

BCG (Bacille Calmette Guerin) Vaccination

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Summary Use of BCG vaccine in NSW

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Government Medical Officers, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

BCG (BACILLE CALMETTE GUERIN) VACCINATION

PURPOSE

This Policy Directive sets out the recommendations for use of the Bacille Calmette Guerin (BCG) vaccination in New South Wales.

The BCG vaccination has a limited but important role in the prevention of tuberculosis in this setting. The recommendations in this Policy Directive ensure that the vaccine is used in accordance with existing evidence based recommendations.

MANDATORY REQUIREMENTS

All staff involved in the provision of BCG vaccination must adhere to these recommendations.

Administration of BCG vaccination is limited in New South Wales to Registered Nurses who have completed the Australian College of Nursing *Immunisation for Registered Nurses* course, including the BCG component, and medical practitioners.

IMPLEMENTATION

Chief Executives must ensure that:

- the principles and requirements of this policy are applied, achieved and sustained;
- relevant staff are made aware of their obligations in relation to the Policy Directive;
- all staff receive appropriate training to enable them to carry out their obligations in relation to this Policy Directive; and
- documented procedures are in place to support the Policy Directive

Clinicians (BCG vaccination providers)

- must comply with this Policy Directive.

REVISION HISTORY

Version	Approved by	Amendment notes
October 2013 PD2013_032	Director General	Updated Policy. Replaces PD2005_208
January 2005 PD2005_208	Director General	Bacille Calmette Guerin Vaccination. Components originally issued as Circular 2002/92

ATTACHMENTS

1. Bacille Calmette Guerin Vaccination – Procedures

BCG (Bacille Calmette Guerin) Vaccination



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1 BACKGROUND

1.1 About this document

Bacille Calmette Guerin (BCG) vaccination should be used in accordance with the National Health and Medical Research Council (NHMRC) Australian Immunisation Handbook (10th Edition), Section 4.20 - Tuberculosis.¹ The handbook provides information about tuberculosis (TB), the BCG vaccine (transport, storage, handling, dosage and administration), vaccination recommendations, contraindications, precautions, adverse events, and use in pregnancy.

People receiving a BCG vaccination must be counselled about the vaccination and provided with written information about the vaccine's efficacy, advantages and disadvantages to promote the principle of informed consent to the vaccination.

Given the low incidence of TB in Australia and the variable efficacy in adults, BCG is not used in the general population.¹

In the circumstance that a person requests or is referred for a BCG vaccination outside of the NSW Health recommendation, they must be reviewed by a medical practitioner with TB expertise to determine if the request/referral is appropriate and to assess if the medical benefits of the vaccination outweigh the potential risks.

The NHMRC Australian Immunisation Handbook refers readers to their State and Territory guidelines for advice on vaccination of healthcare workers, neonates and travellers as listed below. Although these groups may be at increased risk of TB, the value of BCG vaccine in preventing infection is unclear and therefore it is not routinely recommended.

1.2 Key definitions

High TB Incidence Settings: In the context of recommendations for BCG vaccination, high TB incidence settings are defined in the Australian Immunisation Handbook (10th Edition) as countries with an incidence rate of >40 cases of active TB per 100 000 population per year.¹

1.3 National Guidelines

This Policy Directive is to be read in conjunction with the National Health and Medical Research Council Australian Immunisation Handbook (Current Edition).¹

¹ Australian Technical Advisory Group on Immunisation of the Australian Government Department of Health and Ageing (2013). The Australian Immunisation Handbook (10th Edition). Available at: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

2 RECOMMENDATIONS

2.1 Children who will be travelling to high TB incidence settings

Because of the increased risk of severe disease, BCG is recommended for children less than 5 years of age who will be travelling to live in countries with a high TB incidence for longer than 3 months.

A list of countries with a high TB incidence can be found at the following web address:

www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf.

2.2 Healthcare workers who may be at high risk of exposure to TB

Because of the low prevalence of TB in Australia and limited efficacy of the vaccine, BCG is not recommended for protection against TB, including drug-resistant TB, for healthcare workers and healthcare students. The preferred strategy is one incorporating staff education, and infection control measures that minimise the potential for transmission. Where healthcare workers are exposed to a patient with TB, appropriate management procedures such as contact tracing and TB screening must be undertaken.

Health care workers should be assessed for TB in accordance with occupational screening and contact tracing policies (see PD2011_005 Occupational Screening and Vaccination against Specified Diseases and PD2008_017 Tuberculosis Contact Tracing).

2.3 Neonates weighing less than 2.5kg

Neonates weighing less than 2.5kg have a higher likelihood of immune suppression, may be less likely to respond to the vaccine, and are at risk of developing disseminated BCG infection.

In the circumstance where BCG is recommended for neonates, it should be deferred until they weigh at least 2.5kg or advice from a paediatrician with expertise in TB is obtained.

2.4 Travellers to countries with a high TB incidence

The use of BCG is not recommended in travellers who are 5 years of age and older independent of the duration of their planned stay in countries with a high incidence of TB. They should be recommended to have TST evaluation prior to and on return from travel.