

Issue: BCG Administration

Raised by: Incident report

Background: An incident relating to a Bacille Calmette-Guérin (BCG) vaccination administered in a Remote Health Centre has highlighted that while there is a general understanding that BCGs are not routinely administered in Remote Health, there is a lack of current documentation to clearly guide staff on this issue.

Discussion: BCG vaccination is part of the [NT Immunisation Schedule](#) for indigenous babies (and some other sub groups). Most commonly, vaccination will be given in hospital following birth, although a number of scenarios may mean this does not occur for every eligible infant. There is no short term urgency for vaccination and it may be given up to 6 months of age without the need for prior Mantoux screening test.

A number of factors dictate that BCG administration is rightfully the domain of competent practitioners only. In addition to usual precautions inherent with any vaccine administration there are a number of other considerations requiring specific competency. These include that BCG is a live vaccine, it is presented in a multi-dose vial, and it is critical that the vaccine is administered intra-dermally and in a safe environment.

There is currently no official process for clinicians to attain competency in BCG administration within the NT.

It is noted that the *About Giving Vaccines* course contains training in the administration of BCG. Also CRANA Clinical Procedures Manual describes the procedure for BCG administration. Despite both these resources being key to health practice in remote NT, neither of these inclusions are in themselves to give direction for administration of BCG in Remote where the procedure is an uncommon practice.

The infrequency of requirement to vaccinate in Remote Health Centres and the lack of urgency for the few occasions where it is warranted, do not justify the routine stocking of BCG in Remote Health Centres. Additionally these same factors prevent remote based staff from attaining or maintaining proficiency in the technique required, although individuals could certainly come to Remote Health with relevant expertise +/- interstate competency certification. On balance however, it is considered appropriate that any requirement for BCG administration in Remote Health Centres is best negotiated with the TB Unit to coordinate vaccination by a competent clinician.

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References: [The Australian Immunisation Handbook 9th Ed.](#)

CRANA Clinical Procedures Manual 2nd Ed.

Outcome: **Stocking BCG vaccine, and administration of the vaccine, IS NOT standard practice in DHF Remote Health Centres.**

Any requirement to provide BCG vaccination in DHF Remote Health Centres must be coordinated with the [TB Unit](#). This will be to coordinate supply of the vaccine and availability of a suitably competent clinician to administer the BCG vaccination.