Bacille Calmette-Guerin (BCG) Vaccination Risk assessment form

What is the BCG vaccine?

The Bacille Calmette-Guerin (BCG) vaccine is a live vaccine with weakened germs which helps protect against tuberculosis (TB) disease. The vaccine is about 50% effective in preventing TB disease particularly in children 5 years of age and under where it protects against life threatening disease. The benefit to adolescents and adults is less clear. It may take 6 to 12 weeks for the immune response to occur.

Who does SA Health Offer BCG Vaccination to?

BCG can be provided by SA Health to children 5 years of age and under who:
> Will live for 3 months or more prior to the age of 5 in countries where TB is common
> Are born to parents with leprosy or a family history of leprosy

When should BCG vaccine not be given?

> If you have TB disease now, or if you have had TB disease in the past
> If you have ever had an abnormal tuberculin skin test (TST) reaction or positive Interferon Gamma Release Assay (IGRA) blood test
> If you have HIV infection or belong to a HIV risk group
> If you have ever had a serious illness such as leukaemia, kidney disease, cancer, SLE
> If you take anti-cancer or steroid drugs such as cortisone or immunosuppressive drugs
> If you are pregnant

When should BCG vaccination be delayed?

> If you have had another 'live vaccine' within 4 weeks (Measles, Mumps, Rubella (MMR), yellow fever, Varicella (chicken pox), or shingles)
> If you have a fever (>38°C)
> If you suffer from a widespread skin problem such as eczema, dermatitis, psoriasis

How is the BCG vaccine given?

The solution is injected between the layers of skin (usually on the left upper arm).

What are the side effects?

The most common side effects are pain, redness and swelling around the injection site, swelling of the glands in the armpit and/or neck which usually get better without treatment.

Rare side effects are an abscess at the site of injection, bone infection, severe allergic reactions, serious infection that spreads to other parts of the body (estimated risk 3 per million) or death (estimated risk less than 1 in 10 million).

Serious infection or death may occur in people with low immunity including those who are HIV positive, malnourished or have a serious medical condition.
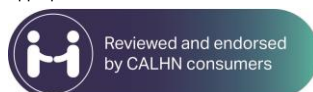
Planning for BCG Vaccination

Please note that vaccination availability with SA TB Services at the RAH is limited and requests for BCG vaccination will be triaged according to clinical urgency. As it may take up to 12 weeks for the vaccine to take full effect, and due to limited availability, requests for BCG vaccination should occur **at least 4-5 months before planned departure** to a country where TB is more common.

For more information

Royal Adelaide Hospital
SA TB Services
Telephone: (08) 7117 2967
Monday-Friday, 9am - 4:30pm

Reviewed and endorsed by CALHN consumers

Interpreter

Created/Revised: April 2024
Version: 2
Reference: CALHN-CIS#####

Government of South Australia

Health
Central Adelaide
Local Health Network

Bacille Calmette-Guerin (BCG) Vaccination Request Form

Please complete the following form and questionnaire to send to SA Tuberculosis Services.

Email: Health.RAHThoracicMedicine@sa.gov.au
Fax: 7117 2998

You will be contacted within 15 business days to discuss your BCG appointment.

SECTION A – Reason for BCG vaccination request

Country of intended travel List all countries included in travel plans	
Date of Departure (DD/MM/YYYY)	
Intended length of stay overseas	Intended to travel overseas frequently? ☐ **Yes** ☐ **No** (e.g. more than 1 visit in 5 years)
Other comments	

SECTION B – Details of person requiring vaccination

First Name				
Last Name				
Date of birth		Sex	☐ Male	☐ Female
Address				

SECTION C – Contact Details

First Name			
Last Name			
Relationship to person receiving vaccine	☐ Parent	☐ Guardian	☐ Self
E-mail address			
Phone / Mobile			
Alternate phone			
Interpreter required	☐ Yes, Language:		☐ No

☐ I have read the SA Health recommendations and fact sheet regarding BCG vaccination and agree for my local TB service to contact me.

Signature _____   **Date** _____

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SA Tuberculosis Services – Pre-BCG Vaccination Screening Form

1. **TB History**

   a. **Have you ever had Tuberculosis in the past?** ☐ No ☐ Yes (give details below)
   When:_____ Were you Treated? ☐ No ☐ Yes (details):_____

   b. **Do you have any of the following symptoms?**
   Cough ☐ No ☐ Yes Duration (weeks):_____
   Fever ☐ No ☐ Yes Duration (days/ weeks):_____
   Weight Loss ☐ No ☐ Yes Estimate (kgs):_____

2. **Exposure Risk**

   a. **Were you Born in Australia?**
   ☐ Yes **(go to Q3)** ☐ No (give details below)
   Country of Birth:_____ Year of Arrival in Australia:_____
   Years spent in Country of Birth:_____

   b. **Have you ever worked or lived outside of Australia for periods of more than 3 months?**
   ☐ Yes (give details from most recent dates below)   ☐ No

Country	Length of Stay	Purpose of the visit

3. **TB Contact History:**

   a. Have you ever been in close contact with someone who had TB (eg. Family member, friend?)
   ☐ No   ☐ Yes (give details below)
   When did the contact occur? ☐ Less than 2 years ago   ☐ More than 2 years ago

4. **Immunisation:**

   a. Have you had a BCG vaccination against TB? ☐ No ☐ Yes If Yes Give Date:_____

   b. Have you had any vaccinations in the last 4 weeks? ☐ No ☐ Yes (give details):_____
   • Do you have **any vaccinations scheduled in the future**: ☐ No ☐ Yes (give details):_____

5. **TB Screening Tests:**

   a. Have you ever had a Tuberculin Skin test? ☐ No ☐ Yes   If yes, Result:_____mm
   Date_____ Where?_____

   b. Have you ever had a blood test for TB? ☐ No ☐ Yes If yes, Result: Date:_____

   c. Have you ever had a chest x-ray?   ☐ No ☐ Yes If yes, Result: Date:_____
   Where?_____

6. **Health History:**

   a. Have you any of the following medical conditions? (please select):
   ☐ Diabetes ☐ Chronic Renal Disease ☐ HIV Infection
   ☐ Chronic Lung Disease ☐ Cancer ☐ Autoimmune Disease

   b. Are you currently taking any (circle and give details below): Steroids/ Chemotherapy/ Other Immune-suppressants
   Details:_____

   c. Do you have any allergies? ☐ No ☐ Yes (give details):_____