follow your local arrangements for reporting outbreaks

How norovirus is spread

- Close contact: contact with someone infected with norovirus
- Contaminated surfaces: touching infected surfaces or objects, then touching your mouth
- Contaminated food: eating food prepared or handled by someone with norovirus

How to limit spread of norovirus

- **Good hand hygiene:** especially after going to the toilet and before eating or preparing food. Alcohol-based gels are not effective against norovirus use liquid soap and water
- Exclusion: staff and pupils with norovirus symptoms should not attend school until they have been free of symptoms for 48 hours
- Adequate supplies: make sure you have adequate supplies of vomit bags in all areas and that these are accessible to staff and pupils
- Isolating affected areas: if a child vomits in the classroom, section the area off and ensure it is not used until fully deep cleaned – cleaning guidance is available in the <u>Health protection in children and young people settings, including education</u> information online
- **Isolating individuals:** the affected child should be isolated, if possible, from their classmates until collected by their parent/guardian
- Increase cleaning of touch points: cleaning guidance is available online in the information on <u>Health protection in children and young people settings</u>, including education
- Diarrhoea and vomiting checklist: use the action checklist on the <u>Children and young</u> people settings: tools and resources

Reporting an outbreak of norovirus to UKHSA

Call the UKHSA West Midlands Health Protection Team on 0344 225 3560, Option 2

What UKHSA will ask for:

- Setting: name and address, including postcode
- Contact person: name and phone number and email
- Type of setting: for example, nursery or special educational needs (SEN) school
- Total numbers affected: children, young people and staff (including non-teaching staff)
- Food handlers: if any food handlers have been affected
- Total numbers attending children, young people, and staff
- Areas affected: number of classes, rooms year groups (including nursery if applicable)

- Symptoms: list of all symptoms experienced
- **Onset:** date when symptoms started, including brief overview of sequence of numbers of new cases since first (index) case
- Episodes of illness: have any staff/children vomited or had diarrhoea within the setting
- Severity: any indications of severe disease, such as overnight admissions to hospital
- Events or trips: details of any events or trips in the week prior to the start of the outbreak
- Testing: if any tests or clinical assessments have taken place (if known)
- **Clinically vulnerable:** if there are any individuals within the affected group at higher risk from severe disease (eg chronic conditions, suppressed immunity, pregnant staff)

National guidance

National guidance <u>Health protection in children and young people settings, including</u> <u>education</u> is available online at GOV.UK. The following are links to individual chapters, for ease of reading:

	U	
1	Infections in childcare settings	Infections
2	Preventing and controlling infections (includes cleaning guidance)	Prevention and control
3	Guidance for handwashing	How to wash your hands – NHS
		Hand hygiene poster
4	e-Bug resources	<u>e-bug</u>
5	Managing outbreaks and incidents	Advice for all outbreaks
6	Specific educational settings and populations – additional considerations	Includes: • Early years or pre-school • Special Educational Needs (SEN) • Residential educational settings
7	Children and young people settings – tools and resources	Includes: • Exclusion table • Posters • Diarrhoea and vomiting outbreak – action checklist • Meningitis or septicaemia – action checklist

See our online blog - Norovirus: What to do if you catch it and helping to stop the spread

You can also look at the norovirus information on the NHS website or visit NHS111 online

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UK Health
Security
Agency

Guidance on managing outbreaks of respiratory infections in schools and nurseries

During winter there may be an increase in viral respiratory infections such as the <u>common</u> <u>cold</u>, <u>flu</u>, and <u>COVID-19</u>. These are very infectious and can cause outbreaks – so good infection prevention and control (IPC) practices are important.

Young children, those with chronic conditions and pregnant women are particularly at risk of developing complications – so it is important that they are immunised from any vaccine-preventable diseases, such as flu and COVID-19.

- **Respiratory outbreak definition:** a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- **Response:** follow your local arrangements for reporting outbreaks

How respiratory infections are spread

- Person to person: spread through small droplets, aerosol, and direct contact
- Contaminated surfaces: from coughs and sneezes and unwashed hands
- Close contact: with infected individuals, especially in poorly ventilated spaces

How to limit spread of respiratory infections

- Exclusion: anyone unwell and with a high temperature should stay at home until temperature is normal and they are well enough to return
- Good hand and respiratory hygiene: <u>e-Bug</u> has a range of educational resources for ages 3 to 16 to learn about microbes, infection prevention and control, antibiotics, and vaccination
- **Tissues and handwash:** make sure you have adequate supplies along with displaying 'Catch it. Bin it. Kill it.' Posters

- Increase cleaning of touch points: cleaning guidance is available online in the information on *Health protection in children and young people settings, including education*
- Ventilation: Keep occupied spaces well ventilated. Identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow. See online guidance <u>Ventilation to reduce the spread of respiratory infections, including COVID-19</u>

Reporting an outbreak of respiratory infection to UKHSA

Call the UKHSA West Midlands Health Protection Team on 0344 225 3560, Option 2

What UKHSA will ask for:

