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Identification of Neonates requiring BCG Immunisation

Guidelir	Guideline				
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Maternity Matron					
Women's and Children's					
Maternity, Neonates					
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Guideline to be followed by (target staff): Midwives and neonatal staff

To be read in conjunction with the following documents:

None

Are there any eCARE implications? No

CQC Fundamental standards:

Regulation 9 – person centered care

Regulation 10 – dignity and respect

Regulation 11 – Need for consent

Regulation 12 - Safe care and treatment

Regulation 13 – Safeguarding service users from abuse and improper treatment

Regulation 14 – Meeting nutritional and hydration needs

Regulation 15 – Premises and equipment

Regulation 16 – Receiving and acting on complaints

Regulation 17 – Good governance

Regulation 18 – Staffing

Regulation 19 – Fit and proper

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.





The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

BCG immunisation of neonates and children at risk of TB is a local and national requirement. From the 1st September 2021 there is a change in the neonatal BCG immunisation as part of the Severe Combined Immunodeficiency (SCID) screening at 5 days of age. The SCID screening evaluation is taking place in 6 areas across England It is necessary to move the BCG vaccination to when a SCID screening outcome will be available, which will be by 28 days of age. This will ensure that babies with SCID are not given the live attenuated BCG vaccine which is contraindicated in these babies.

4 Yellow Card reports regarding neonates who have died from disseminated BCG or tuberculosis infection after exposure to a TNF α antagonist in utero; they were probably not known to be immunosuppressed at the time of vaccination. As a precaution, any infant who has been exposed to immunosuppressive treatment from the mother either in utero during pregnancy or via breastfeeding should have any live attenuated vaccination deferred for as long as a postnatal influence on the immune status of the infant remains possible. In the case of in utero exposure to TNF α antagonists and other biological medicines, this period should be until the infant is age 6 months

Some cases of fatal BCG infection in infants after in utero exposure to TNF an antagonist have been reported through the Yellow Card scheme. Immunisation with live vaccines, including BCG, should be delayed for 6 months in children born of mothers who were on immunosuppressive biological therapy during pregnancy. If there is any doubt as to whether an infant due to receive a live attenuated vaccine may be immunosuppressed due to the mother's therapy, including exposure through breast-feeding, specialist advice should be sought.

The BCG vaccination will be provided by the Community School Aged Immunisation Service (CSAIS) Appendix 2

Executive Summary

The BCG immunisation programme is a risk-based programme. The key part being a neonatal programme targeted at protecting those children most at risks of exposure to TB, particularly from the more serious childhood forms of the disease.

1.0 Roles and Responsibilities:

Community Midwives – identify babies at risk of TB and provide information to parents in the antenatal period.

Paediatricians/Advanced Neonatal Nurse Practitioner (ANNP) and Newborn Initial Physical Examination (NIPE) Midwives – identify babies at risk of TB and provide information to parents in the postnatal period and complete the information required as part of the NIPE in the local and national data section on the NIPE database

2.0 Implementation and dissemination of document

The guideline will be on the hospital intranet for all staff to access.



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3.0 Processes and procedures

BCG vaccine contains a live attenuated strain derived from *M. bovis*. BCG Vaccine Statens Serum Institute (SSI) is the only available licensed vaccine in the UK. It contains live organisms that have been attenuated (weakened).

3.1 Indication for BCG

- All infants (aged 0-12 months) living in areas of the UK where annual incidence of TB is 40/100,000 or greater
 - All infants (aged 0-12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater
 - those who are going to live with local people for more than three months in a country where the annual incidence of TB is 40/100,000 or greater

NOTE:

- Immunisation for travel purposes is the responsibility of a travel clinic.
- People seeking vaccination for themselves or their children should be assessed for specific risk factors for TB. Those without risk factors should not be offered BCG vaccination but should be advised of the current policy and given written information. Further information is available at www.nhs.uk

3.2 Maternity

- Unborn babies eligible for BCG vaccine should be identified during the pregnancy by their midwife and/or doctor to allow adequate information sharing and preparation of the parents. Documentation of this conversation and provision of leaflet to be documented in eCARE pregnancy booking
- On identification of the babies who are at higher than average risk (Appendix 1), parents should be given information on BCG vaccination and the NHS Immunisation Information leaflet titled "TB, BCG vaccine and your baby" (dH.gov.ukSeptember 2021) https://www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet
- If the mother receives immunosuppressive biological therapy during pregnancy and the baby is eligible for BCG, please complete a Baby Alert as the BCG vaccine should be delayed until the infant is age 6 months
 - Following results of the routine newborn screening test at 5 days (usually expected within 10-12 days), Child Health where the diagnostic tests are negative Child Health a letter confirming the outcome of the investigations will be issued to parents and copied to GP and Health Visitor. This letter also confirms that vaccinations can now be given as usual including BCG and rotavirus vaccine.
 - Following the birth, the practitioner completing the Newborn Initial Physical Examination (NIPE) should document the requirements in the local and national section on the NIPE database.





