Frimley Health NHS Foundation Trust

BCG Guideline for Frimley Health NHS Foundation Trust

Key Points

- BCG vaccination should be given to all babies that have a higher risk of acquiring TB infection unless it is contraindicated.
- This document summarises the current guideline and is not intended to be comprehensive.
- This document must be read in conjunction with the on-line Green Book.

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Abbreviations

BCG	Bacillus Calmette-Guerin
FHFT	Frimley Health NHS Foundation Trust
FPH	Frimley Park Hospital
HWPH	Heatherwood & Wexham Park Hospitals
KEVII Hospital	King Edward VII Hospital, Windsor
TB	Tuberculosis
WPH	Wexham Park Hospital

Contents

1. BACKGROUND

1.1 Human tuberculosis (TB) is caused by infection with bacteria of the Mycobacterium tuberculosis (M. tuberculosis) complex and may affect almost any part of the body. The most common form is pulmonary TB, which accounts for approximately 50% of all cases in the UK. Non-respiratory forms of TB are more common in young children in communities with connections to areas of the world with high prevalence, and in those with impaired immunity. Most cases of TB in the UK are the result of reactivation of latent TB acquired abroad rather than cases of primary TB. TB is usually acquired through the respiratory route, by breathing in infected respiratory droplets from a person with infectious respiratory TB. Transmission is most likely when the index case has sputum that is smear-positive for the bacillus on microscopy, and after prolonged close contact, such as living in the same household.

1.2 Levels of tuberculosis in the UK were high in the nineteenth and early twentieth century but have fallen steadily over the last hundred years in line with improvements in housing and nutrition as well as the advent of anti-tuberculous drugs and BCG vaccination. However, TB remains common in many parts of the world. In the late 1980s this trend reversed, and TB rates rose by 65%, peaking in 2011. This resurgence was largely due to migration of people to the UK from countries with high TB rates; approximately 2/3 of TB patients are born outside the UK.[1] Over the last 7 years there has been a steady decline in TB incidence in England, which is thought to be due to a combination of the pre-entry active TB screening programme (for all migrants coming from countries with a high TB rate as part of their visa-application process) and the Latent TB screening programme of high-risk New Entrants to the UK.

1.3 In 2005, the Chief Medical Officer recommended that the universal BCG vaccination programme in school be stopped, and immunisation should be offered to those at greatest risk of catching TB. This was due to the changing trends in TB epidemiology (see below). New NICE guidance was also produced and the Department of Health immunisation guidelines ('The Green Book') were revised.

The reasons for the changes included:

a) <u>The epidemiology of TB had changed</u>
The TB rate is very low in the indigenous UK population (4 cases/100,000 population) and is not increasing. The rate is high (~40/100,000) in people born abroad in all age groups. There is little transmission from immigrants to the indigenous community. Children usually get TB from the adults they are living with, and seldom transmit TB to other children.

b) <u>Vaccine efficacy</u>
Only one dose of BCG is recommended as there is no evidence that repeat vaccination offers significant additional protection and may result in a severe reaction. Protection is thought to be no more than 80%. It is least effective against respiratory TB and most effective in preventing severe forms of the disease in childhood, such as TB meningitis. There is little evidence the vaccine works if given over the age of 16 years and virtually no evidence that it works if given over the age of 35 years. It is not recommended in those over 16 years unless the risk of TB exposure is appreciable (e.g., in Healthcare Workers). Data have shown that

protection can last for more than 15 years, and recent evidence has reported that it may still be protective up to 60 years after immunisation.

c) Vaccine safety

BCG is a live vaccine which can cause disseminated disease in immunocompromised individuals. In addition, unpleasant local reactions following vaccination are not uncommon, and other side effects such as headache or fever can be experienced.

d) Cost-effectiveness

BCG immunisation should be offered to:

- all infants (aged 0 to 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
- all infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is 40/100,000 or greater*
- previously unvaccinated children aged one to five years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, and can normally be vaccinated without tuberculin testing
- previously unvaccinated, tuberculin-negative children aged from six to under 16 years of age with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, tuberculin tested and vaccinated if negative (see section on tuberculin testing prior to BCG vaccination)
- previously unvaccinated tuberculin-negative individuals under 16 years of age household or equivalent close contacts of cases of sputum smear-positive pulmonary or laryngeal TB (following recommended contact management advice – see National Institute for Health and Clinical Excellence (NICE), 2016)
- previously unvaccinated, tuberculin-negative individuals under 16 years of age who were born in or who have lived for a prolonged period (at least three months) in a country with an annual TB incidence of 40/100,000 or greater.

