From the Chief Medical Officer
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Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD)10/2017

For Action:

Chief Executives, Public Health Agency/Health & Social Care Board/HSC Trusts/NIAS
GP Medical Advisers, Health & Social Care Board
All General Practitioners and GP Locums (*for onward distribution to practice staff)*

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Your Ref:
Our Ref: HSS(MD)10/2017
Date: 14 July 2017

Dear Colleague

BCG VACCINE SUPPLY AND ORDERING

ACTION REQUIRED

Chief Executives must ensure that this information is drawn to the attention of all staff involved in the BCG vaccination programme, including OHS staff, to enable them to respond accordingly.

The HSCB must ensure that this information is cascaded to all General Practitioners immediately.

1. As you were aware there was a worldwide shortage of centrally supplied BCG vaccine. UNICEF have now issued an update on the global BCG vaccine market noting that global supply is no longer constrained and is considered sufficient to meet country requirements.

2. Since 2015, stock of the only UK-licensed BCG vaccine has been interrupted. In response, PHA issued advice on prioritisation of BCG vaccine stock for neonates and infants of recognised high-risk groups for tuberculosis (TB) or to tuberculin negative children under 6 years of age (groups A-C in Annex A).

3. In 2016 Public Health England, acting on behalf of the 4 UK countries, secured an interim supply of BCG vaccine, from InterVax Ltd of Canada. Intervax BCG vaccine is a WHO prequalified vaccine and has been used extensively across the globe, but is unlicensed in the UK.

4. It has now been concluded that there is currently sufficient stock of Intervax BCG vaccine to extend the offer of vaccination to all eligible groups listed in

Annex A. While all the groups listed in Annex A are now eligible priority should still be given in the order that they have been listed.

5. PHE have developed detailed training slides and documents on the reconstitution and administration of the InterVax BCG vaccine which are available at: https://www.gov.uk/government/publications/intervax-bcg-vaccine-training-slideset-for-healthcare-professionals and

   https://www.gov.uk/government/publications/unlicensed-bcg-vaccine-advice-for-healthcare-professionals

   Anyone using InterVax BCG vaccine for the first time should ensure that they have read all the guidance and training resources.

6. Orders for BCG vaccine can continue to be made in the normal way. BCG vaccine availability will be monitored closely as future supply remains uncertain. We will continue to keep you up to date with the latest developments. Once a supply of UK-licensed BCG vaccine becomes available relevant organisations will be informed.

Occupational Health

7. Use of BCG for occupational health purposes remains the lowest priority, however those at especially high risk of occupational exposure may require special consideration and should be assessed on an individual basis.

Yours sincerely

Dr Michael McBride	**Professor Charlotte McArdle**	**Dr Mark Timoney**
Chief Medical Officer	**Chief Nursing Officer**	**Chief Pharmaceutical Officer**

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

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Maura Devlin, HSC, Leadership Centre
Donna Gallagher, Open University

Annex A. Priority Groups for BCG Vaccine

HIGHEST PRIORITY

A. All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater[1].

B. All infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is 40/100,000 or greater[2].

C. Previously unvaccinated children aged one to five years:

- living in areas of the UK where the annual incidence of TB is 40/100,000 or greater; or
- with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, and can normally be vaccinated without tuberculin testing.

MODERATE PRIORITY

D. Previously unvaccinated, tuberculin-negative children aged from six to under 16 years of age with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, tuberculin tested and vaccinated if negative as per the Green Book section on tuberculin testing prior to BCG vaccination[3].

E. Previously unvaccinated tuberculin-negative individuals under 16 years of age who are contacts of cases of respiratory TB (following NICE recommended contact management advice) [4].

F. Previously unvaccinated, tuberculin-negative individuals under 16 years of age who were born in or who have lived for a prolonged period (at least three months) in a country with an annual TB incidence of 40/100,000 or greater.

G. Previously unvaccinated, tuberculin-negative individuals under 16 years of age who are going to live or work with local people for more than three months in a country where the annual incidence of TB is 40/100,000 or greater.

LOWEST PRIORITY

H. Individuals at occupational risk.

1 For country information on prevalence see: www.who.int/tb/country/data/profiles/en/and

www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

2 Universal vaccination operates in areas of the country where the TB incidence is 40/100,000 or greater. This is applied for operational reasons since these geographical areas generally have a high concentration of families who come from regions of the world where the TB incidence is 40/100,000 or greater. The decision to introduce universal vaccination in an area is based

on geography in order to target vaccination to children who may be at increased risk of TB in an effective way. It does not imply that living in areas that have an incidence of TB 40/100,000 or greater puts children at increased risk of TB infection. This is because most infections of children are likely to occur in household settings. Further, there has been little evidence of TB transmission in schools in the UK and little evidence of sustained transmission.

3 Green Book chapter on immunisation against TB: www.gov.uk/government/publications/tuberculosis-the-green-book-chapter-32

4 NICE 2016. Tuberculosis NICE Guideline (NG33): www.nice.org.uk/guidance/ng33 and www.nice.org.uk/guidance/ng33/resources/tuberculosis-1837390683589