• If a woman has received immunosuppressive treatment during pregnancy or while breastfeeding, the information should be included on the neonatal discharge paperwork so that the BCG can be delayed until the infant is 6 months of age

3.3 Neonatal Unit

- If a baby is still in NNU at 28 days old, their BCG vaccine will be delayed until they
 are discharged unless there is a clinical requirement for them to be vaccinated earlier, in
 which case the Trust can deliver the vaccine.
- For babies still unvaccinated at discharge, the NNU unit will be responsible for sending the referral form (Appendix 3) to the immunisation service for BLMK area BCGs to epunft.bcgimmunisations@nhs.net

3.4 Contraindications

The vaccine should not be given to:

- Neonates in a household where an active TB case is suspected or confirmed.
- BCG is contraindicated in symptomatic HIV-positive individuals. In countries such as the UK where the risk of TB is low, it is recommended that BCG is also withheld from all those known to be or suspected to be HIV positive, regardless of clinical status. Where vaccination is indicated, for example infants born to HIV-positive mothers, this can be administered after two negative postnatal PCR tests for HIV infection.

3.5 Premature infants

It is important that premature infants have their immunisations at the appropriate chronological age, according to recommendations. There is little evidence that premature babies are at an increased risk of adverse reactions from vaccines.

4.0 Statement of evidence/references

References:

BCG vaccine for tuberculosis (TB) overview - NHS (www.nhs.uk) accessed on 05/10/2021

Who should have the BCG (TB) vaccine - NHS (www.nhs.uk) accessed on 05/10/2021

<u>Tuberculosis by country: rates per 100,000 people - GOV.UK (www.gov.uk)</u> accessed on 05/10/2021

BCG immunisation programme: changes from September 2021 letter - GOV.UK (www.gov.uk) accessed on 05/10/2021

BCG vaccination | Information for the public | Tuberculosis | Guidance | NICE accessed on 05/10/2021

https://www.gov.uk/drug-safety-update/live-attenuated-vaccines-avoid-use-in-those-who-are-clinically-immunosuppressed - accessed on 24/12/2021

NICE Postnatal Care NG194 April 2021



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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
3	24/12/2021	Mary Plummer	Complete review

5.2 Consultation History

Stakeholders	Area of	Date Sent	Date	Comments	Endorsed
Name/Board	Expertise		Received		Yes/No
Kiki Erskine	Neonatal Nurse	10/01/2022	21/01/22	Change modified to weakened (attenuated vaccine) Typo corrected	Yes
Gillian Mallows	ANNP	10/01/2022	21/01/22	Question on GP role in BCG. Regional pathway added to identify pathway Documentation requirements in NIPE	Yes
Denise Campbell	Governance - paediatric	10/01/2022	21/01/22	Question on whether GP role. Regional pathway added to identify pathway	Yes
Shveta Chana	Paediatric Consultant	10/01/2022	21/01/22	incorporating a flowchart to delineate the pathway easily.	Yes
Sophie Conneely	Community Matron	10/01/2022	18/03/22	Changes made at booking for identification of BCG requirement	Yes
Rebecca Lemon	Practice Development Midwife	10/01/2022			Yes
Natalie Lucas	Practice Development Midwife	10/01/2022		Sentence rewording	Yes
Janice Styles	Consultant Midwife	13/01/2022		Read Guideline	
Erica Puri	Audit and Guideline Midwife	25/02/2022		Flow chart into the appendices	Yes
Maternity Guideline Group	Maternity	26/02/2022			
Maternity CIG	Maternity	02/03/2022			

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	 Responsible Committee/Board
Pending- Reviewer aware			



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5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