** Universal vaccination operates in areas of the country where the TB incidence is 40/100,000 or greater. This is applied for operational reasons since these geographical areas generally have a high concentration of families who come from regions of the world where the TB incidence is 40/100,000 or greater and therefore a higher potential for transmission events. The decision to introduce universal vaccination in an area is based on geography in order to target vaccination to children who may be at increased risk of TB in an effective way. It does not imply that living in areas that have an incidence of TB 40/100,000 or greater puts children at increased risk of TB infection. This is because most infections of children are likely to occur in household settings. In addition, there has been little evidence of TB transmission in schools in the UK.*

For country information on prevalence see:
https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

2. TUBERCULOSIS IN THE UK, EAST BERKSHIRE, NORTH EAST HANTS AND FARNHAM, AND SURREY HEATH

2.1 TB in the UK

TB notifications vary widely in different parts of the world: a rate of 40/100,000 is considered to be high. In 2021 there were 4425 cases in the UK, a rate of 7.8 cases/100,000 population, which is a further reduction since the peak of 8,276 cases in 2011 (a rate of 15.6/100,000)[1]. Most cases are found in cities and in individuals who are at risk either because of their ethnicity, or because of social factors such as drug/alcohol abuse, homelessness or imprisonment.

2.2 TB in East Berkshire

There were 67 cases of TB in East Berkshire in 2021 , a rate of 161/100,000. The majority of cases were in Slough which had 45 cases - a rate of 31.4 cases/ 100,000.

2.3 TB in North East Hants and Farnham, and Surrey Heath

There were 19 cases of TB in North East Hants and Farnham in 2017, and 5 cases in Surrey Heath, rates of 11.6/100,000 and 5.3/100,000 respectively.

3. RATIONALE FOR CURRENT GUIDELINE

AIM: To immunise those at high risk of developing severe disease
To immunise those at risk of exposure to infection

The data above have been used to define the high-risk populations. All babies under the care of FHFT should be identified as either low or high risk antenatally. The high-risk or eligible babies are confirmed during the Newborn physical examination (NIPE) and an EPIC order placed prior to hospital discharge. BCG vaccination clinics are the responsibility of maternity services. All orders will be scheduled by the paediatric bookings team.
NB: Babies of HIV-positive mothers should not have a BCG appointment scheduled until confirmed by the paediatric consultant / clinical notes.

4. THE GUIDELINE

4.1 The following groups are eligible for the BCG vaccine and should be offered BCG immunisation[2] (see flowcharts in Appendices 6 & 7):

1. All babies born at Wexham Park Hospital or Frimley Park Hospital, whether resident in the catchment area or not, if a parent or grandparent was born in a country where the annual incidence of TB is 40/100,000 or greater (see Appendix 1 for a link to lists). The PN Midwife will place an EPIC order for an BCG outpatient appointment prior to discharge and the appointment will be scheduled as near to 28 days of age.

1. Eligible babies will be identified from the national NIPE S4N system. The NIPE practitioner must indicate correctly on S4N if a baby is eligible for BCG and an EPIC order for a BCG appointment must be placed prior to discharge.
2. Babies born at home in the catchment areas of WPH and FPH who have a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater will be identified in the same way by the NIPE practitioner.
3. Babies who have a parent or grandparent that was born in a country where the annual incidence of TB is 40/100,000 or greater and whose parents are normally resident in the catchment area of WPH or FPH . It is the expectation that the hospital where they were born would administer this, but if not then they should be referred to the TB Service at King Edward VII Hospital (WPH patients) or the under 19 team. See appendix 6 & 7. Individual circumstances will be taken into account and in some cases, BCG can be supported by the maternity team.
4. Any children aged > 1 year and <16 years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater who has for any reason missed their neonatal BCG immunisation. These children should be referred to the TB Service at King Edward VII Hospital (WPH area) or the under 19 team (FPH area).
5. Contacts of cases of TB under 16 years who previously have not received BCG vaccination. This will be arranged by the TB nurses once contact-tracing has been carried out.
6. New entrants under the age of 16 years from countries with a TB incidence of 40/100,000 cases or greater. These individuals will be identified by the New Entrant TB Screening Service in East Berkshire and referred to the TB Service at King Edward VII Hospital. FPH is not commissioned to run a New Entrant TB Screening Service.
7. Individuals at risk of occupational exposure to TB irrespective of age. These people will be identified by staff in the Occupational Health Department who will arrange vaccination as necessary.
8. Individuals aged under 16 years who intend to live or work with local people for more than 3 months in a country where the annual incidence of TB is 40/100,000 or greater. These individuals can be referred to the TB Service (WPH patients)

