

Changes to BCG programme

Please note that changes are being made to the UK BCG vaccination programme. The new programme will target those most at risk and will replace the current universal (schools) programme.

BCG vaccination was first introduced in the 1950s and recommended for secondary school children. The age at which the immunisation was recommended represented the most effective use of the vaccine for the epidemiology prevailing in the UK at that time (~50,000 cases per year). In the 1960s neonates born to new entrants to the UK from countries of high prevalence were also targeted; this was due to concerns about the high rates of TB in these populations and the fact that children born into these communities were at higher risk of infection than the general population.

The epidemiology of TB in the UK has since changed from a disease of the general population to one of predominately high-risk groups. However, in Scotland only a quarter of TB cases are in people born outwith the UK compared to 60% in the UK overall. The highest rates of TB are in ethnic groups in the first few years after entering the country and rates remain high in the children of these immigrants *wherever they're born*. Other risk groups include contacts of cases, the homeless, alcohol abusers, and those with HIV infection.

The groups recommended for BCG vaccination are:

- All infants living in UK areas where incidence of TB is 40/100,000 or greater (no NHS Boards in Scotland fall into this category) **(at-risk population)**
- Infants whose parents or grandparents were born in a country* with a TB prevalence of 40/100,000 or greater **(at-risk population)**
*see overleaf
- Previously unvaccinated new immigrants from countries with a high prevalence of TB **(at-risk population)**
- Children who would otherwise have been offered BCG through the schools' programme will now be assessed for TB risk-factors
- Contacts of cases known to be suffering from active *pulmonary* TB **(contacts)**

- Health care staff who may have had contact with infectious patients or their specimens. These comprise Doctors, nurses, physiotherapists, radiographers, OTs, technical staff in microbiology and pathology departments. It is particularly important to test and immunise staff working in maternity and paediatric departments, and departments in which the patients are likely to be immunocompromised e.g., transplant, oncology and HIV units **(occupational)**
- Veterinary and other staff who handle animal species known to be susceptible to TB e.g. simians **(occupational)**
- Staff of prisons, old people's homes, refugee hostels for the homeless **(occupational)**
- Those intending to stay in Asia, Africa, Central or South America for *more than a month* **(travel-related)**

New arrangements

At-risk population group

The Public Health Protection Unit (PHPU) remains responsible for providing BCG immunisation for all these groups although specific arrangements have not yet been finalised

Occupational group

Where there is an occupational service for the occupational risk-group then responsibility for immunisation will lie with that service. Where there is no service then responsibility will lie with the PHPU. Please note that only individuals in those groups listed opposite require BCG.

Contacts group

The PHPU remains responsible for BCG immunisation of contacts of active *pulmonary* TB.

Travel-related group

Where BCG is one of a multi-vaccine travel schedule as part of travel risk assessment, then the travel clinic at the Brownlee centre may provide the service.

Where BCG is the only vaccine or is part of a simple schedule then the PHPU will be responsible.

TB: high-rate countries

Below is a list of countries with high rates of TB. BCG is recommended for previously unvaccinated new immigrants from these countries and infants whose parents or grandparents were born in these countries.

Afghanistan	Georgia
Albania	Ghana
Algeria	Guam
American Samoa	Guatemala
Angola	Guinea
Argentina	Guinea-Bissau
Armenia	Guyana
Azerbaijan	Haiti
Bahamas	Honduras
Bahrain	India
Bangladesh	Indonesia
Belarus	Iraq
Belize	Japan
Benin	Kazakhstan
Bhutan	Kenya
Bolivia	Kiribati
Bosnia Herzegovina	Kuwait
Botswana	Kyrgyzstan
Brazil	Korea
Brunei Darussalam	Lao People's Democratic
Burma (Myanmar)	Republic
Bulgaria	Latvia
Burkina Faso	Lesotho
Burundi	Liberia
Cambodia	Lithuania
Cameroon	Macedonia
Cape Verde	Madagascar
Central African Republic	Malawi
Chad	Malaysia
China	Mali
Colombia	Marshall Islands
Comoros	Mauritania
Congo	Mauritius
Cook Islands	Mexico
Côte d'Ivoire	Micronesia (Federated
Croatia	States of)
Democratic People's	Moldova
Republic of Korea	Mongolia
Democratic People's	Morocco
Republic of Congo	Mozambique
Djibouti	Myanmar
Dominican Republic	Namibia
Ecuador	Nepal
El Salvador	New Caledonia
Equatorial Guinea	Nicaragua
Eritrea	Niger
Estonia	Nigeria
Ethiopia	Northern Mariana Islands
Gabon	Pakistan
Gambia	Palau

Panama
Papua New Guinea
Paraguay
Peru
Philippines
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Samoa
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia & Montenegro,
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Suriname
Swaziland
Syrian Arab Republic
Tajikistan
Tanzania
Thailand
Timor-Leste
Toga
Tokelau
Tonga
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of Tanzania
Uzbekistan
Vanuatu
Venezuela
Viet Nam
Yemen
Zambia
Zimbabwe

Important notes:

Immunisation staff are reminded that 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.

Re-immunisation with BCG is not required. It is recommended to be given only once.

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or at marie.laurie@gghb.scot.nhs.uk