When should a BCG vaccination not be given?

You should not have the BCG

if you have:

- had TB before
- had a positive Mantoux test in the past 3 months
- had a BCG before with a visible BCG scar or have
- got a paper record of previous BCG vaccination
- had another vaccination in the past 4 weeks
- a serious disease like cancer
- a septic skin condition
- a high fever

or if you are:

- taking steroid medication
- pregnant
- HIV positive.

If you are unsure whether you have HIV/AIDS, an HIV test can be arranged.

How is the BCG vaccination given?

The BCG is given as an injection into the upper arm; it leaves a small raised blister, which disappears within a few hours.

What happens next?

Within 2-6 weeks a lump will develop at the vaccination site and the area may be painful for a few days. The lump should develop into a small white spot or ulcer, which may ooze fluid and then form a scab. It may take up to 6 months to fully heal and will leave a small flat scar.

It is important not to squeeze or scratch the spot or scab and it should be left open to the air, uncovered and without a plaster. If the vaccination site oozes fluid it can be covered with a waterproof dressing just during bathing or showering. Do not use creams or perfume on the spot.

After a BCG vaccination is given, no further vaccinations should be given in the same arm for 3 months.



Understanding Tuberculosis (TB)

Information for people coming to live in the UK

If you are worried about TB you can also phone NHS Direct on 0845 647 - they can provide interpreted advice.

If you need this information in a different language, or in another format such as Braille, audiotape, large print, or on disk, please contact: The Haven on 0117 9703887 or e-mail: the.haven@nhs.net It is also available in several languages on: www.avon.nhs.uk/haven

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What is Tuberculosis (TB)?

TB is a serious infectious disease that usually affects the lungs but can also affect other parts of the body. TB affects many people all over the world.

What are the symptoms of TB?

The most common symptoms of TB are:

- A cough lasting more than 3 weeks
- A fever
- Sweating at night
- Coughing up blood
- Loss of appetite
- Weight loss
- Feeling weak or tired.



How can you catch TB?

When someone with TB of the lungs coughs, spits or sneezes, the TB germs can get into the air. Other people breathe in these germs and can catch TB.

TB infection can develop in your body in two different ways. One way is called active TB the other way is called latent TB. In active TB symptoms develop and people may become very ill.

Latent TB means the germs stay "asleep" in your body. Latent TB can last for a very long time, even years, without symptoms. You do not feel ill and are not infectious. However, if you are not treated, it is sometimes possible for latent TB to become active TB and then you may become very ill.

Is anyone at special risk of catching TB?

Anyone can get TB, but it is more likely if you have been in close contact with a person who has active TB. It is also more likely to affect people whose ability to fight infections has been weakened.

Is TB curable?

In most cases a TB infection is curable, especially if treatment is started early and the full course of TB medication is completed. This usually takes 6 – 9 months.

The medicine must be taken exactly as instructed and the full course completed. Even if you are feeling better, it is important to take the medicine until you are told to stop.

TB can become resistant to treatment if the medicine is taken incorrectly or stopped too early, and then the disease may become very difficult or impossible to treat.

The best way to prevent the spread of TB is through early and complete treatment of the disease.

Can TB be prevented by vaccination?

Not always. The BCG vaccination can provide some protection but this is not always 100% and can reduce as you get older. Ideally the BCG vaccination should be given at birth. A BCG vaccination is also sometimes given to older children and young adults.

How do I find out if I have TB?

A chest X-ray will usually show active TB of the lungs.

A simple skin test called the Mantoux test helps to find out if you have latent TB or TB in another part of your body. A small amount of test liquid is injected under the skin of the forearm. About 48 – 72 hours later a nurse must examine the area.

If the skin test is positive, there will be swelling and possibly blistering. This means you have met the TB germs before. You may have latent or active TB and you may need further tests and possible treatment for this.

If the skin test is negative there will be no or little reaction at the injection site. The nurse will then tell you if you need a BCG vaccination according to the National BCG Vaccination Policy.

Who should have a BCG vaccination?

People under 16 years old who:

- come from a country where TB is common.
- People aged 16 -35 years may need a BCG:
 - if they come from a country where TB is very common.

If you or your child has had a previous BCG vaccination you do not need another one.