Contact details for the BCG providers are provided in Appendix 5.

4.2 Who does not need immunising?

Immunisation with BCG is not recommended for:

- Individuals who do not have a risk factor
- Individuals aged 16 years or over (unless they are in a high-risk occupation)
- Individuals who have a contraindication for BCG vaccine (see list below)

4.3 **Contraindications for BCG vaccine**
(See The Green Book, Chapter 32, page 8 for comprehensive guidance)[5.]

- Previous BCG vaccination
- Past history of TB infection
- Positive Mantoux or Interferon Gamma Test
- Anaphylactic reaction to a component of the vaccine
- Children <2 years living with a case of active TB
- Babies born to mothers treated with biological therapy during pregnancy
- Immunosuppressive treatment (including steroids), radiotherapy or biological therapy within last 6-12 months (see Green Book)
- HIV positivity, or babies born to HIV-positive mothers until confirmed uninfected (see Green Book)

5. IDENTIFYING CASES

1. Antenatal booking appointment

Parents should receive verbal and written information (the Department of Health Publication 'BCG and your baby'[3]) about BCG antenatally, to enable them to consider the vaccination for their baby The Community Midwife is responsible for identifying babies eligible for BCG vaccination during the antenatal booking by completing the BCG eligibility question on EPIC.
When identified as eligible the community Midwife will share the digital link for the department of health publication via the woman's 'My Frimley Health' app

https://www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet

Special attention should be given to access appropriate interpreter services to ensure parents have the information in a language that they understand.

2. Postnatal wards

After delivery, when either the paediatric doctor or midwife performs the Newborn Infant Physical Examination (NIPE) they should check that eligibility screening for BCG vaccination has taken place and select 'Yes' to the question 'Risk of TB BCG required' on the NIPE S4N system.

See section 4 for eligibility criteria other than newborn babies identified from Frimley Park or Wexham Park maternity services.

3. Ad hoc

The community midwife should check at the first postnatal visit that an eligible baby has an EPIC future order placed for BCG clinic appointment, if not baby's details should be sent via email to the generic immunisation email account.
fhft.wexhammaternityimms@nhs.net
fhft.frimleymaternityimms@nhs.net

Immunisation Nurses will review history, check S4N is correct and place EPIC order if required. If parents initially declined the vaccination at birth they should be made aware that provision of the vaccination at a later date may not be possible. Maternity services are responsible for all babies born at Frimley health up to 12 months old. Health care professionals can email the immunisation generic email if parents are requesting BCG at a later date

Unimmunised individuals aged under 16 years may be identified incidentally, for example at routine contact with the school nursing service on school entry, or when they transfer into the area and register with a GP. Such children should be referred as described in Section 4.

6. ADMINISTERING THE BCG VACCINATION

A comprehensive guide to delivering BCG vaccination is attached in Appendix 3. The BCG vaccine is obtained from pharmacy.

Before administering the vaccination, the healthcare professional should check that the child is eligible and complete the consent questions on EPIC.
The TB service will continue to use the paper consent form (Appendix 2). Parent/s should read the patient information leaflet 'BCG and your baby' [3] and have an opportunity to ask any further questions. The healthcare professional must countersign that the baby is fit for vaccination.

