



Practical Aspects on BCG Vaccination

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15.12.2010

BCG Vaccination

- BCG (Bacille Calmette-Guerin) vaccination is an important component of tuberculosis control programme.
- BCG vaccine is a live freeze-dried vaccine to enhance our body immunity against TB, in particular in the protection against severe forms of TB.

Target Groups

- All healthy newborn babies
 - Body weight not less than 2.25 kg on day of vaccination
 - Medically fit babies in the hospital prior discharge unless there are contraindications to the BCG vaccine.
- Children aged under 15 who have never received BCG vaccination before

Persons not recommended BCG Vaccination

1. Conditions with impaired immunity

- Any form of malignancy
- Under immunosuppressive therapy
(be considered after at least 3 months of stopping systemic steroid, 6 months after stopping cytotoxic drug treatment.)
- Immunodeficiency condition, either congenital or acquired

2. Having received live vaccine within the past 4 weeks (BCG can be considered after 4 weeks)

3. Febrile condition

4. Generalised severe skin condition

Persons who are not required BCG vaccination

1. Having a past history of TB
2. Having received BCG vaccination before
3. Aged 15 or above

BCG Vaccine (current use)



BCG Vaccine (current use)

- Intradermal BCG Vaccine SSI (Statens Serum Institut – 10 dose/vial, powder form)
- Diluted Sauton SSI – diluent for BCG Vaccine SSI



Syringe and Needle

- A sterile syringe
- 25 or 26 gauge needle



Preparation of Vaccine

1. Transfer 1 ml Diluted Sauton SSI into a 10 dose vial of Intradermal BCG Vaccine SSI.
2. Carefully invert the vial a few times to resuspend the freeze-dried BCG thoroughly.
3. Gently swirl the vial of resuspended vaccine before drawing up each subsequent dose.
4. Avoid vigorous shaking.

Preparation of Vaccine

5. Reconstituted vaccine should be used within 4 hours. The remains should be discarded.



write down the date & time

Preparation of Vaccine

6. The BCG vaccine should be protected from light and stored between 2 °C and 8 °C.
7. The vaccine must not be contaminated with any antiseptic.



Dosage

- Infants below one year : 0.05 ml of the reconstituted BCG vaccine.
- 1 year old and above : 0.1 ml

Remarks : Dosage may vary according to different manufactures.

Vaccination Site

- Left upper arm, the region over the distal insertion of the deltoid muscle.



Vaccination Technique

- A clean surface of the injection site is essential and should not be cleaned with antiseptic.
- The baby's left upper arm is held in position.

Vaccination Technique

- Stretch the skin taut, bevel up, hold the syringe parallel to the skin surface, insert the needle.

Vaccination Technique

- The point of the needle is inserted intradermal into the left upper arm at the region over the distal insertion of the deltoid muscle.

Vaccination Technique

- Slowly inject the content of the syringe. A slight resistance would be felt.

Vaccination Technique

- A firm, white round wheal, about 6 mm diameter, should appear at the vaccination site immediately.
- The vaccination site is left uncovered to facilitate healing.

BCG Vaccination - Reaction

- A small red papule/ pustule may develop in about 1-3 weeks
- Ulcer develops in 6-8 weeks

Vaccination Site - Reaction

- Gradually dry up and heals by 3 months
- Leaving a scar at the vaccination site

Vaccination Site Care

- Take bath as usual
- vaccination site should be kept clean and dry
- If necessary, it can be cleaned with distilled water and dried up with gauze
- No medication or ointment should be applied to the vaccination site
- The site should not be covered with adhesive plaster or dressing
- Tight clothing should be avoided

BCG Vaccination- Reaction and Care (DH 1287)

卡介苗防疫注射的反應與護理

注射卡介苗後一至星期三星期內，注射部位可能早現小紅丘疹或潰瘍，此情況出現後，需待數星期才會逐漸退卻及完全痊癒，留下極輕微疤痕或甚至不留疤痕。間中有些兒童會因淋巴腺擴大以致腋窩下腫起幾處。其他不良反應，則極為罕見。

接受卡介苗注射後，請注意：

1. 如有灌膿或小潰瘍情況出現，請勿驚惶，因這是正常現象。數星期後，上述情況便會逐漸痊癒。
2. 可照常沐浴。注射部位應保持清潔乾爽，需要時可用凍開水清潔並以紗布吸乾水份。
3. 在注射部位切勿塗搽任何藥物、藥水及藥膏等，毋需貼上膠布或敷上任何敷料，並避免緊身衣物。

