

Neonatal BCG Assessment

Mother's Details		Baby's Details	
Name:		Name:	
Address:		Address:	
NHI:		NHI:	D.O.B:
Home Phone:			
Mobile Phone:			
Email Address:			

All newborns must be assessed for eligibility.

All eligible babies must be offered neonatal BCG vaccine

<p>ELIGIBILITY SCREEN (by LMC) If the answer is yes to any of the below questions then the baby is at risk of exposure to TB. Neonatal BCG is recommended for this baby unless there are contraindications* to BCG vaccination.</p>	<p>✓ = YES ✗ = NO</p>
<p>A. Will the baby be living in a house or family/whanau with a person who currently has TB or has a past history of TB?</p>	
<p>B. Does the baby have one or both parents or household members who, within the last five years, lived for a period of six months or more in countries with high numbers of TB? High-incidence TB countries If yes, list country/countries: _____</p>	
<p>C. Will the baby, during the first five years of life, be living for three months or longer in a country with high numbers of TB and is likely to be exposed to those with TB? High-incidence TB countries If yes, list country/countries: _____</p>	
<p>Staff Name: _____</p>	<p>Staff Signature: _____</p>
<p>Date: _____</p>	

** Contraindications include malignant conditions, immune compromising conditions (including maternal HIV – BCG is contraindicated until baby shown to be HIV negative at 12-15 months of age), immunosuppressive treatments (in baby, or in mother during pregnancy e.g. biologic agents such as TNF alpha blockers – BCG contraindicated until baby is 8-9 months old), baby exposed to infectious TB case (BCG contraindicated until baby has been investigated for TB infection).*

Email completed form to NPHS: bcg@adhb.govt.nz

Attention BGC Programme

Contact 0800 367 224