



BCG VACCINE

Information for health professionals on the Bacille Calmette-Guérin (BCG) vaccine

This information sheet explains who should and shouldn't have BCG, when the vaccine should be given, and who can give the vaccine. This is intended to be used as a quick reference guide. For more in depth information please refer to the Immunisation Handbook.

PLEASE NOTE:

- You should screen all women during pregnancy to assess the TB risk factors for their infant.
- The BCG vaccination is free for all infants who are at a higher risk of catching TB.

Who should have BCG?

An infant has a higher risk of catching tuberculosis (TB) if he or she:

- will be living with a person who currently has TB or has a past history of TB
- has one or both parents who identify themselves as Pacific people
- has parents or household members who have lived for six months or longer (within the last five years) in countries where there is a high risk of TB*
- will be living for three months or longer in a high risk country* (during their first five years).

***ALL COUNTRIES ARE HIGH RISK EXCEPT** Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Holland, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, New Zealand, Norway, Slovakia, Sweden, Switzerland, United Kingdom, and the United States of America.

Who should not have BCG?

BCG should not be given to infants:

- who have cancer
- are on corticosteroids
- who have a positive Mantoux test
- with known or suspected HIV infection (or if the mother has HIV)
- with a high fever
- on other immunosuppressive treatment
- who have other immuno-compromising conditions
- with generalised septic skin conditions.

When is the best time to give BCG?

- It is best for an infant to have the vaccine within a few days of being born and up to 6 months old.
- Infants older than 6 months need to have a Mantoux test before BCG can be given. This is required to determine if the baby has been exposed to TB.

Who can give BCG vaccinations?

Only gazetted BCG vaccinators are able to administer BCG vaccinations in New Zealand. Contact your local public health service to find out who your local gazetted vaccinators are.

Is TB a problem in New Zealand?

- TB is still one of the most common notifiable infectious diseases. There are between 300-400 cases of TB in New Zealand each year, a rate of around 10 per 100,000 population.
- Higher rates of disease in New Zealand compared with other developed countries may be attributed to socioeconomic deprivation and immigration from high-incidence countries.
- Deaths from TB continue to occur.

What is in the BCG vaccine?

The BCG vaccine contains a live attenuated strain of *Mycobacterium bovis*. It is presented as freeze dried material with a diluent in a separate ampoule. It is reconstituted with the accompanying buffered saline diluent.

What is the efficacy of the BCG vaccine?

It is extremely difficult to assess the efficacy of this vaccine, which varies in different trials from 0-80 percent. However, it is widely regarded as effective in preventing serious extrapulmonary disease in neonates. As a result, BCG continues to be used in New Zealand in children under 5 years at higher risk, to decrease the risk of serious complications of TB in children.

Expected adverse events

Most infants develop local reactions, followed by healing and scar formation within 3 months. Many develop low grade adenitis that can take several months to resolve. Refer to the Immunisation Handbook for rarer complications.

If you have any concerns or need information about TB or the BCG vaccine, please contact your local Public Health Service.

For more information

MINISTRY OF HEALTH

www.moh.govt.nz/cd/tbcontrol

www.moh.govt.nz/immunisation

IMMUNISATION ADVISORY CENTRE

www.immune.org.nz

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