如果對上述反應有任何疑慮，請致電或前往就近的胸肺科診所查詢或檢查。

政府胸肺科診所：

電話：

灣仔胸肺科診所	灣仔堅尼地道 99 號 1 樓	2591 1173
筲箕灣胸肺科診所	筲箕灣柴灣道 8 號筲箕灣賽馬會分科診所 2 樓	2567 5801
西營盤胸肺科診所	皇后大道西 134 號西營盤賽馬會分科診所 2 樓	2540 9778
九龍胸肺科診所	九龍亞皆老街 147A 號地下	2767 5712
石硤尾胸肺科診所	石硤尾巴城街 2 號 2 樓	2779 7257
油麻地胸肺科診所	油麻地炮台街 145 號賽馬會分科診所 2 樓	2245 9527
南葵涌胸肺科診所	新界南葵涌葵盛圍 310 號地下	2420 6049
東九龍胸肺科診所	東九龍斧山道 160 號地下	2325 6851
容鳳書胸肺科診所	九龍茶果嶺道 79 號 1 樓	2727 8252
仁愛胸肺科診所	新界屯門屯利街 6 號 2 樓	2404 3747
圓洲角胸肺科診所	沙田插桅桿街 29 號 1 樓	2686 7432
大埔胸肺科診所	大埔汀角路 37 號大埔賽馬會診所 1 樓	2689 5601

Reporting of Statistics

FHS 17- Monthly Return on No. of BCG Vaccination, Polio Vaccine Type 1, HBV, HBIG and Breast-feeding Cases for Newborn Babies

Monthly Return on No. of BCG, HBV, HBIG Vaccination, and Breastfeeding Cases for New-born Babies
 接種卡介苗、乙型肝炎疫苗、乙型肝炎免疫球蛋白及母乳餵哺月報表

Month / Year : _____ Hospital
 月份 / 年 _____ 醫院

Items 項目	No. 數目	Remarks 備註
1. Live Births 接產生存嬰兒		
2. BCG Vaccination Performed 接種卡介苗		
3. Mother's HBsAg (refer to live births only, twin count as two) 母親乙型肝炎病毒抗原		
(a) HBsAg +ve 血液含有乙型肝炎病毒抗原		
(b) HBsAg -ve 血液不含乙型肝炎病毒抗原		
(c) HBsAg Unknown 血液不清楚是否含有乙型肝炎病毒抗原		
4. HBIG Given to 接受乙型肝炎免疫球蛋白		
(a) Babies Born to HBsAg +ve Mothers 嬰兒母親的血液含有乙型肝炎病毒抗原		
(b) Babies Born to HBsAg Unknown Mothers 嬰兒母親的血液不清楚是否含有乙型肝炎病毒抗原		
5. 1st HBV Given to 接受乙型肝炎疫苗第一次		
(a) Babies Born to HBsAg +ve Mothers 嬰兒母親的血液含有乙型肝炎病毒抗原		
(b) Babies Born to HBsAg -ve Mothers 嬰兒母親的血液不含乙型肝炎病毒抗原		
(c) Babies Born to HBsAg Unknown Mothers 嬰兒母親的血液不清楚是否含有乙型肝炎病毒抗原		
6. Babies On/Ever on Breastfeeding 正在 / 曾經母乳餵哺的嬰兒		

To : Supervisor of Midwives
 Room 1308, 13/F, Guardian House,
 32 Oi Kwan Road, Wanchai, HK

Name of Officer
 (In BLOCK LETTER) : _____
 呈報人姓名 (正楷) : _____
 Rank : _____
 職位 : _____
 Tel. No. : _____
 電話 : _____
 Fax No. : _____
 傳真號碼 : _____
 Date : _____
 日期 : _____

Fax 傳真 : 2574 8977
 E-mail 電郵 : gr_fhs@dh.gov.hk

FHS 17 (Rev Apr 2010)

Reporting of Statistics

DH 1536 – Return of Newborns Not Receiving BCG

Appendix III

Serial No.
編號

Return of Newborns not Receiving B.C.G.
未接種卡介苗之新生嬰兒呈報表

..... Hospital/Maternity Home
醫院 / 留產院

Name of Baby Sex

嬰兒姓名 性別

Date of Birth Hosp./M.H. No.

出生日期 醫院 / 留產院編號

Name of Mother Name of Father

母親姓名 父親姓名

Address

地址

..... Tel. No.

..... 電話號碼

Transfer to on (if applicable)

轉送往 日期 (適用時填寫)

Reason for not giving B.C.G.

未接種卡介苗之原因

.....

Reporting Officer

呈報人簽名

Rank

職位

Date

日期

The following will be completed by B.C.G. Unit:

Date of T.T. Result

Date of B.C.G. Method

Batch No. Where given

Given by

Remarks

NOTE: This form should accompany monthly return of B.C.G. vaccination.
註：此表應與卡介苗接種月報表一併呈報

DH 1536



END