

South East Screening  
& Immunisation Teams

# Maternity Immunisation Toolkit



Public Health England **NHS**

# Immunisation

helps to protect your baby when they need it most

Immunisation helps to protect your baby against 17 diseases such as

- Whooping cough
- Septicaemia
- Meningitis
- Diphtheria
- Measles
- Tetanus
- Polio
- Rotavirus



**Keeping up to date with vaccination protects your baby**

See your GP, health visitor or practice nurse for details

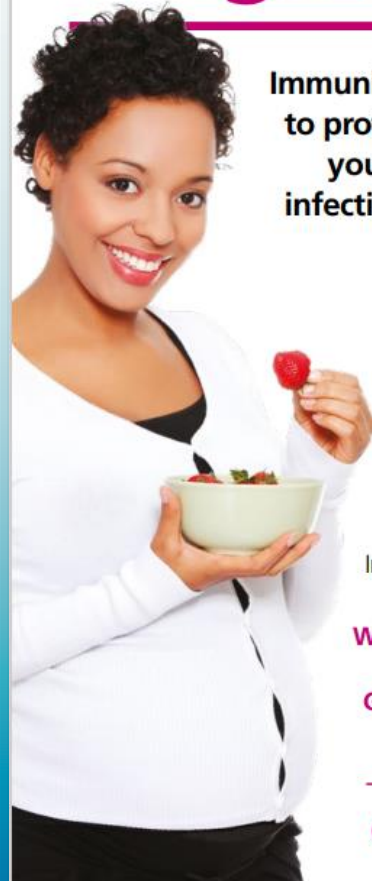
**i**mmunisation  
helping to protect everyone, at every age

© Crown copyright 2016. H11147. In 2016. Rev 10/2015. Produced by HSE/Health Protection Agency for Public Health England.

UK Health Security Agency **NHS**

# Pregnant?

Immunisation helps to protect you and your baby from infectious diseases



Immunise against:

- Flu** (Influenza)
- Whooping cough** (Pertussis)
- German measles** (Rubella)

**i**mmunisation

# Contents

1. Introduction
2. Prenatal immunisations – Pertussis
3. Prenatal immunisations – Flu
4. Prenatal immunisations - Covid
5. Neonatal immunisations – BCG
6. Neonatal immunisations – Hepatitis B
7. Setting up a maternity immunisation service
8. Ordering vaccines
9. Record keeping and reporting uptake
10. Cold Chain
11. Vaccine incidents
12. Vaccine queries and where to seek advice
13. Immunisation Training
14. Staff vaccination
15. Immunisation Resources
16. Contacts

# 1. Introduction

- Maternity services have an important role in ensuring pregnant women and new parents/carers of babies have knowledge and understanding of the national immunisation schedules.
- Midwives are best placed to support pregnant women and new parents in ensuring all pregnant women and eligible babies are offered the appropriate vaccinations by:
  - **Making Every Contact Count**
  - **Providing accurate demographic data to GP record and Child Health Information System (CHIS)**
  - **Raising awareness**
  - **Supporting babies who require targeted vaccination programmes**
  - **Raising awareness of the National Immunisation schedule**

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

<https://www.gov.uk/government/publications/infant-immunisation-poster>

## 2. Prenatal Immunisations – Pertussis

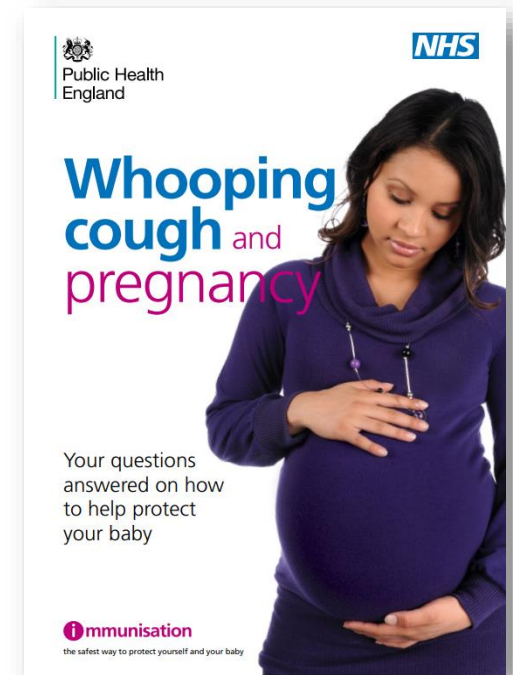
- In 2012, UK reported largest increase in pertussis activity in over 2 decades: Highest rates of morbidity and mortality occurred in infants less than 3 months old who were too young to be protected through routine vaccination. A temporary pertussis immunisation programme for pregnant women was introduced in October 2012 in response to the national outbreak.
- Aim of the programme is to boost pertussis antibodies in vaccinated woman in late pregnancy, so antibodies pass from mother to baby to provide infants with protection until they attend for own routine vaccines at 8 weeks old.
- Most women have been vaccinated or exposed to natural whooping cough in childhood, but if given pertussis containing vaccine from week 16 of pregnancy it will temporarily boost their antibody levels.
- The vaccine is offered between weeks 16-32 of pregnancy. The vaccine can be offered after week 32 until delivery but may not offer as high a level of passive protection to baby, particularly if born pre-term. After week 38 the vaccine may not provide passive protection to baby, but potentially protects mother from pertussis infection and reduces risk of passing to her infant.
- **Women should be offered the vaccine in every pregnancy to protect each individual baby.**
- Low dose diphtheria, tetanus, pertussis (acellular component) and poliomyelitis (inactivated) vaccine (dTaP/IPV) is used (refer to the Pertussis PGD for full information). The recommended vaccine is Boostrix-IPV, but Repevax vaccine may be used if Boostrix is not available. Both can be ordered centrally via ImmForm

