Neonatal BCG Guideline

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Approved by:	Paediatric Quality Improvement Meeting	
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Key Amendments

Date	Amendment	Approved By

Introduction:

New babies who are at risk of contracting Tuberculosis (TB) should receive immunisation with BCG vaccine prior to discharge from the maternity unit, as it is difficult to ensure complete coverage after the child has been discharged home.

Indications:

Infants whose parents or grandparents were born in a country with an incidence of 40/100,000 or higher (page 10 of BCG and your baby – link below)

Infants born to families who intend to visit a country of high prevalence and stay for more than one month

Infants born to a family where a member has required treatment for pulmonary TB in the previous 5 years

The NICE guidance also states that……All infants living in areas where the incidence of TB is 40/100,000 or greater should be immunised…... Although some PCTs within our network do now have these high rates of TB, the experts in our local Health Protection Units continue to advise us to immunise according to the first three risk factors (above) rather than advocate universal immunisation in those areas.

Contraindications to neonatal BCG vaccination

- Any baby whose parents have not given consent
- Pyrexia
- Septic skin conditions
- Maternal HIV positive status
- Newborn contacts of sputum smear positive tuberculosis

- Infant immuno-suppression /deficiency including babies on high dose steroids equivalent to > 1mg/kg of Prednisolone/day

- Infants whose siblings have (or have had) suspected or confirmed inherited immunodeficiency syndromes (such as SCID) unless index immune status has been verified as normal

Infants who miss their injection

Each unit should have a mechanism for immunising those babies who, for whatever reason, miss their neonatal BCG injection.

Latest NICE guidance suggests there is no need to routinely test with a mantoux prior to BCG in children up to 6 years unless they have stayed for over one month in a high prevalence country.

Neonatal units are free to set an upper age limit for their Neonatal BCG service in accordance with local Paediatric service provision.

Special Precautions

The injection should only be given intradermally
Eczema is not a contraindication but vaccination site should be lesion free
Anaphylaxis is rare, but facilities for its management must be available.

Interactions

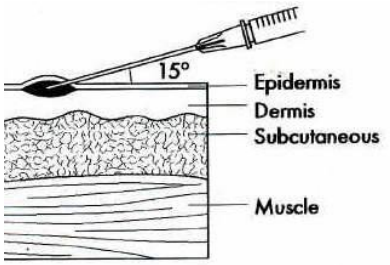
If another vaccine is to be given concurrently with BCG vaccine, they must not be given in the same arm.
If not given at the same time, an interval of at least 3 weeks should be allowed to lapse between the administration of BCG and another live vaccine.
No other vaccine should be given into the same arm as the BCG vaccine for 3 months afterwards.

Procedure

Ensure that the mother is aware of the intended immunisation and check that she has given consent
Check that the vaccine has been prescribed and has not already been given
Re-constitute the BCG vaccine – carefully inverting the vial a few times to ensure adequate mixing of the contents but do not shake the vial.
Swirl vial gently before drawing up subsequent doses. The reconstituted vaccine should be used within 4 hours
Draw up 0.05ml of the vaccine into a 1ml syringe
Identify the injection site (distal insertion of the deltoid muscle in the upper arm). The injection should ideally be given in the left arm
The injection site should be clean and dry and not contaminated with any antiseptics (do not use alcohol based swab).
Stretch the skin between the thumb and forefinger. Hold the syringe almost parallel with the skin surface

Use an orange 26G needle with the bevel uppermost, insert it approximately 2mm into the superficial layers of the dermis. The needle should be visible through the epidermis during the injection
Inject the vaccine slowly. Giving an intradermal injection requires some pressure on the syringe plunger. If there is no resistance to the injection, stop immediately. The needle is too deep within the skin, so reposition the it. A raised 'bleb' within the skin is another sign of a correctly sited injection. Injections given too deeply may cause lymphadenitis and abscess formation

Advise the parents to leave the injection site uncovered
Ensure safe disposal of sharps
Provide aftercare information for parents
Complete patient documentation



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