



From 1st September 2020

Changes to the neonatal BCG programme in London

What is changing?

We are changing the way we deliver BCG vaccine to babies in London from 1st September 2020:

- Neonatal BCG vaccine will no longer be available to all babies; instead it will be offered to those babies who are most at risk of tuberculosis (TB);
- Neonatal BCG vaccine will no longer be delivered in maternity units. Babies who are eligible for BCG will be referred to community vaccination clinics to be vaccinated¹.

(i) mmunisation the safest way to protect your child

Why is this changing?

The national BCG immunisation programme is delivered as a risk-based programme. A key part of this risk-based approach is the selective neonatal programme targeted at those infants most at risk of exposure to TB. Those most at risk are defined in the Green Book² as:

- 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.

In London, due to a historically higher annual incidence of TB, the BCG immunisation programme has been delivered universally to all newborn babies in many areas. However, the annual incidence of TB in London has been in decline, falling from a rate of over 40 per 100,000 in 2012 to a current overall rate of 19 per 100,000. Due to this, the number of infants most at risk of exposure to TB in London has also decreased significantly.

Therefore, from 1st September 2020, the neonatal BCG immunisation programme will no longer be available universally in London and will instead be targeted to those infants most at risk of exposure to TB. This will bring the London region in line with the rest of England.

[1] We are undertaking a health needs assessment to ensure that community provision of BCG vaccination will meet the needs of the babies who are eligible.

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731848/_Greenbook_chapter_32_Tuberculosis_.pdf

The aim of the neonatal BCG immunisation programme is to prevent infection from TB and reduce the risk of progression to severe disease. London remains committed to further reducing TB incidence through its programme of work under the London TB Control Board.

What does this mean for our service?

Maternity services will be required to identify which babies born on or after 1st September 2020 are eligible for BCG immunisation. This should occur post-natally, preferably alongside the Newborn Infant Physical Examination (NIPE). If a baby is identified as eligible for BCG then the maternity service will refer the baby to their local community BCG clinic for immunisation after birth.

The questions required to determine eligibility for BCG are laid out in Appendix 1 of this document. Eligibility for BCG should be recorded in the local maternity information system.

Maternity services will be required to report the BCG eligibility of all babies born in their service to NHS England on a monthly basis.

Maternity services, health visitors and GPs will need to adjust their messaging to expectant and new parents around BCG neonatal immunisation.

Health visitors and GPs will be required to identify which babies born on or after 1st September 2020

What resources are available?

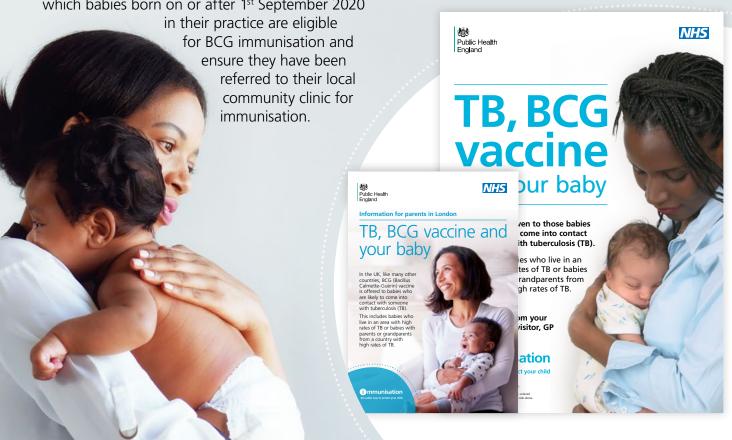
The leaflet 'TB, BCG and your baby' is available to download in English, Arabic, Bengali, Farsi, Hindi, Nepali, Pashto, Punjabi, Somali and Urdu here: www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet

A supplementary information flyer 'TB, BCG and your baby London' (product code: 2020103B) is available here: www.healthpublications.gov.uk/ Home.html.

This sets out why BCG will now be provided on a targeted basis in London and which babies are eligible for BCG vaccination.

A poster 'TB, BCG and your baby' is also available in English here: www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet.

All copies of these resources are available to order here: www.healthpublications.gov.uk/Home.html and click on TB/BCG search tab. Translations are available to download and print locally.



Eligibility questions for neonatal BCG vaccination in London

Does your baby, the baby's mother, father or grandparents, or anyone who lives with you, come from a country with a high rate of TB?

A list of countries with a high rate of TB is included at Appendix 2 of this briefing.

Will you and your baby be going to live or to stay with friends and family in one of these countries?

A visit of 3 months or more to any of the countries listed in Appendix 2 is required for eligibility for neonatal BCG².

Does anyone who lives with you, or who spends a lot of time with your baby, have TB now or had TB in the past?

Spending time with someone who:

- has TB now, or
- who has had TB within the past 5 years is required for eligibility for neonatal BCG³



Do you live in the London Borough of Newham?