Vaccination against pertussis (whooping cough) for pregnant women: information for healthcare professionals:

<https://www.gov.uk/government/publications/vaccination-against-pertussis-whooping-cough-for-pregnant-women>

Pertussis: the green book, chapter 24: <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>

Whooping cough: vaccination in pregnancy programme resources: <https://www.gov.uk/government/publications/resources-to-support-whooping-cough-vaccination>



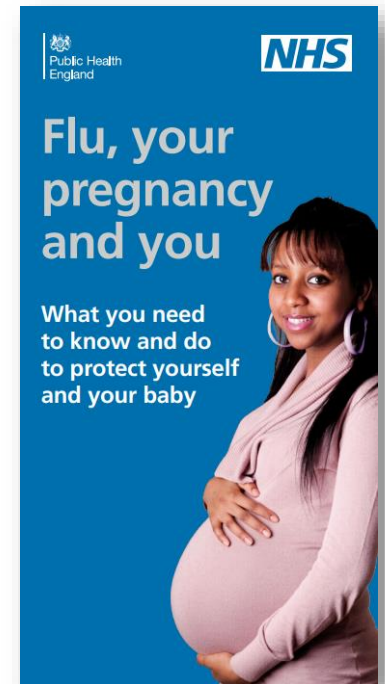
## 3. Prenatal Immunisations – Flu

- Influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size and lower birth weight.
- Vaccination against flu reduces the risk of complications caused by the virus. Serious complications of flu include bronchitis, pneumonia, sepsis, meningitis and encephalitis.
- The flu vaccination should where possible be offered before influenza starts circulating. However, even after influenza is in circulation vaccination should continue to be offered to those at risk and newly pregnant women. The vaccine can be given at any stage of pregnancy.
- In the UK between 2009 and 2012, flu was the cause of death for 36 women who died during pregnancy or shortly afterwards. It is estimated that half of these deaths could have been prevented by flu vaccination.
- In addition, a number of studies show that influenza vaccination during pregnancy provides passive immunity against influenza to infants in the first few months of life following birth.
- A review of studies on the safety of influenza vaccine in pregnancy concluded that inactivated influenza vaccine can be safely and effectively administered during any trimester of pregnancy.
- A single 0.5ml dose of an inactivated influenza vaccine is recommended for eligible adults aged 18 years of age or older each year that they are eligible including pregnant women.
- The most commonly reported side effects of flu vaccines are pain, swelling, bruising, hardness or redness at the injection site, slightly raised temperature, headache, sweating, aching joints or muscles, tiredness and feeling generally unwell and usually last 1-2 days.
- None of the inactivated flu vaccines contain any live viruses and they cannot give the person flu!
- Breast-feeding alone is not a clinical indication for vaccination. However, inactivated flu vaccine can be given to pregnant women or women in a clinical risk group who are breast feeding.

### **Influenza vaccinations: programme resources:**

<https://www.gov.uk/government/collections/annual-flu-programme#2022-to-2023-flu-season>

**Influenza: the green book, chapter 19** <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>



# 4. Prenatal immunisations – COVID-19

- The risks to pregnant women and neonates following COVID-19 infection have worsened over the course of the pandemic: the maternal mortality ratio as a result of COVID-19 has significantly increased.
- COVID-19 disease can cause severe illness in pregnant individuals, especially if they become infected during the third trimester or have underlying health conditions.
- Pregnant women are more likely to have severe COVID-19 infection if they are overweight or obese, are of black and Asian minority ethnic background, have co-morbidities such as diabetes, hypertension and asthma, or are 35 years old or older.
- COVID-19 vaccines in pregnancy provide high levels of protection against disease and available data suggests that COVID-19 vaccines do not indicate any harm to the pregnancy
- There is no evidence that COVID-19 vaccines have any effect on fertility.
- Pfizer BioNTech and Moderna vaccines are the preferred vaccines for eligible pregnant women. Pregnant women who have already received a dose of AstraZeneca vaccine can complete with the same vaccine or with an mRNA product.
- The JCVI has recommended that the vaccines can be received whilst breastfeeding.
- Having two doses of the COVID-19 vaccine followed by a booster results in women being 88% less likely to be admitted to hospital with COVID-19 than those who are unvaccinated.
- The decision whether to have the vaccination in pregnancy may require additional support and midwives should be able to provide information and discuss COVID-19 vaccination with confidence.