6.1 Documentation

It is essential to accurately record details of all vaccines given. The following details should be documented on EPIC

- Details of the person giving the consent
- The batch number, product name and expiry date
- The site and route of administration
- Any immediate adverse reactions to the vaccine
- The name of the immuniser

The following also needs to be completed: -

- The Child Health Record ('Red Book') should have the relevant page completed (or the relevant insert completed to put into it)

6.2 Vaccine aftercare

Parents should be provided with information about what to expect and what precautions need to be taken following BCG vaccination.

The TB service continue to use the aftercare leaflet (Appendix 4 for leaflet given to WPH patients). The leaflet or link for 'BCG and your baby' should be provided prior to vaccination [3].

7. Data collection

- It is the responsibility of the Maternity immunisation Nurses to collate monthly BCG data The number of high-risk mothers identified antenatally.
- The number of eligible babies born
- The number of eligible babies born that were given the BCG vaccine.
- Details of the babies whose parents have declined the BCG vaccination (to complete the child's immunisation record)

The Antenatal and Newborn Screening Lead will support the immunisation nurses to ensure that site-specific data is prepared and submitted on the monthly template to the NHS England Screening and Immunisation teams at Surrey & Sussex and Thames Valley.

Vaccination information is sent weekly by the immunisation nurses to the Child Health Record departments at the NHS South Central & West Commissioning (WPH) and to Child Health Surrey West (FPH).

8. TRAINING

All staff involved in administering the vaccine must have the necessary skills, training and competencies. Staff involved with ordering and storing the vaccine must ensure that it is appropriately stored, recorded and handled in line with national guidance[4].

Maternity immunisation nurses will complete the required vaccination specific eLearning annually and provide evidence of completion to the Antenatal and newborn screening lead. They will also attend 2 of the maternity mandatory training days. Prompt which covers multidisciplinary management of emergency situations and mandatory day 3 covering supportive services i.e infection control, safeguarding etc

9. REFERENCES

NHS Englnd and NHS Improvement (2019) *Service-Specification-No.02-Neonatal-BCG.pdf - NHS England*, *NHS public health functions agreement 2019-20: Service specification No.2: Neonatal BCG immunisation programme*. Available at: https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.02-Neonatal-BCG.pdf (Accessed: March 2024).

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UK Health Security Agency (2023) *TB incidence and epidemiology in England, 2021*, *GOV.UK*. Available at: https://www.gov.uk/government/publications/tuberculosis-in-england-2022-report-data-up-to-end-of-2021/tb-incidence-and-epidemiology-in-england-2021 (Accessed: March 2024).

APPENDIX 1: WORLD HEALTH ORGANISATION TB DATA

For information from the WHO about individual country TB profiles see:

https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

The following website has a list of countries with a TB incidence of >40 cases/100,000 population:

http://www.who.int/tb/country/data/profiles/en/

APPENDIX 2: CONSENT FORM (USED BY TB SERVICE)

BCG Clinic

Name:	**DOB:**	**M / F**
NHS No:	**Hospital No:**	
Address: **Post code:**		

BCG Consent Form

The vaccine should not be given to:

Please complete the following: Tick for Yes ☐

1. Those who have had a temperature, or been unwell in the last two days?
2. Those who ever had an allergic reaction (component of BCG vaccine)**?**
3. Those who have received other vaccine within the last three months (live Vaccine)?
4. Those who are pregnant, breast feeding or believe may be pregnant?
5. Those who have received a BCG vaccination?
6. Those who have had Tuberculosis?
7. Those with recent Family history of TB? (not applicable to new born babies)
8. Infant born to a mother who received immunosuppressive biological therapy during pregnancy (see below contra-indication**)**

   (a) For infant up to 6 months of age, has mother had immunosuppressive biological (TNF α antagonist) treatment during pregnancy or breast feeding

   (b) Those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)

   (c) Those who are receiving or have received in the past 12 months immunosuppressive biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab, and rituximab)

   (d) Those who are receiving or have received in the past 3 months immunosuppressive therapy including:

   a. Adults and children on high-dose corticosteroids (>40mg prednisolone per day or > 2mg/kg/day in children under 20kg) for more than 1 week
   b. Adults and children on lower dose corticosteroids (>20mg prednisolone per day or >1mg/kg/day in children under 20kg) for more than 14 days.
   c. non-biological oral immune modulating drugs e.g. methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day

BCG Vaccine

Name:	**D.O.B:**	**M / F**
NHS No:	**Hospital No:**	

Declaration:

I have discussed my past and present health with the nurse. I understand the benefits and the risks of the **BCG**. I hereby give my consent to receive the **BCG** vaccine.