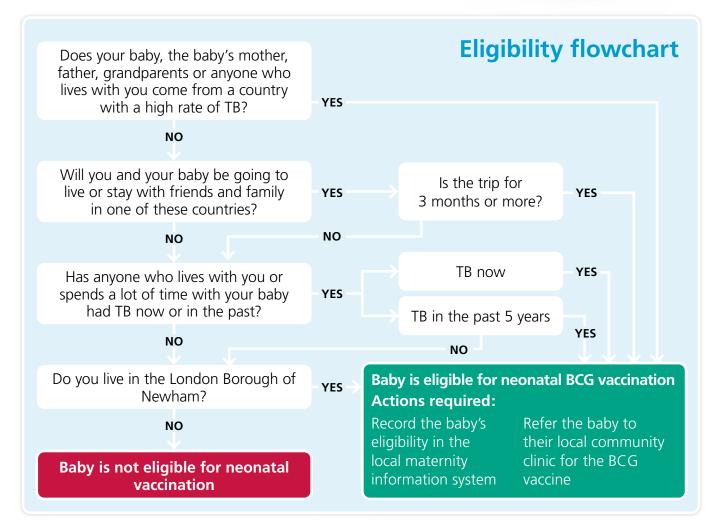
Newham has an annual incidence of TB of over 40 per 100,000 according to the latest data. All babies born from 1st September 2020 who live in Newham should be offered neonatal BCG.

This requirement is likely to change in the near future as the incidence of TB continues to decrease across London.

These questions have been summarised into the flowchart below for use in maternity and other settings.

[3] www.nice.org.uk/guidance/ng33/ifp/chapter/BCG-vaccination





Appendix 2

Countries with annual incidence of TB of more than 40 per 100,000

Country/Territory	Rate*
Afghanistan	189
Algeria	69
Angola	355
Azerbaijan	63
Bangladesh	221
Benin	56
Bhutan	149
Bolivia (Plurinational State of)	108
Botswana	275
Brazil	45
Brunei Darussalam	68
Burkina Faso	48
Burundi	111
Cabo Verde	46
Cambodia	302
Cameroon	186
Central African Republic	540
Chad	142
China	61
China, Hong Kong SAR	67
China, Macao SAR	60
Congo	375
Côte d'Ivoire	142
Democratic People's Republic of Korea	513
Democratic Republic of the Congo	321
Djibouti	260
Dominican Republic	45
Ecuador	44
El Salvador	70
Equatorial Guinea	201
Eritrea	89
Eswatini	329
Ethiopia	151
Fiji	54
Gabon	525
Gambia	174
Georgia	80
Ghana	148
Greenland	100
Guam	49
Guinea	176
Guinea-Bissau	361
Guyana	83
Haiti	176

Country / Touritous	Dotot
Country/Territory	Rate*
India	199
Indonesia	316
Iraq	42
Kazakhstan	68
Kenya	292
Kiribati	349
Kyrgyzstan	116
Lao People's Democratic Republic	162
Lesotho	611
Liberia	308
Libya	40
Lithuania	44
Madagascar	233
Malawi	181
Malaysia	92
Mali	53
Marshall Islands	434
Mauritania	93
Micronesia (Federated States of)	108
Mongolia	428
Morocco	99
Mozambique	551
Myanmar	338
Namibia	524
Nauru	54
Nepal	151
Nicaragua	41
Niger	87
Nigeria	219
Niue	71
Northern Mariana Islands	95
Pakistan	265
Palau	109
Panama	52
Papua New Guinea	432
Paraguay	43
Peru	123
Philippines	554
Republic of Korea	66
Republic of Moldova	86
Romania	68
Russian Federation	54
Rwanda	59
Sao Tome and Principe	124

Senegal 118 Sierra Leone 298 Singapore 47 Solomon Islands 74 Somalia 262 South Africa 520 South Sudan 146 Sri Lanka 64 Sudan 71 Tajikistan 84 Thailand 153 Timor-Leste 498 Turkmenistan 46 Tuvalu 270 Uganda 200 Ukraine 80 United Republic of Tanzania 253 Uzbekistan 70 Vanuatu 46 Venezuela (Bolivarian Republic of) 48 Viet Nam 182 Yemen 48 Zambia 346 Zimbabwe 210	Country/Territory	Rate*
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Tajikistan 84 Thailand 153 Timor-Leste 498 Turkmenistan 46 Tuvalu 270 Uganda 200 Ukraine 80 United Republic of Tanzania 253 Uzbekistan 70 Vanuatu 46 Venezuela (Bolivarian Republic of) 48 Viet Nam 182 Yemen 48 Zambia 346	Sri Lanka	64
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United Republic of Tanzania 253 Uzbekistan 70 Vanuatu 46 Venezuela (Bolivarian Republic of) 48 Viet Nam 182 Yemen 48 Zambia 346	Uganda	200
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Zambia 346	Viet Nam	182
2.11.0.0	Yemen	48
Zimbabwe 210	Zambia	346
	Zimbabwe	210

*Estimated rate per 100,000 population Source: World Health Organisation (WHO) TB burden estimates.

Data accessed: October 2019.

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

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