**Resources and information:**

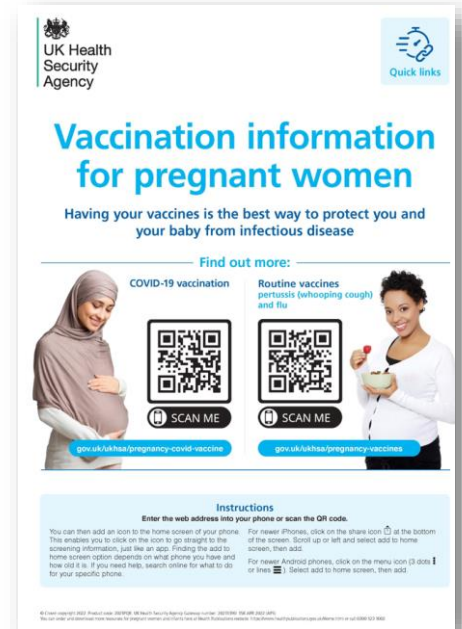
Green Book, Chapter 14a: [Greenbook chapter 14a - COVID-19 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/green-book-chapter-14a-covid-19)

COVID-19 vaccination guidance for healthcare professionals:

[COVID-19 vaccine information for healthcare practitioners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/covid-19-vaccine-information-for-healthcare-practitioners)

COVID-19 vaccination for pregnant women leaflet

[COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-or-breastfeeding)



# 5. Neonatal Immunisations – BCG

- The neonatal BCG vaccine is routinely used to protect newborn babies who are at an increased risk of or exposure to TB infection.
- Human tuberculosis (TB) is caused by infection with bacteria of the Mycobacterium tuberculosis and may affect almost any part of the body. The most common form is pulmonary TB, which accounts for almost 60% of all cases in the UK.
- Non-respiratory forms of TB are more common in young children in communities with connections to areas of the world with high prevalence, and in those with impaired immunity.
- The selective neonatal BCG programme is offered to all infants (0–12 months) who are either:
  - living in areas of the UK where annual incidence of TB is 40/100,000 or greater, or
  - where one or more parent or grandparent was born in a country where the annual incidence of TB is 40/100,000 or greater (this is identified from the PHE countries list: <https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>)
- The BCG (Bacille Calmette-Guérin) vaccine contains a live attenuated strain of mycobacterium. A single dose is required for infants under 12 months in line with national recommendations. Analysis shows the vaccine to be 70 to 80% effective against the most severe forms of the disease that includes TB meningitis in children.
- Maternity services should have pathways in place to ensure, following birth, all eligible babies are referred for BCG vaccination.
- BCG vaccine should be administered within 28 days of birth after the SCID\* screening result from the newborn blood spot screening has been received.
- The SCID\* screening evaluation is taking place in 6 areas across England and will cover about 60% of newborn babies (Manchester, Birmingham, Sheffield, Newcastle, London Great Ormond Street Hospital and London Southeast Thames). In areas where the SCID evaluation is not taking place an outcome will be recorded as 'SCID not offered'.

**Resources:**

Green Book Chapter 32:

<https://www.gov.uk/government/publications/tuberculosis-the-green-book-chapter-32>

BCG leaflet: <https://www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet>










Public Health England

Table 1: High incidence countries (estimated incidence rate of 40 per 100,000 or greater)

Country/Territory	WHO Region	Estimated rate per 100,000 population	Number of cases	Rate ≥150 per 100,000
Afghanistan	Eastern Mediterranean	189	70,000	✓
Algeria	Africa	69	29,000	
Angola	Africa	355	109,000	✓
Azerbaijan	Europe	63	6,300	
Bangladesh	South-East Asia	221	357,000	✓
Benin	Africa	56	6,500	
Bhutan	South-East Asia	149	1,100	
Bolivia (Plurinational State of)	The Americas	108	12,000	
Botswana	Africa	275	6,200	✓
Brazil	The Americas	45	95,000	

