

# Infant and Preschool Child BCG referral form

Child Health Dept  
Borders General Hospital  
Melrose, TD6 9BS



## Child's Information (or attach label)

Name ..... CRN. No. .... CHI No.....

Address.....

.....

.....

Telephone No.....Date of Birth.....

## Reason for referral for BCG - To be completed by referring clinician

Without full details below the form will be returned and BCG delayed

- Parents / Grandparents from high prevalence country – see <https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>
- Country identified**.....
- Planning to live for more than 3 months or travel frequently in one of these countries in the near future
- Does anyone in the house, or anyone else who is likely to have long-term close contact with the child, who either has TB, or has had it in the past 5 years, or comes from one of these Countries?

Mother HIV positive	Yes / No	If positive refer for assessment / delayed BCG
Mother has received immunosuppressive biological therapy during pregnancy	Yes / No	If positive refer for delayed BCG at 6 months
Parents first language		
Parents speak adequate English to give informed consent	Yes / No	
Interpreter required	Yes / No	
Written information given	Yes / No	Leaflet “ <b>BCG and your Baby</b> ” available in several languages at <a href="http://www.immunisationscotland.org.uk/vaccines-and-diseases/bcg.aspx">http://www.immunisationscotland.org.uk/vaccines-and-diseases/bcg.aspx</a>

**Referral – As per pathway below**

Clinician's name (print).....(MW / HV / GP /Other)

Signature.....Date.....

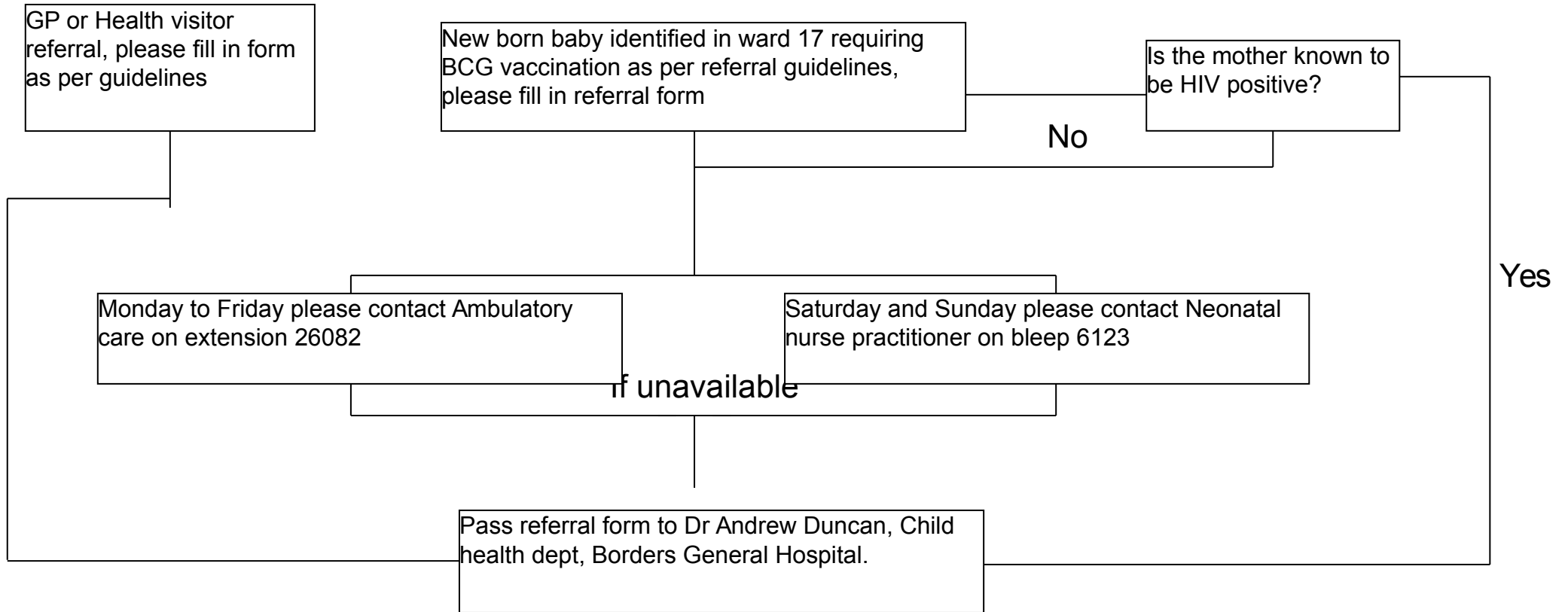
## Additional Notes:

1. A tuberculin skin test is necessary prior to BCG vaccination for:
  - all individuals aged six years and over
  - infants and children under six years of age with a history of residence or prolonged stay (more than three months) in a country with an annual TB incidence greater than 40 cases/100,000
  - those who have had close contact with a person with known TB
  - those with a family history of TB within the last five years
2. BCG is **not** currently available in NHS Borders for travel purposes for preschool children outside the indications above
3. Other Vaccinations:
  - No further immunisation should be given in the arm used for BCG immunisation for at least three months because of the risk of regional lymphadenitis.
  - Live vaccines, such as rotavirus, live attenuated influenza vaccine (LAIV), oral typhoid vaccine, yellow fever, varicella, zoster and MMR can be administered at any time before or after BCG vaccination (Public Health England 2015). (See Chapter 6)
4. Contraindications to BCG
  - Infant / Child has high fever
  - Infant / Child is having treatment for cancer or other conditions that weaken the immune system
  - Infant / Child is HIV positive, or is suffering from a generalised skin condition, e.g. eczema
  - Newborn – mother is HIV Positive; refer for assessment
  - **Newborn – baby has moved from England and has been screened for Severe Combined Immunodeficiency and result is not yet available or positive**

## Outcome of Referral

	Action	Signed	Date
<input type="checkbox"/>	BCG Given		
<input type="checkbox"/>	Book BCG Clinic		
<input type="checkbox"/>	BCG not required Reason		
<input type="checkbox"/>	Further Information requested		
<input type="checkbox"/>	Appointment made for		

## BCG Referral Pathway



**Please remember to fill in immunisation form after BCG given and send to Rachel Patterson, Child health Dept**