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BCG Vaccination Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

The purpose of this policy is to describe the process for assessment, neonatal referral and BCG vaccination for neonates less than 24 weeks old.

Scope

All LMC/ access holders

All midwives and nurses employed by Hutt Valley District Health Board Maternity Department

BCG vaccinators

Definitions

- BCG (Bacille Calmette-Guerin vaccine), the vaccination for tuberculosis.
- TB (Tuberculosis): Human TB is caused by infection with *Mycobacterium tuberculosis complex*.

Principles

This policy describes

1. How assessment of neonatal eligibility for BCG vaccination is made
2. How referrals are made to BCG service
3. How appointments are made for eligible babies

It is not the purpose of this policy to describe the process of actual vaccination.

Background

TB is a notifiable disease that occurs in New Zealand. Higher rates of TB exist in New Zealand among population groups and recent immigrants from high incidence countries e.g. Asia, Africa, and the Pacific.

BCG immunisation was first introduced to New Zealand in 1948 for nurses and later extended to all adolescents. It is no longer given to these groups. BCG immunisation of neonates was introduced in 1976 and in 1990 was offered to high risk infants only (see eligibility criteria below for current recommendations). LMC's and staff in the antenatal and postnatal area have a responsibility to ensure that all infants who are eligible to receive this vaccine are offered vaccination and that the nurse working for the BCG service as vaccinator has access to the information they require.

Vaccine

The BCG contains a live attenuated strain of *Mycobacterium Bovis*. The vaccine is administered by intradermal injection over the point of insertion of the left deltoid muscle.

BCG can be given simultaneously with any other vaccine; however, it must be administered into a separate site and not in the same syringe. As there is a risk of local lymphadenitis, no other immunisations should be given in the arm used for BCG for at least 3 months. If not given concurrently, BCG should be given at least 4 weeks after MMR or Varicella Vaccine. Note that no time interval is required between administration of BCG and rotavirus vaccinations.

(MOH, 2017, p.523)

Vaccination

Only authorised vaccinators with BCG endorsement may administer this vaccine to neonates.

The BCG vaccinator will provide the parents with information leaflet at time of sending appointment letter.

After vaccination babies must remain in the clinic for 20 minutes to ensure the baby does not have an anaphylactic reaction to the vaccine.

After the vaccination parents are provided with guidelines for aftercare for their baby as the BCG scar develops.

Procedure for Referral

All pregnant women should be assessed by their Lead Maternity Carer as to the risk of TB for their baby.

(MOH, 2017, p.524)

Neonatal BCG should be offered to infants at increased risk of tuberculosis, defined as those who:

- Will be living in a house or family/whānau with a person with either current tuberculosis or a past history of tuberculosis.
- Have parents or household members or carers, who within the last five years lived for a period of 6 months or longer in countries with a rate > 40 per 100,000
- During the first five years will be living for three months or longer in a country with a rate > 40 per 100,000

(MOH, 2017, p. 524)

Countries with high rates of TB are: most of Africa, much of South America, Russia and the former Soviet states, Indian subcontinent, China (including Hong Kong and Taiwan), South East Asia (including Singapore but not Japan), some Pacific nations (NOT Cook Islands, Niue, Samoa, Tokelau and Tonga)
Note that Singapore and Fiji are both back on the eligibility list.

- Neonates at risk should be identified antenatally by Lead Maternity Care providers.

(MOH, 2017, p.524)

Documentation Procedure – Newborn Notification Form

Antenatal period

- All LMC's are to complete a Newborn Notification Form for every baby born.
- The BCG eligibility question must be asked of the parents.
- The question asking "Is your baby likely to require protection from Tuberculosis" must be correctly filled in – Yes or No.
- Do not enter TBA or leave blank

After Birth

- The completed Newborn Notification Form is given to the Maternity Ward Clark who faxes it to the BCG Service.
- The BCG Service should receive a form for ALL babies born whether they require BCG or not – so they can ensure ALL babies have been assessed.

BCG vaccinator

The vaccinator is responsible for:

- Receiving the faxed Newborn Notification Forms.
- Completing the BCG Eligibility/Consent form for eligible babies.
- Organising outpatient clinics for babies requiring BCG at the Children's clinic, Paediatric Department, Hutt Hospital – this will be by letter and text reminders.
- Administration of BCG vaccines in outpatient clinics.
- Babies not requiring BCG are entered by BCG administrator as having been assessed and not eligible.

Please note, after the long absence of BCG the bedside service is not available at the moment (2018).

It is not the BCG vaccinators' role to complete the BCG eligibility on the Newborn Notification Form – that is the LMC's role.

When baby is in SCBU

- A Newborn Notification Form should be completed and filled out for ALL babies and faxed to BCG Service.
- Parents will then receive an outpatient's appointment for BCG.
- Note only babies over 2.5kg and 34 weeks corrected age can be vaccinated.

Audit

The number of babies receiving the BCG vaccination and the completeness of Newborn Notification Forms should both be audited on an annual basis as a quality initiative.

References

Tuberculosis Act 1948

Tuberculosis Regulations 1951

Guidelines on Tuberculosis Control in New Zealand 2010

Ministry of Health (1996). Technical Guidelines for Tuberculin testing and BCG vaccination 1996. Wellington: Ministry of Health

M.O.H. Immunisation Handbook 2017, Chapter 20

Records

Newborn Notification Form

Associated Policies

Guidelines for routine postnatal care

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).