Before the BCG

Let your doctor or nurse know before a skin test or BCG if you are/have any of the following:

- known to be HIV positive
- a serious disease
- previous or current history of TB
- on systemic steroids
- positive TB skin test in the past
- live vaccines given in the last 4 weeks
- previous BCG vaccination
- pregnant or breastfeeding
- raised temperature, fever or viral infection
- general septic skin condition.

How is a BCG vaccination done?

A skin test (Mantoux Test) is first carried out. This is a small injection into the top layers of the skin, which may sting a little.

You will need to return to the clinic a few days later so the nurse can check your skin's reaction to the test.

If the test is negative, you may be given BCG in the next three months.

Usually, for children under 6 years old, no test is needed before the vaccination, unless they have had close contact with someone with infectious TB or have lived for more than three months in a country with a high number of TB cases.

The vaccination is given as an injection into the skin of the upper arm. Initially, a small spot will be left which should disappear in 4-6 hours.

What happens after the BCG injection?

The site of the injection will be sore for a few days, but should not make you feel unwell or feverish. After about two weeks a lump will develop, which may weep or ooze. Leave it open to the air, do not squeeze and try not to dislodge any scab that may have formed. Occasionally, it may be necessary to protect it with a dry dressing.

You can wash, bathe and swim as normal but take care drying the injection site. It will take about eight weeks to heal completely, and a small circular scar may remain. BCG takes around six weeks to build an immune response to TB.

It is important to keep your record of BCG vaccination for future medical reference.
What is the BCG vaccine?
The BCG (Bacille Calmette-Guérin) is a strain of the TB germ that has been specially weakened so it can protect against TB. It will not cause TB but encourages the body to build up immunity to the disease.

Since changes to the BCG programme in 2005, BCG is no longer offered to children in secondary schools in the UK. It has been replaced with a targeted programme for babies, children and young adults at higher risk of TB.

Who needs to have BCG?
Department of Health recommendations are:

- All babies under 12 months either born or living in areas where there is a high number of cases (i.e. more than 40 cases of TB a year in every 100,000 people), or who have a parent or grandparent who was born in a country with a high number of TB cases.
  
  If you are in one of these groups, under 35 years of age (research suggests BCG has little impact in people over 35) and not previously vaccinated, contact your occupational health or HR department regarding BCG.

- Children under 16 years old going to live for more than three months in a country that has a high number of TB cases.
  
  If you are in this group and not previously vaccinated, you may need BCG, but are unlikely to get this through the NHS (see below).

- Occupational groups such as those working in healthcare, with the elderly, in hostels for the homeless and refugees, laboratory staff, prison staff and veterinary staff.

- Close contacts of people diagnosed with TB in the lungs.
  
  If you are in this category, you will be identified and contacted by local public health services. However, if you feel that you have been missed as a contact, tell your GP or local TB nursing service.

BCG for travel
BCG is not recommended as a routine travel vaccination. Children under 16 going to live in a country with a high number of TB cases for more than three months and who have not had a BCG are advised to get a skin test to see if vaccination is needed.

Usually, BCG for travel will need to be carried out privately, and many travel clinics offer this service.

But I want BCG – can I still get it?
If you are not in one of the groups listed, BCG is not recommended and you will not be able to get it through the NHS.

What is TB?
TB is a bacterial infection commonly affecting the lungs but which can affect any part of the body. TB is curable with a course of medicine, usually lasting 6 months. Only TB of the lungs or throat can be infectious and most people will not be infectious within two weeks of taking the correct medicine.

How is it caught?
When someone with infectious TB of the lungs coughs or sneezes, the germs can get into the air in small droplets and other people can breathe them in. People most likely to catch TB are those who have spent a lot of time with a person with TB. You are unlikely to catch TB on a bus or train, as you would usually need to spend a number of hours with someone who is infectious. TB is not spread by spitting or sharing cutlery or other objects.

In the UK, people at most risk of developing TB are those who have one or more of the following:

- been in contact for a long time with a person who has infectious TB
- lived in places where TB is still common
- an immune system which is weakened by HIV or other medical conditions
- chronic poor health through social factors such as homelessness, alcoholism and drug misuse.

Young children and very elderly people are also more likely to develop TB than the general population.

I didn’t have a BCG vaccination when I was younger – should I have one now that TB is on the increase in the UK?

BCG is thought to be effective for only around 15 years and research suggests it has little effect on those aged over 35. As the risk of catching TB is still very low for most people, it wouldn’t really be useful to have the BCG now.