



卡介苗抗结核病的疫苗

什么是卡介苗 (BCG) ?

卡介苗是预防结核病的疫苗。卡介苗使用实验室转变的活结核菌，不会给健康人士带来疾病。

在西澳大利亚疫苗计划中不包括卡介苗，只建议给那些患结核病高风险的人群。

如何接种卡介苗？

疫苗由接受过卡介苗接种培训的护士注射到上臂皮肤层之间。

疫苗安全吗？

该疫苗是安全的；但是，与任何疫苗一样，可能会出现不良反应。

会有哪些不良反应呢？

可能出现的反应包括：

- 接种的部位酸痛或出现溃疡
- 接种的部位出现疼痛和红肿
- 腋窝和/或脖子出现腺肿胀。

罕见不良反应：

- 严重过敏反应。

疫苗的有效性有多高？

卡介苗可以降低未感染结核病菌的感染风险。疫苗不能完全预防患病。

对于低于6岁的儿童，疫苗更加有效，可以50%到80%有效预防弥漫性结核病。不建议为成人接种。接种后的6-8周结核病的预防才会起效，有效长达约10年。不建议第二次接种。

谁可以接种呢？

适用6岁以下的儿童：

- 将到其他国家居住超过三个月时，而且那里的结核病几率较高（定义为每年人口中每10万人要超过40例），或者
- 往返结核病高发的国家，累计的时间超过三个月时（如想了解具体国家的发病率，可以参考世界卫生组织官网的结核病专栏 [TB country profile](#)）

- 过去五年内从结核病高发地到达的移民的新生儿（请参考以上定义），或者新生儿的家人中有与从结核病高发地到达人群接触过。
- 新生儿的父母患麻风，或有麻风的家族史
- 不到6岁的儿童，先前没有接种过卡介苗，与新诊断出麻风病例的家庭成员接触过
- 婴儿接触到有患结核病家庭成员。

卡介苗最好在去感染结核病高风险国家2-3个月前接种。

什么情况下应该延迟接种卡介苗？

护士会做一个接种前评估，以保证疫苗对适用于您的孩子。

如果您的孩子有以下情况，接种有可能延迟：

- 过去四周接种过其他活性疫苗（口服轮状病毒疫苗除外），包括麻疹、腮腺炎、德国麻疹、黄热病、或水痘疫苗
- 感染并有发烧
- 一般性皮肤问题，譬如湿疹
- 早产儿处于不稳定临床医疗状况的（需等到整体状况好转后）

谁不应该接种疫苗？

- 体重不到两公斤的婴儿
- 新生儿有可疑天生免疫缺陷的
- 结核菌素皮内试验（TST）呈阳性的人群
- 现患有结核病，或者过去曾经患过结核病的人群
- 艾滋病病毒感染的患者；包括新生儿其母亲感染了艾滋病，这些新生儿需先排除是否感染艾滋病
- 有原发性或继发性免疫力缺陷病的患者
- 有服用抗癌或类固醇药物的人群，譬如可的松（cortisone）或免疫力抑制药物，或症状接受放射性治疗的患者
- 有过严重疾病的人群，譬如肾病
- 有恶性疾病的患者
- 有普通皮肤病的患者，例如湿疹或皮炎
- 之前接种卡介苗有反应的人群。

接种疫苗后的重要信息

请保留这份说明书直至您注射的地方完全恢复。

接种卡介苗后会出现哪些状况？

- 卡介苗疫苗接种于上臂皮肤。注射后几分钟内会出现白色肿块。
- 两到四周后会出现红点/小肿块。
- 这可能会发展成疮，接种疫苗后两到三个月结痂并愈合。注射部位通常会留下疤痕。

如果出现疮要做什么？

- 让伤口暴露在空气中 - 这有助于其快速愈合。
- 保持伤处表面干净。

要避免什么

- 不要抓挠、挤或碰疮或结痂
- 不要敷油、乳液或消毒剂
- 不要用创可贴或绷带紧绷伤处，这会延迟恢复
- 接种卡介苗那只手臂在至少三个月以内不应接种任何其他疫苗
- 接种卡介苗四周内不应接种任何活性疫苗。
请告知您的医疗人员接种卡介苗的日期。

如果您的孩子在接种免疫疫苗后出现不良事件，请致电 Anita Clayton 中心并要求与护士通话。

该事件还应报告给 WA Vaccine Safety Surveillance (WAVSS) Department of Health.
电话: (08) 6456 0208

哪里可以获得更多信息？

如有任何问题，您可以联系结核病诊所周一至周五，上午8:15至下午4:15，致电
(08) 9222 8500 与护士联系。



西澳结核病控制项目

📍 Anita Clayton Centre, 1/311 Wellington Street,
Perth WA 6000

☎ (+61) 08 9222 8500 ✉ ACCadmin@health.wa.gov.au



如需，请向我们索取这份文件的其他模式。

© North Metropolitan Health Service 2023



BCG anti-tuberculosis vaccine

What is *Bacillus Calmette-Guerin* (BCG)?