	Eq	ualit	y Impad	ct Ass	sessment	t		
Division	Women and Children			Departmer	nt	Women's Health		
Person completing the EqIA	IA Mary Plummer			Contact No	D.	Ext 85130		
Others involved:						Date of as	sessment:	24/12/21
Existing policy/service	Yes					New policy	//service	No
be affected by the policy/ser	Il patients, carers, the public or staff affected by the policy/service? staff, how many/which groups will be ected? Yes N/A							
Protected characteristic	Δ	Anv in	npact?		Commer	nts		
Age	,		YES			impact as tl	ne policy ai	ms to
Disability			NO			•		clusion and
Gender reassignment				fair treat	treatment for patients and staff			
Marriage and civil partners	hip	NO						
Pregnancy and maternity	•	YES						
Race		NO						
Religion or belief		NO						
Sex		NO						
Sexual orientation			NO					
What consultation method(s)	have yo	ou car	ried out	?				
Emails and meetings								
How are the changes/amend	dments to	the	policies	/servi	ces comm	nunicated?		
Email and meetings								_
What future actions need to	be taken	to ov	ercome	any l	barriers o	r discrimina	tion?	
What? Who will lead this? Date of		of co	mpletion	Res	ources nee	ded		
Review date of EqIA 26/02/2025								





Appendix 1: List of the countries where the incidence of Tuberculosis is higher than 40/100,000

https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people (Accessed 5/10/2021)



Table 1: High incidence countries (estimated incidence rate of 40 per 100,000 or greater)

Country/Territory	WHO Region	Estimated rate per 100,000	Number	Rate ≥150 per
	Wilo Kegion	per 100,000	of cases	100,000
Afghanistan	Eastern Mediterranean	189	72,000	✓
Algeria	Africa	61	26,000	
Angola	Africa	351	112,000	✓
Azerbaijan	Europe	60	6,000	
Bangladesh	South-East Asia	221	361,000	✓
Benin	Africa	55	6,000	
Bhutan	South-East Asia	165	1,300	✓
Bolivia (Plurinational State of)	The Americas	106	12,000	
Botswana	Africa	253	5,800	✓
Brazil	The Americas	46	96,000	
Brunei Darussalam	Western Pacific	64	280	
Burkina Faso	Africa	47	9,600	
Burundi	Africa	107	12,000	
Cabo Verde	Africa	46	250	
Cambodia	Western Pacific	287	47,000	✓
Cameroon	Africa	179	46,000	✓
Central African Republic	Africa	540	26,000	✓
Chad	Africa	142	23,000	
China	Western Pacific	58	833,000	
China, Hong Kong SAR	Western Pacific	63	4,700	
China, Macao SAR	Western Pacific	65	420	
Congo	Africa	373	20,000	✓
Côte d'Ivoire	Africa	137	35,000	
Democratic People's Republic of Korea	South-East Asia	513	132,000	✓
Democratic Republic of the Congo	Africa	320	278,000	✓
Djibouti	Eastern Mediterranean	234	2,300	✓
Dominican Republic	The Americas	42	4,500	
Ecuador	The Americas	46	7,900	
El Salvador	The Americas	58	3,800	
Equatorial Guinea	Africa	181	2,500	✓



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Eritrea	Africa	86	3,000	
Eswatini	Africa	363	4,200	\checkmark
Ethiopia	Africa	140	157,000	
Fiji	Western Pacific	66	590	
Gabon	Africa	521	11,000	\checkmark
Gambia	Africa	158	3,700	\checkmark
Georgia	Europe	74	3,000	
Ghana	Africa	144	44,000	
Greenland	Europe	128	72	
Guam	Western Pacific	54	91	
Guinea	Africa	176	22,000	\checkmark
Guinea-Bissau	Africa	361	6,900	\checkmark
Guyana	The Americas	79	620	
Haiti	The Americas	170	19,000	\checkmark
India	South-East Asia	193	2,640,000	\checkmark
Indonesia	South-East Asia	312	845,000	\checkmark
Iraq	Eastern Mediterranean	41	16,000	
Kazakhstan	Europe	68	13,000	
Kenya	Africa	267	140,000	\checkmark
Kiribati	Western Pacific	436	510	\checkmark
Kyrgyzstan	Europe	110	7,100	
Lao People's Democratic Republic	Western Pacific	155	11,000	\checkmark
Lesotho	Africa	654	14,000	\checkmark
Liberia	Africa	308	15,000	\checkmark
Libya	Eastern Mediterranean	59	4,000	
Lithuania	Europe	42	1,200	
Madagascar	Africa	233	63,000	\checkmark
Malawi	Africa	146	27,000	
Malaysia	Western Pacific	92	29,000	
Mali	Africa	52	10,000	
Marshall Islands	Western Pacific	483	280	✓
Mauritania	Africa	89	4,000	
Micronesia (Federated States of)	Western Pacific	100	110	
Mongolia	Western Pacific	428	14,000	✓
Morocco	Eastern Mediterranean	97	35,000	
Mozambique	Africa	361	110,000	\checkmark
Myanmar	South-East Asia	322	174,000	\checkmark
Namibia	Africa	486	12,000	\checkmark
Nauru	Western Pacific	182	20	\checkmark
Nepal	South-East Asia	238	68,000	\checkmark
Nicaragua	The Americas	43	2,800	
Niger	Africa	84	20,000	
Nigeria	Africa	219	440,000	\checkmark
Northern Mariana Islands	Western Pacific	103	59	



