MATERNITY UNIT
GUIDELINE:

NEONATAL BCG ELIGIBILITY CRITERIA, SCREENING & REFERRAL

SCOPE:
Maternity, Neonatal Unit and Well Child Service

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PURPOSE:
To provide all staff working in maternity and the neonatal unit of the most up to date guidance on screening and referring of eligible neonates for BCG.
To ensure that all eligible neonates are offered BCG vaccination.

DEFINITIONS:

BCG:
BCG (Bacille Calmette-Guérin) is a live vaccine that was developed by two French scientists Calmette and Guérin in the 1920s.

PHN:
A Public Health Nurse

Neonatal BCG:
Should be offered to infants at increased risk of tuberculosis, defined as those who:
1. Will the baby be living in a house of family/whanau with anyone who either has current TB disease, or has a past history of TB disease.
2. Will the baby have one or both parents who, within the last 5 Years, lived for a period of 6 months or longer in countries with a TB rate of ≥ 40 per 100,000?
3. Will the baby have other household members or carers who, within the last 5 years, lived for a period of 6 months or longer in countries with a TB rate of ≥ 40 per 100,000?
4. Will the baby, during the first 5 years of life, be living for 3 months or more in a country with a TB rate of ≥ 40 per 100,000 and is likely to be exposed to people with TB?

For countries with TB rate of ≥ 40 per 100,000 see APPENDIX 2

As a general indication, the following global areas have TB rates ≥ 40 per 100,000:
- most of Africa
- much of South America
- Russia and the former Soviet states
- Indian subcontinent
- China, including Hong Kong
- South East Asia (except Singapore)
- Some Pacific nations (except Cook Islands, Fiji, Niue, Samoa, Tokelau and Tonga).
NB: In some circumstances the local Medical Officer of Health may also recommend BCG vaccination for specific populations.  
(MOH website Immunisation-Tuberculosis (TB) June 2011)

The vaccinator must assess the adult’s actual risk of exposure to TB during the past five years, and any risk during the first 5 years of the babies’ life e.g. moving or going to visit a high risk country.

GUIDELINE:
1. Neonates at increased risk of Tuberculosis should be identified antenatally by the Lead Maternity Carer by screening all pregnant women in early pregnancy.  
2. At time of booking ALL women to be screened using the High Risk Assessment & Referral (BCG eligibility) Form (see appendix 1).
3. At the booking if the answers are NO to ALL questions, file the assessment and referral form in the client’s clinical record so it can be scanned into her MCIS records. If answer is YES to ANY question ensure the leaflet ‘BCG vaccine: information for parents’ (MoH 2013) is given to the mother.
4. Answer any questions and ensure the mother is aware she will be referred to a Public Health Nurse (PHN) after the birth. A PHN will follow up ALL mothers of babies who are at increased risk of Tuberculosis.
5. File the Assessment and Referral form for all at risk babies between the birth detail page and the baby-check page in the mother’s maternity clinical record to ensure referral is made at time of birth.
6. Following the birth the LMC is to phone through the referral and fill in the referral part of the ‘Assessment and Referral Form’ as instructed on the assessment/referral form.
7. Fax or send in the mail a copy of the referral form to the PHNs.
8. Inform the family of the baby that the PHN will follow up the referral either whilst in hospital or if this is not possible due to it being a weekend or Public Holiday within the next couple of days.
9. If a baby is being discharged to a household where there is a person with history of current TB vaccination should be done prior to the neonate leaving the hospital. Otherwise (due to an early discharge / weekend or Public Holiday) vaccination can be arranged through the Well Child Service on an outpatient basis. The LMC is responsible for referring to the PHN – It is important a phone call is made and if out of hours a message left on the answer machine to enable the baby to receive a BCG as soon as possible following birth. After receiving the referral, the PHN is responsible for contacting the maternity unit and mother to arrange to give the BCG or make an appointment if the baby has already left the maternity unit.
10. If uncertain about referral process phone the Public Health Nurses for advice. Phone (06) 8692092 or after hours 027 311 0358

CONSIDERATIONS:
1. Neonates at risk should be identified antenatally by LMCs.
2. Children who have missed vaccination at birth can be vaccinated at any time up to the age of five years.
3. Pre-vaccine Mantoux testing is necessary for all individuals over the age of six months.
4. If the baby has not been vaccinated before leaving hospital, and if there is a history of current TB in a relative who has had contact with the baby, do not vaccinate immediately. Withhold vaccination, conduct Mantoux testing and seek paediatric advice and vaccinate only after the possibility of infection in the baby has been excluded.
5. Infants born before 34 weeks should have their BCG vaccination delayed until 34 weeks gestational age.
6. A parent's request in itself should not be accepted as an indication for immunisation if above BCG screening criteria is not met – refer to MOH to discuss before decision is made.
7. LMCs, GPs, & Well Child Tamariki Ora providers should refer any child who is at increased risk of Tuberculosis, who was not referred at the time of birth.
8. Re-vaccination - It is the view of the World Health Organisation (WHO) that boosters are unwarranted. They state the effectiveness of a repeat vaccination is unknown so no more than ONE vaccination should be given in a life time.
9. All BCG immunisations should be recorded on the NIR unless a parent has opted off the NIR register.

CONTRAINDICATIONS:
The PHN will discuss theses with family at time of consent and may include:
- Those known to be immune compromised including those infected with HIV, receiving corticosteroids or other immune-suppressive treatment including radiotherapy.
- Suffering from malignant conditions such as lymphoma, leukaemia and Hodgkin’s disease or other tumours of the reticulo-endothelial system.
- A family history of immune deficiency.
- Those with a significant fever.
- Generalised septic skin conditions.

See Immunisation Handbook 20014 (MOH) for full details and seek MOH/Paediatric advice.

ASSOCIATED DOCUMENTS:
- Appendix 1: High Risk Screening & Referral (BCG eligibility) Form

[2][2] (Global tuberculosis programme and global programme on vaccines 1995)

AUDIT:
- Audit of the screening and referral process of all births will be undertaken every year by PHN.
- Result of audit will be sent to Service Manager.

REFERENCES:
- Tuberculosis Act 1948
- Guidelines for Tuberculosis Control in New Zealand 2010.
- Update from Dr Geoff Cramp, Medical Officer of Health, June 2011.
- MOH website Immunisation-Tuberculosis (TB) June 2011
- Immunisation Handbook 2014, MOH Wellington (MOH)

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PLEASE CLICK ON LINKS BELOW TO OBTAIN:

APPENDIX 1:
High Risk Assessment & Referral Form

APPENDIX 2:
BG Rates per country