- Setting: name and address, including postcode
- Contact person: name and phone number and email
- Total numbers affected: children, young people and staff (including non-teaching staff)
- Total numbers attending children, young people, and staff
- Areas affected: number of classes, rooms year groups (including nursery if applicable)
- Symptoms: list of all symptoms experienced
- **Onset:** date when symptoms started, including brief overview of sequence of numbers of new cases since first (index) case
- Severity: any indications of severe disease, such as overnight admissions to hospital
- Events or trips: details of any events or trips in the week prior to the start of the outbreak
- Testing: if any tests or clinical assessments have taken place (if known)
- **Clinically vulnerable:** if there are any individuals within the affected group at higher risk from severe disease (eg chronic conditions, suppressed immunity, pregnant staff)
- Vaccination status: if staff / pupils in risk groups are fully vaccinated for <u>flu</u> and <u>COVID-19</u>

National guidance

National guidance <u>Health protection in children and young people settings, including</u> <u>education</u> is available online at GOV.UK. The following are links to individual chapters, for ease of reading:

1	Infections in childcare settings	Infections
2	Preventing and controlling infections (includes cleaning guidance)	Prevention and control
3	Guidance for handwashing	<u>How to wash your hands – NHS</u> <u>Hand hygiene poster</u>
4	e-Bug resources	<u>e-bug</u>
5	Managing outbreaks and incidents	Advice for all outbreaks
6	Specific educational settings and populations – additional considerations	Includes: • Early years or pre-school • Special Educational Needs (SEN) • Residential educational settings
7	Children and young people settings – tools and resources	 Includes: Exclusion table Posters Diarrhoea and vomiting outbreak – action checklist
Vaccination information: COVID-19 vaccine and Child Influenza Programme		

Winter infections cover letter (to be sent to parents in the event of an outbreak)

SCHOOL LETTERHEAD

Dear Parent/Guardian

Diarrhoea & Vomiting and Flu-like illness at (INSERT NAME OF SCHOOL/NURSERY)

This letter is to advise you that diarrhoea and vomiting illness which is present in the community at this time of the year is also circulating at the school. There have also been a number of children unwell with a flu-like illness. We are following advice from UKHSA on managing the outbreak including increasing cleaning throughout the school.

We would be very grateful for the support of parents in helping us reduce the spread of the infections. If your child has symptoms of diarrhoea and or vomiting, please keep them at home until 48 hours after they are feeling better. During this time, they should not mix with other children outside the home or visit local venues. Norovirus is commonly known as Winter Vomiting Disease and often occurs in the community and in schools and nurseries at this time of the year.

The UK Health Security Agency (UKHSA) have confirmed that flu and other respiratory illness are circulating as is common during this time of the year.

Please be reassured that most children who become unwell will have a mild illness and will recover at home without needing treatment. However, if your child has an underlying medical condition and becomes severely unwell with flu-like symptoms (fever of 38°C or greater with cough, sore throat, runny nose, limb/joint pain or headache) or has problems breathing please, ring your GP or NHS 111 for further advice.

The attached information leaflet from the UKHSA provides some useful information on both illnesses.

Yours sincerely

Head Teacher

Winter illnesses in children leaflet for parents.



Winter infections in children – guidance for parents/guardians

This leaflet gives advice on illnesses that are currently affecting nursery and primary school children across the West Midlands

What are the symptoms?

There are two groups of symptoms:

- Diarrhoea and vomiting usually lasting 1-2 days
- Fever, tiredness and nausea (feeling sick), sore throat – sometimes with a cough, lasting 3-4 days

What should I do if my child is unwell?

- Keep your child at home until they are well – if your child has diarrhoea and/or vomiting, they should not attend nursery/school until they have been symptom free for 48 hours
- Ensure they drink plenty of fluids taking sips rather than gulps, to avoid vomiting
- If they have a fever give child paracetamol and/or ibuprofen, according to manufacturer's instructions

Infection control advice

Handwashing is one of the most important ways to prevent the spread of both of these infections. This applies to the child who is ill and the person caring for them. Hands should be washed using soap and rinsed under running water:

- Before and after caring for the child
- After using the toilet
- Before eating, preparing or handling food
- After cleaning up spills (vomit, diarrhoea or urine)
- Also keep a separate towel for each family member who has symptoms, and change them regularly
- Dry hands thoroughly

Other control measures:

- Dispose of used tissues immediately
- Wash soiled clothing, bed linen and towels, using the hottest wash setting for the fabric

- Your child can return to school once they no longer have a temperature (without medication) and are well enough to do so
- If your child is unusually sleepy, is unable to take fluids or has other symptoms, such as an unusual rash, headache or neck stiffness – seek medical advice immediately
- Ensure toilet areas, baths and washbasins are kept clean, using hot soapy water
- After initial cleaning, areas may also be disinfected using a disinfectant

For further information, visit NHS.uk and search for 'respiratory infections' and 'diarrhoea and vomiting'