BCG vaccination in HIV-infected infants

Consensus statement on the revised World Health Organization recommendations

A recent article published on *Int J Tuberc Lung Dis* [2008 Dec; 12 (12):1379-9] by AC Hesseling *et al* outlines the consensus agreement from the BCG Working Group, from the 38th Union World Conference on Lung Health, Cape Town, regarding BCG vaccination in HIV-infected infants.

Recently revised WHO guidelines make HIV infection in infants a full contraindication to BCG vaccination.

BCG is one of the most widely given vaccines globally and is safe in immunocompetent individuals.

Recent evidence shows that HIV-infected infants who were routinely vaccinated with BCG at birth, when asymptomatic, and who later developed AIDS, are at high risk of developing disseminated BCG disease (estimated incidence 407-1,300 per 100,000).

Successful implementation of a **selective delayed BCG vaccination** policy in HIV-exposed infants will require that all of the following conditions are met:

- High uptake of maternal HIV testing coupled with effective PMTCT strategies, including maternal HAART
- Early virological diagnosis of HIV infection in infants coupled with institution of HAART
- Coordination of PMTCT, vaccination and TB programmes to:
  - minimise loss to follow-up
  - implement alternative TB preventive strategies, and
  - deliver successful vaccination following selective non-vaccination at birth.

These conditions are currently not present in the overwhelming majority of countries highly endemic for HIV and TB. Current implementation of selective vaccination strategies is therefore not feasible in most settings.

The BCG Working Group considers that implementation of BCG **selective vaccination strategies** is not feasible in most of the TB highly endemic settings and so supports the revised WHO BCG vaccination policy, but recommends that…

… current **universal BCG immunisation** of infants continues in countries highly endemic for TB until countries have all programmes in place for implementing selective deferral of HIV-exposed infants.