Signed…… *Date*……....

Print Name……

I confirm that I am the parent and/or the legal guardian of the patient named above. I have discussed his/her past and present health with the nurse/midwife and hereby consent to him/her receiving the **BCG** vaccine.

Signed…….. *Date*……....

Print Name……

MANTOUX TEST *DATE:*	**LOT:**	**MANTOUX RESULT** **DATE READ:**
STRENGTH: 2 T.U./ 0.1 ml	**EXPIRY:**	*REACTION IN MM:*

BCG Vaccine: <1 year old dose: 0.025mg/ 0.05ml Route: Intradermal

>1 year old: 0.05mg/ 0.1ml Route: Intradermal

BCG given: YES □ NO □ BATCH NO: _____ EXP DATE: _____

Given by: …… Date: ……..

Signed: ……

TB Clinical Nurse Specialist/Midwife/Paediatrician

APPENDIX 3: PRACTICAL GUIDELINE FOR GIVING BCG VACCINATION

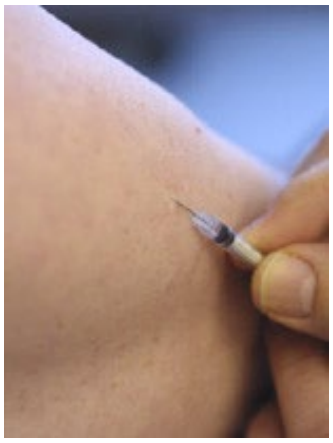
Correct technique for giving BCG is essential to reduce the risk of local adverse reactions.

Making up the vaccine **BCG VACCINE SSI** is a live freeze-dried vaccine for intradermal use.

- The vaccine is stored at 2° to 8° C - DO **NOT FREEZE!**
- The vaccine is reconstituted with DILUTED SAUTON SSI
- **Do not remove the rubber stopper**
- Add exactly 1.0 ml SAUTON solution to the vial using a sterile syringe & 21G needle to make up a 10 dose vial
- To suspend the vaccine turn the vial gently upside down a few times – **DO NOT SHAKE**
- The suspension should be homogenous, slightly opaque and colourless
- Any reconstituted unused vaccine must be discarded after max. 4 hours.

Giving the injection

- Double check consent and that there are no contra-indications
- Use a sterile 1.0 ml syringe and a **short** bevelled needle (25 or 26 G)
- Gently swirl the vial before drawing up each dose
- Dose is **0.05 ml** (=5 units if using an insulin syringe). Draw up slightly more than one dose and remove any air bubbles and extra vaccine
- NB This dose is for infants under the age of 12 months. For older children and adults the dose is 0.1ml.
- The correct site of injection is about one third down the **left** upper arm at the insertion of the deltoid muscle (where the baby's arm dips in below the shoulder muscles).



- The skin should not be cleansed with antiseptic before the injection
- Make sure the baby is held firmly, preferably lying on their right side with the left arm exposed.
- Stretch the skin slightly between the thumb and forefinger then inject the needle almost parallel with the skin surface with the bevel of the needle facing upwards, insert the needle approximately 2 mm into the superficial layers of the skin

- Inject the vaccine slowly. You should feel a slight pressure as you press the plunger, and a small flat swelling will appear (very similar to a mosquito bite)
- If the skin does not swell or you feel you can press the plunger too easily, then the vaccine is probably given too deeply. You can try to draw back the needle into correct position and give the rest of the vaccine.
- If vaccine appears on the skin (ie too shallow), stop and advance the needle slightly before injecting the remainder of the dose.
- If there is no swelling **never give a second dose** of vaccine. Vaccination given too deeply gives adequate results in terms of clinical protection. However a larger scar, an abscess, or enlarged lymph nodes may result from a vaccination given too deeply.

