



UK Health  
Security  
Agency

Guidance

# Flu vaccination programme 2025 to 2026: briefing for primary schools

Updated 14 May 2026

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**Applies to England**

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This publication is available at <https://www.gov.uk/government/publications/flu-vaccination-in-schools/flu-vaccination-programme-2021-to-2022-briefing-for-schools>

This leaflet gives details about the flu vaccination programme for primary school aged children including how the programme is delivered and the role schools play.

Every autumn term, all primary school aged children in England (from Reception class to Year 6) are offered a flu vaccination by the NHS school aged immunisation service. Most children are offered a nasal spray flu vaccine. We are grateful for the support of schools in hosting vaccination sessions. Delivering the programme through schools makes it more accessible to pupils which results in higher uptake and ensures the programme is more equitable. The school aged immunisation service works with schools to agree a date for the vaccination session and the best approach for implementing the programme.

Flu is an unpredictable virus that can kill thousands of people during a flu season. The flu vaccine is the best defence we have against it. Vaccination of children is based on the recommendation of the Joint Committee on Vaccination and Immunisation (JCVI), the independent, expert, scientific advisory group that advises the Government on vaccination and immunisation. Flu can be a very nasty illness in children and complications include acute bronchitis, painful ear infections, and pneumonia. Some children may need to go to hospital for treatment, including intensive care.

The benefits of vaccination also include reduced transmission of flu in the community. This is because children play a key role in the transmission of flu, including to those who may be at higher risk from the complications of flu such as babies, pregnant women and the elderly.

Since the start of the children's nasal spray vaccine programme, research has shown that vaccinating large numbers of children has reduced the circulation of flu in the community. This has reduced the number of GP consultations for flu like illness for both the vaccinated children and the wider community and has also reduced hospital admissions from flu.

For schools the benefits include reduced pupil absence and the reduced likelihood of teachers catching flu from their pupils.

## **The role of schools**

Your school aged immunisation service team will try and keep disruption to a minimum and will only ask you to do the things that they cannot do themselves. This could be written into a Memorandum of Understanding

so that roles and responsibilities are clearly set out for the school and immunisation team.

Schools will be asked to:

- work with the team to agree the best approach for implementing the programme in your school – this may include opportunities for the immunisation team to provide information sessions to parents
- nominate a named contact to liaise with the team
- agree dates for the vaccination session
- provide class lists with contact details
- agree a process for providing parents/guardians with the invitation letter, information leaflet and consent form so that parents/guardians can get the materials as quickly as possible
- encourage children and their parents/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
- communicate the programme on your website
- let parents know which day vaccination will take place
- let children know what will happen and answer any questions parents and children have on the logistics and date of vaccinations

Other practical considerations include:

- provide a suitable location for the vaccination to take place (such as a school hall) – you may want to share a photo of your space with the immunisation team
- ensure the immunisation team can access the agreed space before the vaccinations are due to start, so they can set-up
- provide suitable sized tables and chairs for the team and if possible, access to a power supply with extension cables

Schools have a key role to play in promoting uptake of the immunisation programme because of the relationship you have with parents and children. Please use all your communication channels to help promote uptake and share this leaflet with staff in your school. Schools can provide opportunities for the team to share information with children, parents and staff. This could be face to face at events such as parents evenings or assemblies, or in the form of a pre-recorded information video.

# Benefits to schools

Benefits to schools include:

- reduces the likelihood of flu outbreaks in schools
- helps protect children against flu which in turn reduces pupil and staff absenteeism rates
- promotes a healthy environment in schools and the wider community, including amongst the children's immediate and extended family
- provides an opportunity to integrate learning about the benefits of vaccination into the school curriculum including history and science
- 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.
- the UK Health Security Agency have developed a range of teacher resources on germs and bacteria to support learning about microbes, infection prevention and control, antibiotics and vaccination. These resources are available on e-Bug (<https://www.e-bug.eu/home>).

## The nasal flu vaccine

The nasal spray is the preferred flu vaccine for children. It is quick, painless, easy to administer and may be better at reducing the spread of flu to others than an injected vaccine.

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). The injected vaccine is also available for children whose parents don't want them to have the nasal spray because of the very small amounts of porcine gelatine (used as a stabiliser).

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

## **Timing of flu vaccination**

As the flu virus can change each year, vaccination is required on an annual basis. The strains of virus used in flu vaccines change from one season to the next. Vaccinations are generally given in the autumn term before flu tends to circulate.

