

## Booking a BCG vaccine with Dr Jo

BCG is the vaccine that protects against tuberculosis (TB).

Dr Jo only sees children under the age of 3 years for BCG vaccination. This means **before** their 3<sup>rd</sup> birthday.

The BCG vaccine is a live vaccine, so must be given either on the same day or one month apart from other live vaccines. Routine 12 month and 18 month vaccines for measles, mumps, rubella and varicella (chickenpox) are also live. We can give these routine live vaccines on the same day as the BCG if required.

The BCG vaccine takes about three months to be fully effective so ideally is given well in advance of the child's first departure from Australia. The vaccine can be given from birth onwards.

BCG vaccine comes in a multidose vial that only lasts for a few hours once opened. We book children who need this vaccine into specific "BCG clinics" to minimise waste and make it cheaper for those vaccinated.

If your child has already travelled outside of Australia, they will need Mantoux skin test, two days prior to the BCG vaccine. So it is accurate, the Mantoux test must be done **at least 3 months after** the child's return to Australia from an overseas trip.

### Cost of the vaccine

BCG vaccine is not funded by any government body.

The cost of the vaccine fluctuates depending on availability and pricing from our supplier. This will be discussed with you at the time of booking.

There is an associated consultation cost of \$155.00 (Medicare rebate \$82.90)

*Please note, as we open a multidose vial for the BCG clinic, cancellations within 24 hours of the appointment time will incur a \$50 cancellation fee.*

### To enquire and/or make a booking for BCG vaccination

Please call (03) 6388 8115 and ask to speak to our Nurse Immuniser.

Clinics are held approximately monthly.

## More information about TB and BCG vaccination

Tuberculosis is second only to HIV/AIDS as the greatest killer worldwide due to an infectious agent.

TB is a disease of poverty, affecting mostly young adults in their most productive years. The vast majority of TB deaths are in the developing world, with more than half in Asia. Children are at much higher risk of progression to active disease than adults. This risk is greatest for infants and [children under 2 years of age](#).

About 90% of persons infected with TB germs in their bodies are not sick. These persons are said to have latent TB. The other 10% of infected persons will become sick with TB at some stage during their lifetime. Most persons who develop active TB, do so within the first two years after exposure. Persons who are sick with TB are said to have active TB.

Multidrug-resistant TB is a very dangerous form of TB that is spreading around the world and does not respond to standard treatment.

However, in many parts of the world, TB is a very dangerous disease, especially in young children and can be rapidly fatal. In many countries, babies are given BCG vaccine at birth, or soon after. Australian babies who will be going to visit or live in these countries (generally for 2-3 months or longer) are recommended BCG vaccination. The BCG vaccine may also be recommended to protect young children who will take multiple shorter trips to visit relatives in these high-risk TB countries. BCG vaccine is not part of the routine Australian scheduled vaccines. This is because tuberculosis is (thankfully) quite rare in Australia.

BCG vaccine works well in children under the age of 5 years to decrease the risk of death or major illness from TB. Sometimes a Mantoux test must be done two days before a BCG vaccine – this is usually if the child has already been to a high TB risk country and may have been exposed to TB.

**In our clinic, we only give BCG vaccine to children under the age of 3.** This is because we cannot physically hold older children still enough to give them the vaccine safely and reliably. Over the age of three, they are just too strong. We have tried. Sometimes even with two parents and 2 nurses holding the child, the child is still moving enough to cause problems with administration. We do not blame the children of course, because they are very scared and cannot understand what is happening and why. Furthermore, having many people restrain a child in such a way can be quite traumatic for the child and for parents and staff as well. The BCG is not like regular vaccines. Regular vaccines are given into the muscle. BCG goes into the very surface layers of the skin and the child's arm **must be completely still for 5 seconds**, or the vaccine will either come out (necessitating multiple injections) or go too deeply, meaning it will not work or cause more side effects.

After administration, the BCG vaccine takes three months to be effective, so it needs to be given well before departure. Adult travellers on short trips visiting high-risk TB countries need to be aware of TB prevention strategies but usually don't need vaccination. **Very** occasionally the TB vaccine will be recommended for travellers at particularly high risk eg if working in medical settings.

The only vaccine available for use in Australia is the vaccine made by AJ Vaccines Denmark (SSI). It is not formally registered for Australia. The registered Australian vaccine has not been available for many years. The SSI Denmark vaccine is however fully registered in New Zealand and is used by public health clinics in Australia.

Dr Jo Grey is the only provider of BCG vaccination in Tasmania.