# 6. Neonatal Immunisation – Hepatitis B

- All pregnant women should be offered screening for hepatitis B infection in every pregnancy. Babies born to mothers who, following screening, are found to be chronically infected with hepatitis B virus (HBV) or who have had acute hepatitis B during pregnancy are at risk of becoming infected with HBV.
- The objective of the selective neonatal immunisation programme is to provide post exposure immunisation to prevent mother to child transmission at or around the time of birth.
- Infected mothers need to be identified through antenatal screening and immunisation of the infant needs to start with a dose of monovalent hepatitis B vaccine at birth.
- The dried blood spot test or DBS for infants of hepatitis B positive mothers is a national service that is currently offered free of charge to increase testing of at risk infants born to hepatitis B positive mothers in the primary care setting.
- Data suggests that the proportion of infants tested at 12 months is sub-optimal due to difficulties in obtaining venous blood samples in primary care. This places these infants at an increased risk of long term complications if their infections are not recognised and managed early on.
- Improving the coverage of vaccination and follow up testing of infants born to hepatitis B positive mothers is therefore an important public health priority.
- Maternity services should have processes in place to record and report vaccines administered to babies born to hepatitis B positive mothers to the local Child Health Information Service and the baby’s GP/Health Visitor.
- Following the initial dose at birth, the hepatitis B immunisation schedule is delivered in primary care at 4 weeks, 8 weeks, 12 weeks, 16 weeks and 1 year of age.

Age	Routine childhood programme	Babies born to hepatitis B infected mothers
Birth	X*	 Monovalent HepB (Engerix B® or HBvaxPRO Paediatric®) (with HBIG if indicated)
4 weeks	X	 Monovalent HepB (Engerix B® or HBvaxPRO Paediatric®)
8 weeks	 DTaP/IPV/Hib/HepB (Infanrix hexa®)	 DTaP/IPV/Hib/HepB (Infanrix hexa®)
12 weeks	 DTaP/IPV/Hib/HepB (Infanrix hexa®)	 DTaP/IPV/Hib/HepB (Infanrix hexa®)
16 weeks	 DTaP/IPV/Hib/HepB (Infanrix hexa®)	 DTaP/IPV/Hib/HepB (Infanrix hexa®)
1 year	X	 Monovalent HepB (Engerix B® or HBvaxPRO Paediatric®) Test for HBsAg

# 7. Setting up a maternity immunisation service

- Ensure that the senior leadership team for the trust are fully supportive of the service and involved in the initial set up.
- Set up a task and finish group to plan for the new service.
- Consider the options for the site of the vaccination service i.e. close to the USS dept, antenatal clinic. Ensure that the site is accessible and adequate for the delivery of the service.
- Consider what equipment will be required to deliver the service i.e. vaccine fridge, vaccine equipment, chair/table, emergency equipment such as adrenalin, adequate storage, IT equipment, clinical waste, etc.
- Consider the staffing options, models of delivery for the service. The service does not necessarily need to be delivered by a midwife as vaccine discussions can take place in antenatal appointments and the actual administration of the vaccine may be completed another staff member.
- Consider training requirements for those delivering the service. Ensure that all training requirements are set-up prior to service commencing.
- Consider modes of delivery i.e. patient group directions (PGDs). Plan the drafting of PGDs and how they will be approved within the trust.
- Ensure that vaccines can be ordered and stored as appropriate. Register for an ImmForm account where required, set up accounts with vaccine manufacturers where required.
- Draft standard operating procedures to cover all processes for the delivery of the immunisation programme including how to escalate and report incidents.
- Ensure that there are processes in place to record administration of the vaccine including on the patient's records and within IT systems specific to the programme.

## 8. Ordering vaccines

- Vaccines ordering is different depending on the programme.
- Pertussis vaccines can be ordered centrally via ImmForm. Trusts may have an account already set-up with ImmForm usually via pharmacy. If not services can register for an account as follows: [How to register: ImmForm help sheet - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/how-to-register-for-immform)
- Hepatitis B Vaccines can be purchased direct from the manufacturer – details can be found at the end of the Green Book chapter: [The Green Book on Immunisation - Chapter 18 Hepatitis B \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101111/green-book-chapter-18-hepatitis-b)
- For babies born to high-risk women requiring Hepatitis B immunoglobulin (HBIG) this can be ordered from UKHSA as follows: 0208 327 6204.
- BCG is delivered by TB/BCG services and the vaccine is supplies centrally through [Intranet Portal - Logon \(phe.gov.uk\)](https://phes.intranet.gov.uk/)
- COVID-19 vaccines are currently ordered via the Foundry website (further details can be found via the pharmacy team or by contact the local Integrated Care System (ICS): System Vaccination Operation Centre (SVOC).
- Influenza viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of influenza viruses throughout the world, making recommendations about the strains to be included in vaccines each season.
- The recommended composition of influenza virus vaccines for use in the 2022-2023 northern hemisphere influenza season can be found as follows: [Recommended composition of influenza virus vaccines for use in the 2022-2023 northern hemisphere influenza season \(who.int\)](https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2022-2023-northern-hemisphere-influenza-season)
- Flu vaccines for adults can be ordered directly from the manufacturer and are usually ordered early in the year following the NHSE flu vaccine reimbursement letter: [NHS England » Reimbursable vaccines and eligible cohorts for the 2022/23 NHS Seasonal Influenza \(flu\) Vaccination Programme](https://www.nhs.uk/consult/condem/2022-23-nhs-seasonal-influenza-flu-vaccination-programme)