- After injection the swelling will disappear within 10-15 minutes.
- Complete paperwork & give vaccine aftercare leaflet to mother

Source:www.ssi.dk; Statens Serum Institut 5 Artillerivej DK-2300 Copenhagen S Denmark

APPENDIX 4: VACCINE AFTERCARE LEAFLET (WPH)

Chest Clinic
King Edward VII Hospital

NHS
Frimley Health
NHS Foundation Trust

BCG Intradermal Vaccination

The blister raised by the vaccine starts to disappear within a few minutes. A local reaction develops within 2 to 6 weeks, beginning as a small pea-like lump which increases in size over a few weeks to a round area up to 7mm in diameter, with scaling, crusting and, on occasions, bruising. This will heal over a period of time and generally leaves a small scar.

However, please note that a shallow ulcer up to 10mm diameter may develop instead of the above. This reaction heals more slowly and will require several months to heal, leaving a small scar. In the rare case that this does happen, it is advised that you inform the immunisation nurse.

It is not necessary to protect the site from becoming wet during washing or bathing.

DO'S AND DONT'S

1. Do **not** allow your child to have **any** vaccinations in the **same arm** for 3 **months.** Your child can have *non-live* vaccines in other limbs. Please ask the administering nurse for more information if unsure.
2. Do **not** use plasters (band aids) over the vaccination site. It is essential that air should not be excluded. If absolutely necessary a waterproof dressing may be applied but only for a short time (e.g., 1-2 hours) as it may delay healing.
3. Do **not** allow your child to scratch the site, as they may make the final scar much bigger.
4. Do **not** allow your child to play contact sport (e.g., football) for 24 hours.
5. Do go and seek medical advice from any appropriate, available service such as your GP or Walk-in Centre, if you notice any adverse reactions. Only in an emergency attend Accident and Emergency.

If you require any further advice, please contact the TB Specialist Nurses on 0300 614 6468, 0300 614 6070, 0300 614 6473

For a translation of this leaflet or for accessing this information in another format:

Large Print

Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital
Telephone: 0300 613 6530
Email: fhft.palsfrimleypark@nhs.net

Wexham Park & Heatherwood Hospitals
Telephone: 0300 615 3365
Email: fhft.palswexhampark@nhs.net

Frimley Park Hospital	**Heatherwood Hospital**	**Wexham Park Hospital**
Portsmouth Road, Frimley, Surrey, GU16 7UJ	Brook Avenue, Ascot, Berkshire, SL5 7GB	Wexham Street, Slough, Berkshire, SL2 4HL
Hospital switchboard: 0300 614 5000		**Website:** www.fhft.nhs.uk

Title of Leaflet	BCG Intradermal Vaccination				
Author	Sukhi Sandhu Clinical Nurse Specialist		**Department**	Chest Clinic, Respiratory Medicine	
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Legal Notice
Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

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APPENDIX 5: BCG PROVIDERS' DETAILS

WEXHAM PARK HOSPITAL /catchment

Immunisation Nurses

WPH site:
fhft.wexhammaternityimms@nhs.net

Tel 0300 6153301
TB Team: based at King Edwards Hospital

Fhft.tbteamwexham@nhs.net

Tel 0300 6146070

FRIMLEY PARK HOSPITAL /catchment

Immunisation Nurse

FPH site:

