**Referral Form for catch-up B.C.G. Immunisation – Bristol/S Glos area**

This form is for infants identified as eligible for BCG but not yet been vaccinated

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| Child’s NHS number |
| Child’s Name: |
| Child’s Date of Birth: |
| Maternity Trust responsible for birth: |
| Gender: Male/Female |
| Child’s Address: |
| Name of Mother: |
| Contact telephone number: |
| GP Name and Address: |
| Has child been resident in a country with a high incidence of TB since birth? Yes  No  |
| If yes: Less than 3 month  More than 3 month   ***\*If more than 3 months, Mantoux test required prior to vaccination*** |
| Does a parent or grandparent come from a country where TB incidence is 40 per 100,000 or above? Yes  No  <https://worldhealthorg.shinyapps.io/tb_profiles/> |
| If yes, please state country/countries |
| Has anyone in the immediate family been treated for TB in the last 5 years?  Yes  No   ***\*If Yes, Mantoux test required prior to vaccination*** |
| Translator required? Yes  No  |
| Does the infant / child have any contraindications to the vaccine?  These include:   * Mother is HIV positive * Child is suspected to be HIV positive * Infant has a suspected SCID Screen or unknown SCID Screen outcome * Infants born to a mother who received immunosuppressive biological therapy during pregnancy   ***Please note, some pregnant mothers who were seriously ill with COVID-19 may have been treated with Tocilizumab which would contraindicate the infant for BCG vaccination for the first 6 months of life.***   * Infant / child has had a confirmed anaphylactic reaction to a component of the vaccine * has a generalised septic skin condition   ***NB – This is not a comprehensive list, please refer to Green Book Chapter 32, page 8 for full list and details of contraindications.***  [***Greenbook chapter 32 - tuberculosis (publishing.service.gov.uk)***](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731848/_Greenbook_chapter_32_Tuberculosis_.pdf)  Any other significant information? |
| Referrer’s details:  Name:  Job title:  Address:  Contact telephone number: Email: |

**Please refer infant/child by returning form as follows:**

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| **For eligible children**   * **0-16 (0-1 who have moved into the area - babies under 1 year will be prioritised) who have not received BCG vaccination since birth (Mantoux required 6-16 years)**   **Please refer to:**  Immunisation Clinic, Bristol Royal Hospital for Children, Upper Maudlin Street, Bristol BS2 8BJ  Tel: 0117 3427716 [paedimmunologyclinic@uhbw.nhs.uk](mailto:paedimmunologyclinic@uhbw.nhs.uk) |

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| **For eligible babies 0 – 1 yr born at Southmead/Cossham hospital.**  **Before referring please check with clinic to see if infant is already on waiting list:**  Westgate House Children’s Centre, Westgate House, Southmead Hospital, BS10 5NB  Tel: 0117 4145807[bcgoutpatients@nbt.nhs.uk](mailto:bcgoutpatients@nbt.nhs.uk) |

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| **For eligible babies 0 – 3 mth born at St Michael’s Hospital:**  **Please contact the outpatients clinic by email or telephone before referring to see if the infant is already on the neonatal BCG clinic waiting list:**  [neonatologyadministration@uhbw.nhs.uk](mailto:neonatologyadministration@uhbw.nhs.uk)  Tel: 0117 3426888 |

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| **For eligible babies 0 – 1 yr born in Weston (Ashcombe Birth Centre):**  **Weston infants, Seashore Centre, Weston Hospital**  Tel: 01934 881123 |

Please ensure that a copy of this form is filed in the patient record.