## 9. Record keeping and reporting uptake

- Accurate, accessible records of vaccinations given are important for keeping individual clinical records, monitoring immunisation uptake and facilitating the recall of recipients of vaccines, if required.
- All vaccines administered need to be recorded on the mother or baby's individual record as appropriate and should include the following:
  - vaccine name, product name, batch number and expiry date
  - dose administered
  - site(s) used – including, clear description of which injection was administered in each site
  - date immunisation(s) were given
  - name and signature of vaccinator
- All vaccines administered to babies and children must be reported to the local Child Health Information Service (CHIS) to ensure that the central record for the child is up to date (CHIS contact details can be found at the end of the presentation).
- Accurate recording of vaccinations allows services to monitor uptake rates in their area. This can help when planning for future population vaccination programmes and appointment requirements.
- Each programme will have its own reporting requirements to monitor uptake such as ImmForm, PharmOutcomes, NIVs etc and the service specification for the programme will detail the specific requirements.

Further guidance regarding record keeping can be found as follows:

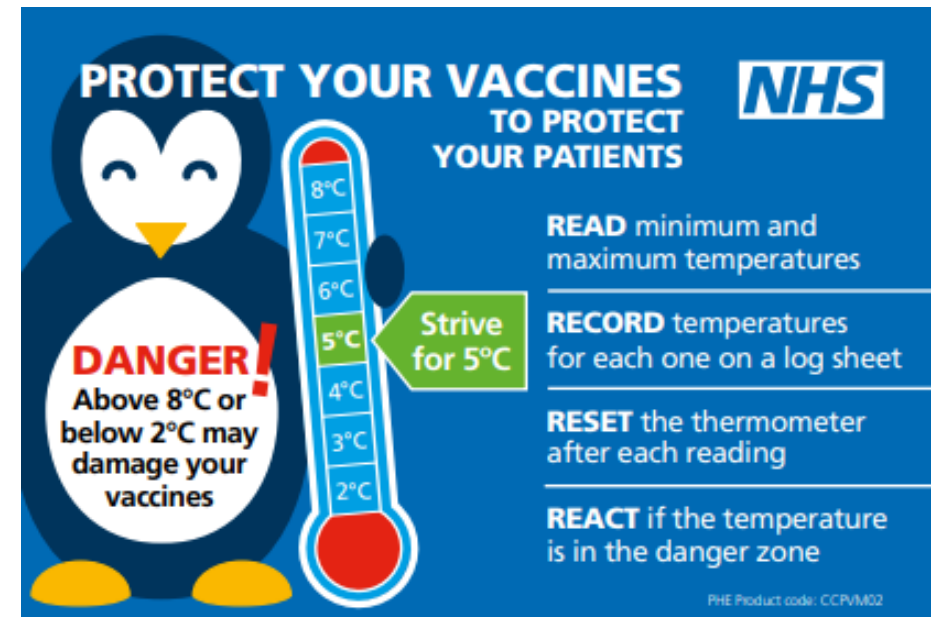
[Quality statement 3: Recording vaccinations | Vaccine uptake in under 19s | Quality standards | NICE](#)

# 10. Cold Chain

- Maintaining the cold chain ensures that vaccines are transported and stored according to the manufacturer’s recommended temperature range of +2°C to +8°C until the point of administration.
- Vaccines should be stored in the original packaging, retaining batch numbers and expiry dates. Vaccines should be stored according to the manufacturer’s summary of product characteristics (SPC) – usually at +2°C to +8°C and protected from light.
- Temperatures in the refrigerator must be monitored and recorded at least once each working day and recorded. The records should be readily accessible, be retained and cover the full storage history of any products contained in the fridge.

## Top tips for good practice

- Aiming for +5°C, the midpoint in the +2°C to +8°C range.
- Designating areas within the refrigerator for different vaccines so that all staff know where specific vaccines are stored. Glass doors or labels on the outside of fridges can reduce the time the door needs to be open
- Rotating vaccine stocks within the refrigerator so that those with shorter expiry dates are used first.
- The refrigerator is lockable or within a locked room. All vaccines are Prescription Only Medicines (POMs) and must be stored under locked conditions.
- Steps are taken to reduce the probability of accidental interruption of electricity supply, such as installing a switchless socket or clearly labelling the vaccine refrigerator plug.
- Where possible, order small amounts of vaccine regularly to reduce wastage.
- Records should be kept of regular servicing, defrosting and cleaning, calibration and electrical testing.
- All maintenance actions should be recorded on a log sheet, which should be kept with the vaccine refrigerator.
- Data loggers are particularly useful in monitoring temperatures especially following a cold chain incident.