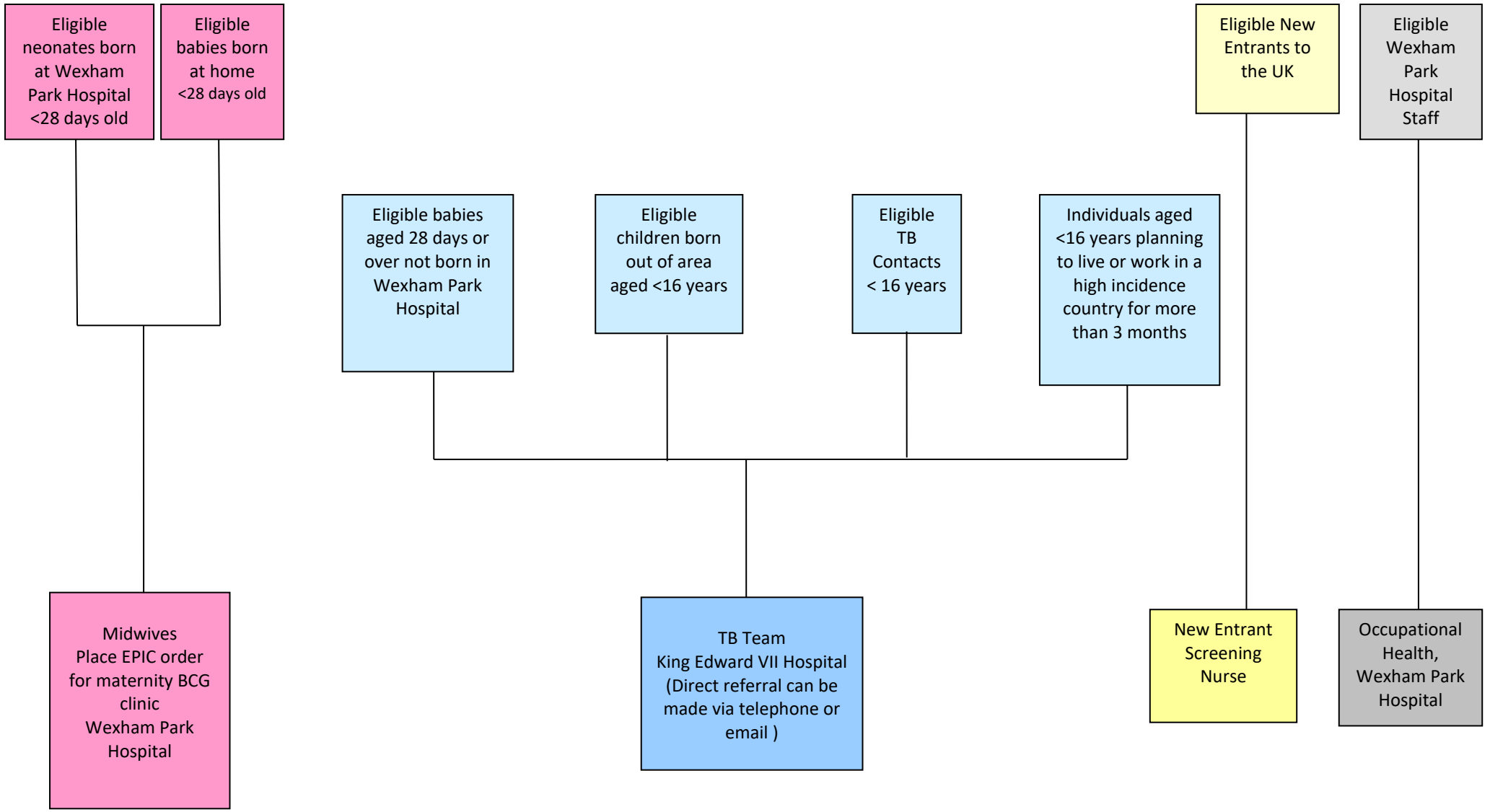
fhft.frimleymaternityimms@nhs.net

Tel 0300 6134435

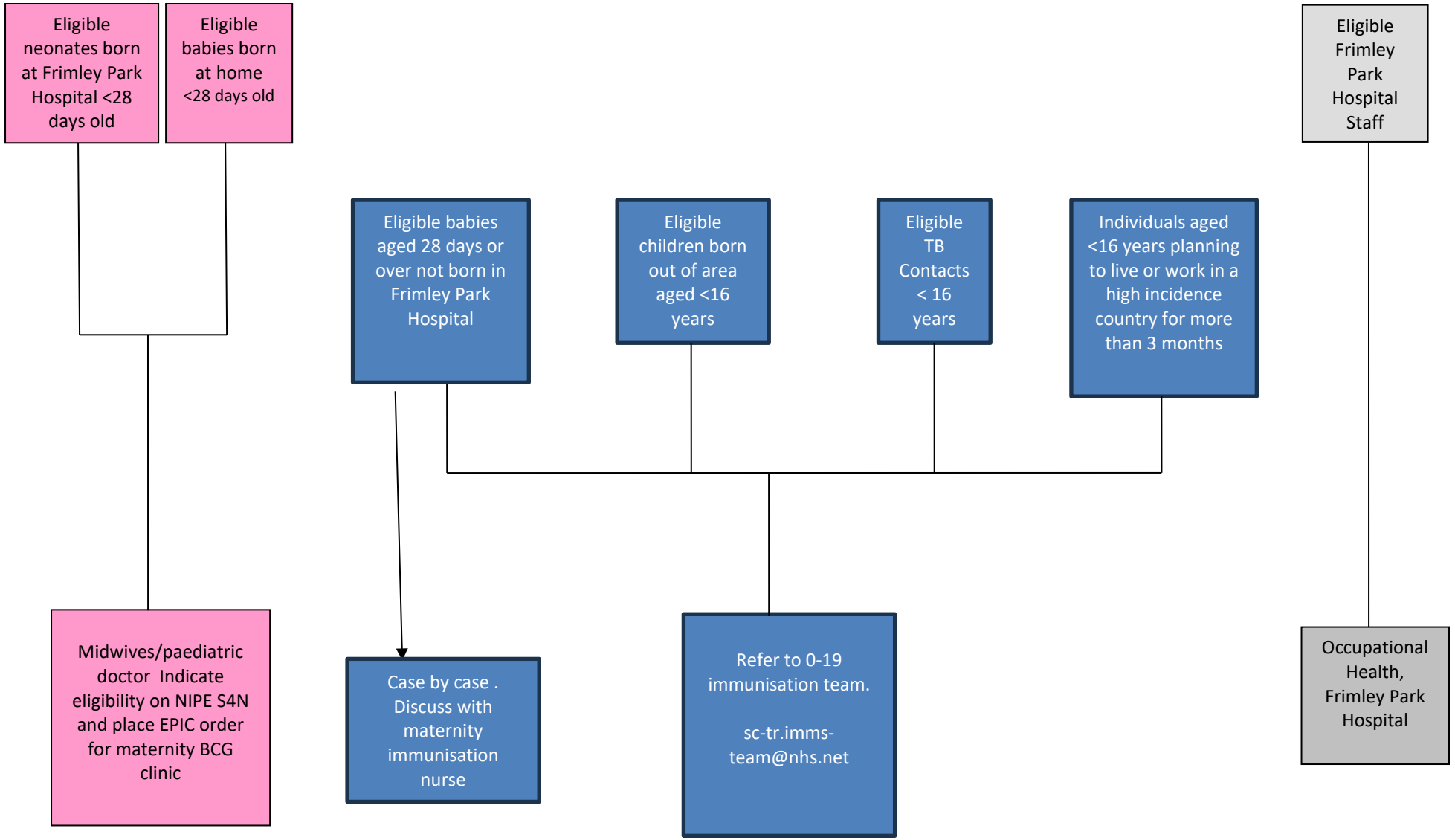
0-19 immunisation team

Sc-tr.imms-team@nhs.net

APPENDIX 6: ROUTES OF REFERRAL AND PROVIDERS OF BCG VACCINATION FOR WPH



APPENDIX 7: ROUTES OF REFERRAL AND PROVIDERS OF BCG VACCINATION FOR FPH



APPENDIX 8: STANDARD OPERATING PROCEDURES

BCG Neonatal Clinic SOP – Frimley Park

BCG Neonatal Clinic SOP – Wexham Park

Full version control record

Version:	4.0
Guidelines Lead(s):	Katharine Franks, Cross Site Lead Midwife for Antenatal & Newborn Screening, Sarah Menzies , Consultant in respiratory and general medicine and Sukhwinder Sandhu , TB specialist Nurse
Contributor(s):	
Lead Director / Chief of Service:	Anne Deans, Chief of Service for Obstetrics and Gynaecology
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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1	April 2009	Sarah Menzies	Final	
2	April 2016	Sarah Menzies	Final	
3	Sept 2019	Sarah Menzies	Final	Minor wording changes and Pharmacist endorsement added.
4.0	May 2024	Katharine Franks, Sarah Menzies, Sukhwinder Sandhu	Final	Scheduled review. Ratified at Cross Site Obstetric Clinical Governance meeting, 21.05.2024

Related Documents

Document Type	Document Name