

# 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

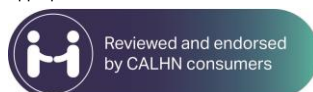
Please note that vaccination availability with SA TB Services at the RAH is limited and requests for BCG vaccination will be triaged according to clinical urgency. As it may take up to 12 weeks for the vaccine to take full effect, and due to limited availability, requests for BCG vaccination should occur **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

© Department of Health, Government of South Australia. All rights reserved. Updated 2022

This information sheet does not constitute medical advice and is for general information only. Readers should always seek independent professional advice where appropriate.



Created/Revised: Sep 2022  
Version: 1  
Reference: CALHN-CIS#####



<http://www.ausgoal.gov.au/creative-commons>

# 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](mailto: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

Other comments

Intended to travel overseas frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g. more than 1 visit in 5 years)

## SECTION B – Details of person requiring vaccination

First Name

Last Name

Date of birth

Address

	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female

## SECTION C – Contact Details

First Name

Last Name

Relationship to person  
receiving vaccine

E-mail address

Phone / Mobile

Alternate phone

Interpreter required

<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Self
<input type="checkbox"/> Yes, Language:	<input type="checkbox"/> 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 \_\_\_\_\_



Government  
of South Australia

**Health**

Central Adelaide  
Local Health Network

# Bacille Calmette-Guerin (BCG) Vaccination Risk assessment form

## 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): \_\_\_\_\_



Government  
of South Australia

Health

Central Adelaide  
Local Health Network