## **Who will give the vaccine to the children**

The programme is delivered by an NHS commissioned immunisation team which may include nurses, healthcare support workers, administrative staff, and other associated professionals who specialise in delivery of school aged vaccinations. The team administers the vaccination according to nationally set standards. Staff have appropriate qualifications and training, including safeguarding training. All staff are DBS cleared.

## **How parent or guardian consent will be obtained**

The immunisation team, not the school, is responsible for the consent process and ensuring only children and young people with informed consent receive a vaccine.

1. Written consent. Ideally, parents or carers provide written consent ahead of the vaccination session. The immunisation team will provide parents and carers with information about the vaccination and a consent form. They may ask you to send these to parents and collect the consent forms back in, or the team may use electronic consent forms. It is helpful if you remind parents to complete the form on time and to discuss the vaccination with their child. Schools can also help by following up with any parents who have not returned a consent form and by returning any paper forms to the immunisation team by the agreed deadline.
2. Verbal consent. If a parent has not returned a consent form, the immunisation team will make every effort to contact them to seek verbal consent. It is important that schools share class lists with parent and carer contact details, to enable immunisation teams to do this. There is a lawful basis for sharing this data, which is explained in

answer to the next section.

## **Information which needs to be provided with the immunisation team and GDPR**

You will need to provide data to support immunisation programmes in your school. This includes:

- sharing information leaflets and consent forms with parents or carers
- providing a list of eligible children and young people, and their parent's or carer's contact details to the school age immunisation team

Sharing these contact details does not mean that a vaccine will be given. A parent or carer will need to give their consent for a vaccine to be given to their child.

There is a lawful basis for you to share information with school immunisation teams under article 6(1)(e) of UK GDPR. This states that the information can be shared if processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

This means that the school can share this information with immunisation programmes as it is in the public interest.

## **Translations and accessible versions of leaflets and resources**

There are NHS leaflets and posters which provide more information for parents on the vaccine, including how it works and information on those children who are unable to have it. These can be found on [GOV.UK flu pages \(https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters\)](https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters). These are available in multiple languages and can be ordered for free. If there are a number of parents at your school for whom English is not their first language, let the immunisation team know and they should be able to provide translated versions of materials. The leaflets are also available in Braille, British Sign Language (BSL), audio, large print and simple text versions.

## **How the immunisation team will 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.

## **Parents or guardians refusing to have their child vaccinated**

Yes. The vaccination is not mandatory. Parents or guardians will be asked to give their informed consent for the vaccination.

## **Benefits to schools**

- helps protect children against flu which in turn reduces pupil and staff absenteeism rates
- promotes a healthy environment in schools and the wider community, including amongst the children's immediate and extended family
- reduces the likelihood of flu outbreaks in schools

## **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 aged immunisation service will be able to share with the school. For the small number of pupils who may be at increased risk from flu because of underlying health conditions, their parents also have the option of requesting the vaccine from their GP practice.

## **If a child becomes unwell in school after receiving the vaccination**

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

## **Shedding the virus and unvaccinated contacts**

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.

## **Vaccinating teachers**

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. Schools can also access the Crown Commercial Service (<https://www.crowncommercial.gov.uk/agreements/RM6182>) Framework for flu vaccine vouchers or on-site provision of flu vaccines at competitive rates.

Staff aged 65 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.

Further information on [flu vaccine \(https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/\)](https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/) is available on NHS.UK.

## **Learning about vaccination in schools**

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.

The flu vaccination programme provides an opportunity to integrate learning about the benefits of vaccination into the school curriculum including history and science. UKHSA have developed a range of teacher resources on germs and bacteria to support learning about microbes, infection prevention and control, antibiotics and vaccination. These resources are available on [e-Bug \(https://www.e-bug.eu/\)](https://www.e-bug.eu/).

The British Society for Immunology has also produced educational resources for those in [Key Stages 2 and 3 \(https://www.immunology.org/public-information/vaccine-resources/vaccines/activity-packs/educational-resources\)](https://www.immunology.org/public-information/vaccine-resources/vaccines/activity-packs/educational-resources).

## **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.

The nasal spray vaccine is the preferred flu vaccine for children.

It has been given to millions of children and has an excellent safety record.

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 immunisation team.

Parents who do not accept vaccines that contain porcine gelatine can request a flu vaccine injection that does not contain gelatine.

If a child is unwell on the day, the team delivering the vaccines 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 who are unable to have it.

All questions on the suitability of the vaccine for individual children should be directed to the NHS team delivering the vaccinations.



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