



## NWT Clinical Practice Information Notice

Upon receipt, please file this notice in **Section C, Clinical Practice Information Binder** for future reference.

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

<input checked="" type="checkbox"/>	Hospitals	<input checked="" type="checkbox"/>	Community Health Centres		Homecare		LTC		Pharmacists
<input checked="" type="checkbox"/>	Doctor's Offices		Social Services Offices	<input checked="" type="checkbox"/>	Public Health Units		Please list other(s):		

The information contained in this document is a Departmental:

Policy	<input checked="" type="checkbox"/>	Clinical Standard		Protocol		Procedure		Clinical Practice Guideline
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**Title:** Bacille Calmette-Guerin (BCG) Vaccine (Updated July 2024)

**Effective Date:** July 31, 2024

**Important: CPI #175 supersedes Bacille Calmette-Guerin (BCG Vaccine CPI #103 with CPI #175). August 2022 version has been updated as of July 31, 2024.**

### Statement of approved Clinical Practice:

**BCG vaccine is no longer authorized for administration to infants in the NWT at the time of their birth UNTIL the newborn metabolic screen results are known and the severe combined immunodeficiency (SCID) result is negative. This policy change is to be implemented immediately.**

Change in NWT BCG vaccination policy will result in immediate discontinuation of the BCG administration in the obstetrical units of NWT hospitals, unless the infant's SCID result is known prior to discharge.

A newborn with a negative SCID screen and who meets [BCG vaccine eligibility](#) may be offered vaccination with [informed consent signed](#) by the legal caregiver of the newborn.

The metabolic screening and SCID result may take a number of days to result. The BCG vaccine can be offered for those eligible infants within the first year of life, preferably within the first six weeks. This policy change will result in some operational level changes to administration (who, where, how, when) and clinicians should check with their regional managers to determine the operational policy within their region.

BCG vaccine is implemented in high-risk Tuberculosis (TB) endemic regions within NWT, Canada and the world to protect infants and young children from serious complications of TB infection. Although BCG vaccine does not provide permanent or absolute protection against TB, it does have a protective effect against TB meningitis and disseminated disease. Please ensure you review the referenced [NEW forms](#) to complete for [BCG vaccine eligibility](#), fit to immunize, vaccine information and informed consent.

**The CPHO recommends BCG administration within the Beaufort Delta and Sahtu regions be discontinued immediately unless the infant meets the BCG eligibility criteria as per the [Risk Assessment to Determine Eligibility to Receive BCG Vaccine Algorithm](#).** For example, infants born to foreign-born parents planning to travel to high-risk TB endemic countries and those First Nations, Inuit, Metis newborns who may travel or reside for periods of time in high-risk TB endemic regions of NWT or NU should receive a risk assessment as to whether the infant would meet eligibility criteria for vaccination. **BCG administration must continue for all eligible infants in the remaining regions of the NWT.**

The CPHO has reviewed TB smear and culture positivity data in each region of the NWT over the past ten years and applied this information to the standards set by the [Canadian Immunization Guide](#) and [Canadian TB Standards \(CTBS\), 8<sup>th</sup> ed](#) regarding indicators for BCG vaccination in populations in Canada. Given the rapid fluctuation in TB smear and culture positivity rates from small numbers, BCG vaccination will be made for eligible groups in regions in NWT which have had recent ongoing cases of pulmonary TB.

A widespread BCG vaccination program of newborns within First Nations, Inuit, Metis and foreign-born populations in the NWT is no longer recommended in certain regions of the NWT that do not meet the BCG vaccination indicators as set forth by the CTBS. Discontinuation of BCG in a region means that surveillance of those with historically untreated latent TB infection (LTBI) must be amplified to ensure reactivation of disease does not go unnoticed in communities, thereby infecting a new population or generation.

The NWT is committed to TB elimination. LTBI surveillance, assessment and treatment (if applicable) must now be the focus in all communities. Recommending discontinuation of BCG implies that active, ongoing surveillance must occur with the goal of treating and curing as many untreated LTBI infections as possible.

The formulary of this vaccine can pose risk to both the infant (the recipient) and the vaccinator due to the nature of the route of administration and contents of live attenuated *Mycobacterium bovis* in the vaccine.

All vaccinators must have completed the [Education Program for Immunization Competencies Competency Exam \(EPIC\)](#), as well as completing their preceptorship in the administration of BCG vaccine.

BCG vaccine is a special order vaccine under the federal Special Access Program (SAP).

Each vaccine dose given or wasted must be accounted for to meet the requirements of Health Canada under the SAP program.

For more information, email Territorial Operational Public Health Unit at: [NTHSSA\\_PublicHealth@gov.nt.ca](mailto:NTHSSA_PublicHealth@gov.nt.ca)

**Resources:**

- [Canadian TB Standards 8<sup>th</sup> ed](#)
- [Canadian Immunization Guide](#)
- [Education Program for Immunization Competencies Competency Exam](#)
- [Risk Assessment Tool to Determine Eligibility to Receive Bacille Calmette-Guérin \(BCG\) Vaccine in the NWT](#)
- [NWT Bacille Calmette-Guérin \(BCG\) Vaccine Consent Form](#)
- [Vaccine Information Sheet: Bacille Calmette-Guérin \(BCG\) Vaccine](#)
- [NWT TB Rates Risk Map](#)

An electronic copy of this notice is also available on the Department of Health and Social Services public website at: <http://www.professionals.hss.gov.nt.ca/document-categories/clinical-practice-information-notices>.

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This clinical practice is approved. \_\_\_\_\_ July 31, 2024.

**Minister**

**Deputy Minister**

**Assistant Deputy Minister**

**Chief Public Health Officer**