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on Keynes University Hospital NHS Foundation Trus	et		Misi	oundation nu
Pakistan	Eastern 263 Mediterranean		570,000	✓
Papua New Guinea	Western Pacific	432	38,000	\checkmark
Paraguay	The Americas	46	3,300	
Peru	The Americas	119	39,000	
Philippines	Western Pacific	554	599,000	✓
Republic of Korea	Western Pacific	59	30,000	
Republic of Moldova	Europe	80	3,200	
Romania	Europe	66	13,000	
Russian Federation	Europe	50	73,000	
Rwanda	Africa	57	7,200	
Sao Tome and Principe	Africa	114	250	
Senegal	Africa	117	19,000	
Sierra Leone	Africa	295	23,000	\checkmark
Singapore	Western Pacific	41	2,400	
Solomon Islands	Western Pacific	66	440	
Somalia	Eastern Mediterranean	258	40,000	✓
South Africa	Africa	615	360,000	\checkmark
South Sudan	Africa	227	25,000	\checkmark
Sri Lanka	South-East Asia	64	14,000	
Sudan	Eastern Mediterranean	67	29,000	
Tajikistan	Europe	83	7,700	
Thailand	South-East Asia	150	105,000	✓
Timor-Leste	South-East Asia	498	6,400	✓
Turkmenistan	Europe	45	2,600	
Tuvalu	Western Pacific	296	34	✓
Uganda	Africa	200	88,000	\checkmark
Ukraine	Europe	77	34,000	
United Republic of Tanzania	Africa	237	137,000	\checkmark
Uzbekistan	Europe	67	22,000	
Vanuatu	Western Pacific	41	120	
Venezuela (Bolivarian Republic of)	The Americas	45	13,000	
Viet Nam	Western Pacific	176	170,000	✓
Yemen	Eastern Mediterranean	48	14,000	
Zambia	Africa	333	59,000	✓
Zimbabwe	Africa	199	29,000	\checkmark

Sources: World Health Organisation (WHO) TB burden estimates

Data accessed: October 2020

Prepared by: TB Surveillance Team, TB Unit, National Infection Service, Public Health England





Appendix 2 – East of England BCG Pathway



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Child's Name: Date of birth:

Parent/Care name(s):

Parent/Carer address:

GP name & practice address:

Parent/Carer daytime contact number:

Referral Date:

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Appendix 3 – BCG Referral Form BLMK

Please complete the following questions and send to:

Essex Partnership University NHS Trust (EPUT) - epunft.bcgimmunisations@nhs.net For telephone, inquiries please contact - 0300 790 0594

BCG Referral Assessment Form for Babies up to 12 months of age (born on or after 1st September 2021) - Hertfordshire, Bedford, Luton and Milton Keynes

NHS number (if known):

Which hospital was the child born at?	
Referrer's details Referrer's name: Designation:	
Referrer's address:	
Referrers NHS email address: Referrers contact number:	
Child's clinical information - Please answer all questions (Incomplete referrals may be s	ent back)
Has the child received a vaccination for TB (BCG)?	YES / NO
Was the <u>child</u> born in the UK?	YES / NO
If NO please state country of birth:	
Was the child's birth mother born in the UK?	YES / NO
If NO please state country of birth:	
Was the child's birth father born in the UK?	YES / NO
If NO please state country of birth:	
Were all of the child's grandparents born in the UK?	YES / NO
If NO please state country/countries of birth:	
Have any members of the immediate family had TB in the last FIVE years?	YES / NO
Has the child lived or stayed in any Country other than the UK for longer than 3 months?	YES / NO
If YE If YES please state the Country:	
Has the child been screened for SCID? YES / NO	
If YES, please state result: Positive / negative	
Please detail any significant clinical information (E.G. any details of PCR tests):	

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