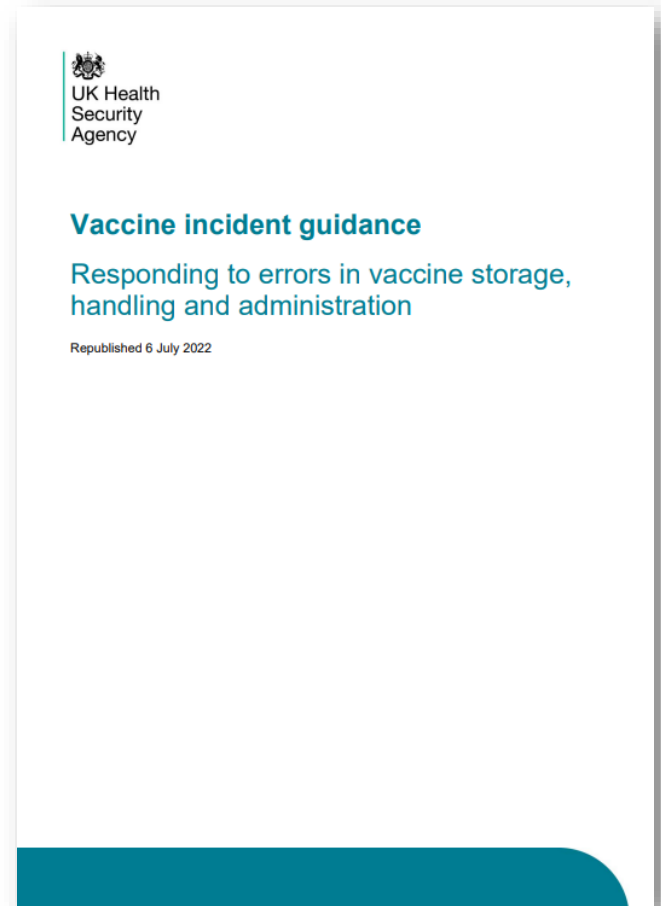


# 11. Vaccine Incidents

- Incident reporting is important as it supports teams to learn about why patient safety incidents happen within their own service and organisation.
- It also helps teams to identify ways in which they can ensure the safety of their patients and prevent harm by avoiding further occurrence of similar incidents.
- In turn these lessons can be shared to improve patient safety across a wider area.
- When a vaccine incident has been identified, the practitioner should discuss the incident with their manager.
- Clinical guidance may be sought from the Screening and Immunisation Team (SIT).
- The incident should be reported to the Screening and Immunisation Team within the locality using the SIT vaccine incident reporting forms in a timely manner.
- The SIT will advise the practitioner on the immediate actions to be taken including clinical advice and any further recommendations.

