

East and North Hertfordshire
School Nursing Team
Queensway Health Centre
Hatfield
AL10 0LF
Tel: 01707 252465

Dear Parent/Carer

Re: The National BCG Vaccination Programme in the UK

Following a review of vaccination for tuberculosis (TB) by a national panel of expert advisers to the UK Department of Health – the BCG programme was changed in 2005. The programme is targeted at those children who are at higher risk of developing TB rather than the universal programme previously offered to all adolescents. The incidence of TB in Hertfordshire is low.

In line with national policy, we need to identify those children at higher risk of contracting TB and have enclosed a BCG screening form.

You do not need to return the BCG screening form if:

- Your child, his/her parents **and** his/her grandparents were born in the UK **or** Western Europe
- Your child has already received a BCG vaccination, for example at birth.

Please print, complete and return the enclosed BCG screening form and return to your child's school, within two weeks of receipt in an envelope marked for the attention of the school nurse, if:

- You, your spouse/partner, your child or your child's grandparents were born in a country outside the UK or Western Europe*
- Your child has never received a BCG vaccination **and** has arrived recently (in last 10 years) from a country where TB is more common*
- Your child has never received a BCG vaccination **and** has lived for a period of three months or longer in a country outside the UK or Western Europe*
- Anyone in your family **or** household has been treated for TB in the past five years.

*TB is more common in **Africa, South America, the Indian sub-continent, the Far East and some East European countries** but some children born in these countries will have received BCG vaccine in infancy.

Currently there is an international shortage of the vaccine. If identified, your child may wait for a vaccination appointment.

Further information about the National BCG Programme can be found [here](#). Alternatively to speak to your school nursing team, click [here](#).

Yours sincerely



Andrea Harrington
Strategic Lead and Operational Manager for School Nursing
Principal Health Centre, Civic Close, St Albans, AL1 3LD

BCG Screening

Please DO NOT return this form if your child has already had a BCG vaccination or does not meet the criteria on the attached letter.

Child's name:

Child's date of birth:

Address and Postcode:

Daytime contact number:

School:

G.P:

Child's country of birth:

Mother's country of birth:

Father's country of birth:

Grandfathers' country of birth:

1) Mother's father:

2) Father's father:

Grandmothers' country of birth:

1) Mother's mother:

2) Father's mother:

Date of arrival in UK (if within last 10 years):

Country and date of visit, if your child lived abroad longer than 3 months:

Tell us about any family member who has had TB within the last 5 years:

Has your child previously had a BCG vaccination (please tick appropriate box) Yes No

Please return completed form to your child's school

Office use only

Checked on SystemOne (please tick)