

Indications for Use

BCG is currently recommended in Canada. See **Canadian Immunization Guide, BCG Chapter**):

- For infants in high-incidence (TB rates >30/100,000 total cases) settings and;
- Travellers returning for extended stays to a high TB incidence country where BCG is routinely given.

BCG is **NOT** recommended for adults, such as HCPs, before travel to high-incidence settings.

Infants in High Risk Communities

Vaccination is recommended for infants in First Nations and Inuit communities and for groups of people with an:

- average annual rate of smear-positive pulmonary TB greater than 15/100,000 population, or
- annual rate of culture-positive pulmonary TB greater than 30/100,000 during the previous 3 years, or
- annual risk of TB infection (ARI) greater than 0.1%, or
- if early identification and treatment of LTBI are not available.

HIV testing of the infant's mother must be negative, and there must be no evidence or known risk factors for immunodeficiency in the infant being vaccinated. Typically, BCG is given at birth, but if vaccination is delayed after birth, a TST test is recommended in those over 6 months of age to ensure that the vaccine is only given to TST-negative infants.

For infants aged between 2 months and 6 months, an individual assessment of the risks and benefits of tuberculin skin testing before BCG vaccination is indicated.

Before an infant receives the BCG vaccine:

- The mother's HIV status is negative
- There is no risk or evidence of immunodeficiency in the infant being vaccinated
- No history in immediate or extended family of immunodeficiency in the infant being vaccinated (i.e. history of neonatal or infant deaths, history of severe combined immunodeficiency syndrome (SCIDS) or unusual infections)

If any of these conditions cannot be guaranteed, the infant is **excluded** from receiving the BCG vaccine. A pediatrician should be consulted to help determine the suitability of any infants with questionable immune status.

Travellers

Vaccination of travelers is recommended if planning extended stays in areas of high TB incidence, particularly when a program of serial TST and appropriate chemotherapy is not possible or where the prevalence of drug resistance, especially multidrug-resistant TB, is high.