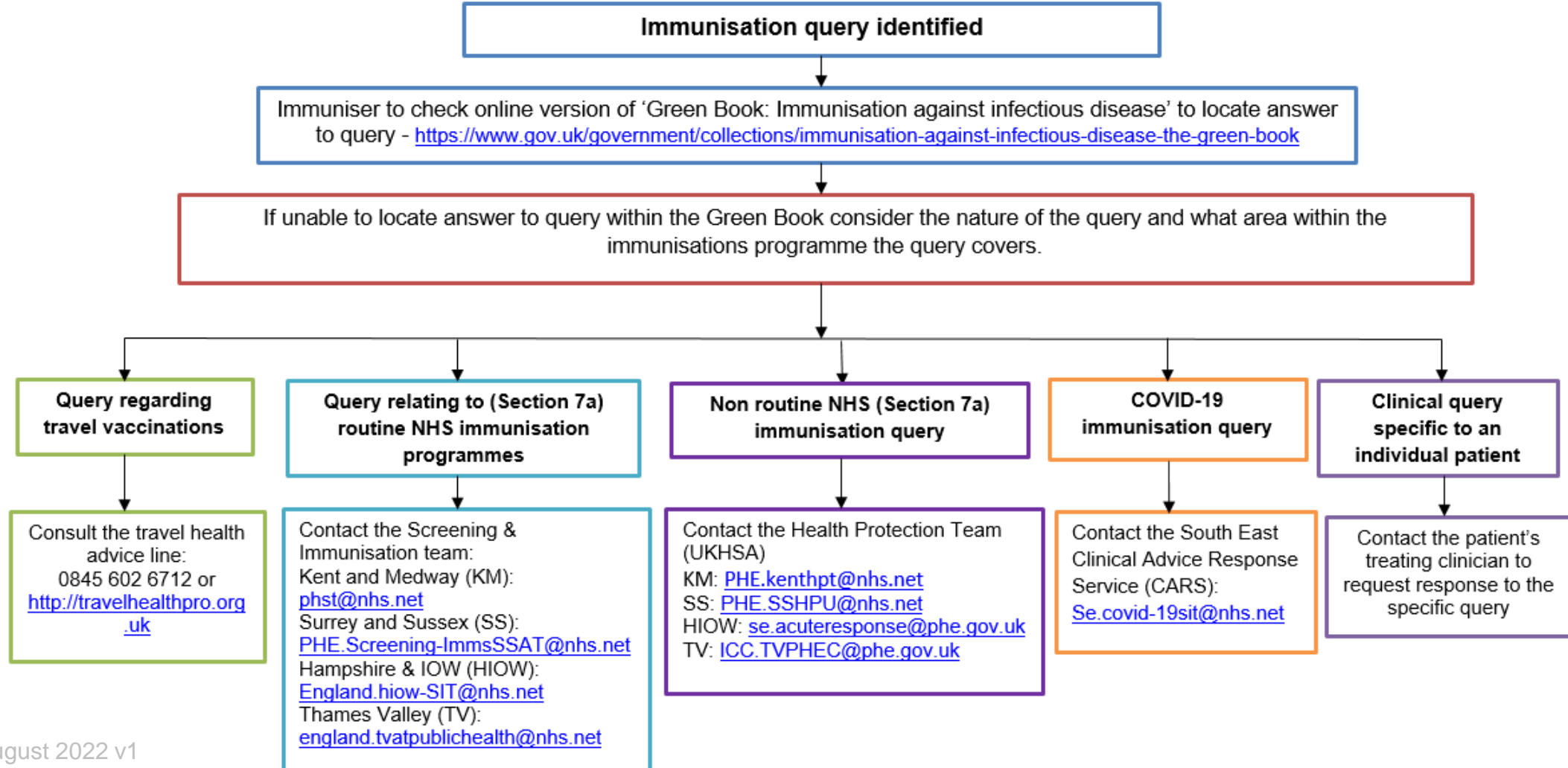
The Screening and Immunisation Teams in the South East can be contacted as follows:

- Kent and Medway: [phst@nhs.net](mailto:phst@nhs.net)
- Surrey and Sussex: [PHE.Screening-ImmsSSAT@nhs.net](mailto:PHE.Screening-ImmsSSAT@nhs.net)
- Hampshire and Isle of Wight: [England.hiow-SIT@nhs.net](mailto:England.hiow-SIT@nhs.net)
- Thames Valley: [england.tvatpublichealth@nhs.net](mailto:england.tvatpublichealth@nhs.net)



# 12. Vaccine queries and where to seek advice

## NHSE South East: PATHWAY FOR MANAGING IMMUNISATION QUERIES



# 13. Immunisation Training

Immunisers must be appropriately trained to administer immunisations and here to immunisation training standards:

- [Immunisation training standards for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/immunisation-training-standards-for-healthcare-practitioners)
- [Immunisation training of healthcare support workers: national minimum standards and core curriculum - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/immunisation-training-of-healthcare-support-workers-national-minimum-standards-and-core-curriculum)

In addition to the standards there are training requirements and resources for specific immunisation programmes such as:

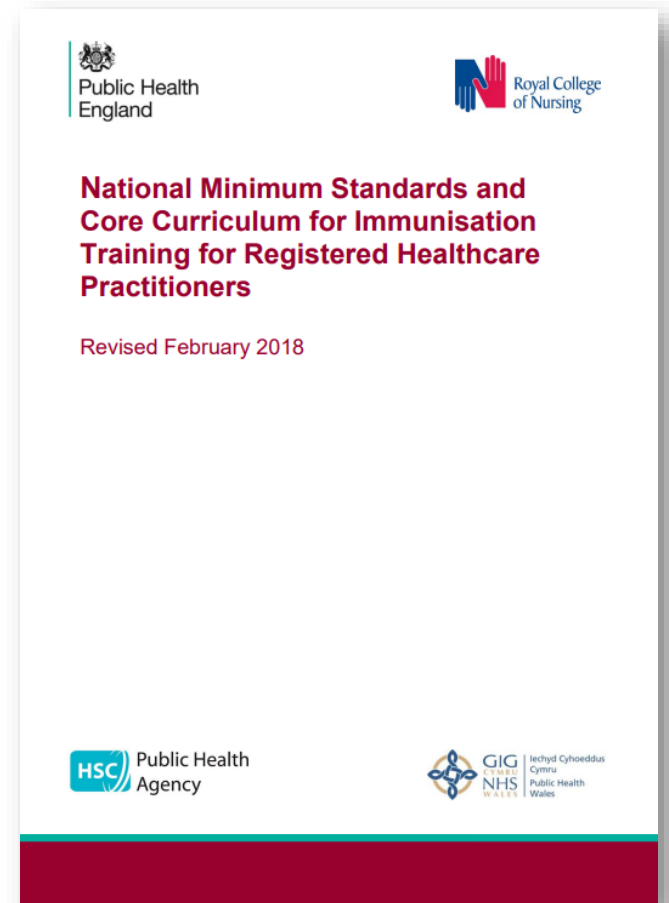
- [Flu immunisation training recommendations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/flu-immunisation-training-recommendations)
- <https://www.gov.uk/guidance/pertussis-whooping-cough-immunisation-for-pregnant-women-resources-and-training>

In addition, there are eLearning immunisation modules as follows:

- [Immunisation - elearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/immunisation)

Immunisers administering vaccines under a PGD will also require local PGD training within their trusts.

