TB, BCG vaccine and your baby
This leaflet is about the BCG (Bacillus Calmette-Guérin) vaccination that is being offered to protect your baby against tuberculosis (TB).

What is BCG vaccine?

BCG vaccine contains a weakened form of the bacteria (germ) that cause TB. Because it is weakened it doesn’t actually cause TB, but it helps your baby develop protection (immunity) against TB in case he or she ever comes into contact with it. The BCG vaccination is particularly effective in protecting babies and young children against the more rare severe forms of TB such as TB meningitis (swelling of the lining of the brain).

What is TB?

TB is a bacterial infection, it usually affect the lungs but can also affect any part of the body. Infection with the TB germ may not develop into TB disease. TB disease develops slowly in the body, and it usually takes several months for symptoms to appear. Most people who have TB infection will never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people (for example, those who have weak immune systems), the bacteria may become active and cause TB disease. Most people in this country recover fully after treatment, but this takes several months.
What are the symptoms of TB?

TB can affect any part of the body. The symptoms will vary and also the signs of disease in a baby may be different from those of an adult. However, as TB is infectious, it is important that you can recognise the disease in someone else.

You should contact a doctor if you, your baby, or any other member of your family, or a friend has any of the following:

- Persistent cough that lasts for more than three weeks
- Fever
- Sweating, especially at night
- Unexplained weight loss
- A general and unusual sense of tiredness and being unwell
- Coughing up blood

How is TB caught?

You can only catch TB from someone whose lungs or throat are already infected and who is coughing. When they cough, a spray of tiny droplets is produced that contain the bacteria. If you breathe in the droplets you too can catch the infection. It takes close and prolonged contact with an infected person, for example living in the same house to be at risk of being infected.
How common is TB?

In the UK in the 1950s, there were over 50,000 new cases of TB every year. Today, this number has dropped to just over 6,000 new cases a year. So, while it is unlikely that you will get infected, everybody should be aware of the symptoms of TB. This is especially important because TB is a widespread disease worldwide.

The risk increases for people who have lived or worked in countries with high rates of TB as they are more likely to come into contact with the disease.

Why is my baby being offered BCG?

In the UK, like many other countries, BCG is offered to babies who are more likely than the general population to come into contact with someone with TB. This is because they either live in an area with high rates of TB or their parents or grandparents came from a country with high rates of TB (see page 6 for weblink).

The vaccination is usually offered after the birth while your baby is still in hospital, but it can be given at any time.

How is my baby immunised?

Your baby will be given the BCG vaccination in the upper part of the left arm.
Are there any side effects?

Immediately after the injection, a raised blister will appear. This shows that the injection has been given properly.

Within two to six weeks of the injection a small spot will appear. This may be quite sore for a few days, but it should gradually heal if you don’t cover it. It may leave a small scar.

Occasionally, your baby may develop a shallow sore where they had the injection. If this is oozing fluid and needs to be covered, use a dry dressing – never a plaster – until a scab forms. This sore may take as long as several months to heal.

If you are worried or you think the sore has become infected, see your doctor.
Are there any reasons why my baby shouldn’t have the BCG vaccination?

As with most other immunisations, the injection should not be given or should be delayed if your baby:

• has a high fever
• is having treatment for cancer or other serious conditions that weaken the immune system
• is HIV positive, or
• is suffering from a generalised infected skin condition. If eczema is present, an injection site will be chosen that is free from skin lesions, or
• if you have received immunosuppressive biological therapy during pregnancy.

Do I need to know anything else?

Your baby can start their routine immunisations at two months of age regardless of when they have their BCG. However, you should make sure that your baby is not given another injection in the same arm as the BCG for at least three months afterwards; otherwise the glands in that area may swell. Also make sure that there is a record of the BCG vaccination in your child’s Personal Child Health Record (Red book) for future reference.
Countries with high rates of TB

Countries with high rates of TB are taken from World Health Organization (WHO) data and can be found on the web at: www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

If you answer ‘Yes’ to any of the following questions your baby should have a BCG vaccination if he or she hasn’t already had one.

- Are you, your family or your baby’s father or his family from a country with high rates of TB? If in doubt, talk to a health professional

- Will you and your baby be going to live for more than three months or travel frequently in one of these countries in the near future?

- Is there anyone in your house, or anyone else who is likely to have prolonged contact with your baby, who either has TB, or has had it in the past, or comes from one of these countries?
More information

If you want more information on TB, or the BCG vaccine or any other immunisations, speak to your doctor, health visitor, midwife or nurse. Or visit our website at www.nhs.uk/vaccinations.