BCG is a vaccine that protects against tuberculosis (TB). It uses live TB bacteria modified in the laboratory so that it will not cause disease in a healthy person.

The BCG vaccination is not part of the Western Australian Immunisation Schedule, as it is only recommended for those at greatest risk of tuberculosis.

How is the BCG vaccine given?

The vaccine is injected between the layers of skin in the upper arm by a nurse who has been trained in BCG vaccination.

Is the vaccine safe?

The vaccine is safe; however, as with any vaccination, adverse reactions can occur.

Are there any side effects?

Possible side effects include:

- A sore or ulceration at the site of injection
- Pain, redness and swelling around the injection site
- Swelling of the glands in the armpit and/or neck.

Rare side effects:

- Severe allergic reactions.

How effective is the vaccine?

BCG vaccination reduces the risk of tuberculosis in people who are not already infected with TB. The vaccine does not always prevent disease.

It is more effective in children under the age of six, providing 50 to 80 percent protection against meningeal and disseminated tuberculosis. It is not recommended for adults.

Protection against TB starts about six to eight weeks after administration and lasts for about 10 years. Revaccination is not recommended.

Who could be vaccinated?

Children less than six years old who:

- Are going to live in another country with a high incidence of tuberculosis (defined as an annual incidence of more than 40 per 100,000 population) for more than three months, or
- Will make repeated visits to a country with a high incidence of tuberculosis that is likely to be for a cumulative period of more than three months (for country-specific incidence rates, see the [*TB country profile*](#) on the World Health Organisation's website)
- Newborn children of migrants who have arrived from countries with a high incidence of tuberculosis (see definition above) in the past five years, or newborn children who have household contact with people who have arrived from a high incidence country in the past five years
- Newborn children of parents with leprosy or a family history of leprosy
- Children less than six years old who have not previously been vaccinated with BCG and are household contacts of a newly diagnosed leprosy case
- Infant household contacts of TB.

BCG should ideally be given two to three months before departure to countries with a high incidence of tuberculosis.

When should BCG vaccination be delayed?

The nurse will complete a pre-vaccination assessment to ensure the vaccine is suitable for your child.



The vaccine may be delayed if your child has:

- Received another live vaccine (excluding oral rotavirus) within the past four weeks (measles, mumps, rubella, yellow fever, or varicella)
- Infection with a fever
- Generalised skin conditions such as eczema
- Premature newborn children in an unstable clinical condition (wait until general condition has improved).

Who should not be vaccinated with BCG?

- Infants weighing under two kilograms
- Newborn children with suspected congenital immune deficiencies
- People who have had a positive Tuberculin Skin Test (TST) reaction
- People who have TB disease now, or have had TB disease in the past
- People with HIV infection; including newborn children of mothers infected with HIV until this infection is ruled out in the child
- People with primary or secondary immune deficiencies
- People who take anti-cancer or steroid drugs such as cortisone or immunosuppressive drugs or who are undergoing radiotherapy
- People who have had a serious illness, such as kidney disease
- Patients with malignant diseases
- People with generalised skin diseases such as eczema or dermatitis
- People who have had a previous reaction to a BCG.

Important information post vaccination

Please keep these instructions until the injection site has completely healed.

What to expect after BCG vaccination

- BCG vaccination is given into the skin on the upper arm. A white lump is seen for a few minutes immediately after the injection.
- A red spot/small swelling will appear in two to four weeks.
- This may develop into a sore, which will form a scab and heal two to three months after vaccination. A scar usually remains at the injection site.

What to do if a sore appears

- Leave the sore alone and exposed to the air - this helps it to heal quickly.
- Keep the affected site clean.

What not to do

- Do not scratch, squeeze or disturb the sore or scab
- Do not apply ointment, creams or antiseptics to the site
- Do not apply sticking plaster or a tight sealed dressing, as these can delay healing
- The arm in which the BCG vaccine has been administered should not be used for any other vaccines for at least three months
- No live vaccines should be administered after the BCG vaccine for four weeks. Please inform your health practitioner of the BCG administration date.

If your child experiences an adverse event following immunisation, please call Anita Clayton Centre and ask to speak to a nurse.

The event should also be reported to the [WA Vaccine Safety Surveillance \(WAVSS\)](#) [Department of Health](#). Phone: (08) 6456 0208

Where can I get more information?

If you have any questions, please phone the TB clinic between 815am and 415pm, Monday to Friday, on (08) 9222 8500 to talk to a nurse.



WA Tuberculosis Control Program

📍 Anita Clayton Centre,
1/311 Wellington Street, Perth WA 6000

☎ (+61) 08 9222 8500 ✉ ACCadmin@health.wa.gov.au



This document can be made available in alternative formats on request.

© North Metropolitan Health Service 2023