All trusts delivering vaccine programmes should maintain records of staff training and ensure all standards are met.



# 14. Staff vaccination

- In order to protect yourself, your families and the patients you come into contact with, it is recommended that:
  - Staff have their annual flu and Covid vaccinations in line with government guidelines
  - All staff should be up to date with their routine immunisations including measles, mumps and rubella (MMR)
  - In addition, it is advised that staff working in direct contact with vulnerable patients (pregnant women or infants) who have not received a pertussis containing vaccine in the last 5 years, should be offered pertussis vaccine.
- Please contact your trust Occupational Health Advisor for details on how to obtain the relevant vaccinations for you or your staff.
  - [National flu immunisation programme 2022 to 2023 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108222/national-flu-immunisation-programme-2022-to-2023-letter.pdf)
  - [C1674 COVID-19-Autumn-booster-and-flu-vaccine-programme-expansion 150722-2.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/150722/c1674-covid-19-autumn-booster-and-flu-vaccine-programme-expansion-150722-2.pdf)
  - [Green Book: Chapter 12 Immunisation of healthcare and laboratory staff \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/108222/green-book-chapter-12-immunisation-of-healthcare-and-laboratory-staff.pdf)
  - [Pertussis: occupational vaccination of healthcare workers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108222/pertussis-occupational-vaccination-of-healthcare-workers.pdf)

# 15. Immunisation Resources

- Immunisation against infectious disease: The Green Book:  
[Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/immunisation-against-infectious-disease)
- Annual flu programme: information and resources:  
<https://www.gov.uk/government/collections/annual-flu-programme>
- BCG vaccination programme: information and resources:  
[BCG vaccination programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/bcg-vaccination-programme)
- Vaccination against pertussis for pregnant women:  
[Vaccination against pertussis \(whooping cough\) for pregnant women - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/vaccination-against-pertussis)
- COVID-19 vaccination programme: information and resources:  
[COVID-19 vaccination programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/covid-19-vaccination-programme)
- Guidance on the hepatitis B antenatal screening and selective neonatal immunisation pathway:  
[Guidance on the hepatitis B antenatal screening and selective neonatal immunisation pathway - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/hepatitis-b-antenatal-screening)
- Vaccine Knowledge Project: Independent information about vaccines and infectious diseases:  
[Vaccine Knowledge Project — Oxford Vaccine Group](https://www.vaccineknowledgeproject.org/)

# 16. Contacts

## Screening and Immunisation Teams:

- Hampshire & Isle of Wight: [England.hiow-SIT@nhs.net](mailto:England.hiow-SIT@nhs.net)
- Thames Valley Screening & Immunisation Team: [england.tvatpublichealth@nhs.net](mailto:england.tvatpublichealth@nhs.net)
- Kent & Medway Screening & Immunisation Team: [phst@nhs.net](mailto:phst@nhs.net)
- Surrey & Sussex Screening & Immunisation Team: [phe.screening-immsSSAT@nhs.net](mailto:phe.screening-immsSSAT@nhs.net)

## Child Health Teams:

### Surrey/Sussex:

- ESHT CHIS: [esh-tr.childhealth@nhs.net](mailto:esh-tr.childhealth@nhs.net)
- SCFT CHIS: [sc-tr.cchis@nhs.net](mailto:sc-tr.cchis@nhs.net)
- Surrey CSH: [CSH.ChildHealth0-19@nhs.net](mailto:CSH.ChildHealth0-19@nhs.net)
- Surrey East: [CSH.childhealthsurreyeast@nhs.net](mailto:CSH.childhealthsurreyeast@nhs.net)
- Surrey West: [csh.childhealthsurreywest@nhs.net](mailto:csh.childhealthsurreywest@nhs.net)

### Kent and Medway:

- KCHFT: [KCHT.Preschool@nhs.net](mailto:KCHT.Preschool@nhs.net)

### Thames Valley:

- Underone [underone.chis@nhs.net](mailto:underone.chis@nhs.net)

### Hampshire and Isle of Wight:

- Southern Health: [childhealthrecords@southernhealth.nhs.uk](mailto:childhealthrecords@southernhealth.nhs.uk)