Bangladesh is a high-TB-burden country. It is recommended, for TB-endemic areas, that BCG be given to neonates at the first possible opportunity of their life. Several observational studies and lately a few randomized trials show that BCG offers ‘heterologous protective effects’ beyond its target disease tuberculosis. A recent review by WHO’s Strategic Advisory Group of Experts on Immunization (SAGE) on non-specific effects of BCG vaccine shows that vaccination at birth reduces neonatal mortality by 48% (18–67%), which is mainly due to the prevention of neonatal sepsis and respiratory infections. In Bangladesh, neonatal mortality is high (28 per 1000 live births) (and accounts for about two-thirds of all under-five deaths), mainly due to infections, birth asphyxia, respiratory infection and prematurity.

Data on BCG vaccination coverage among 4584 children aged 12–23 months during 2011–15 in Chakaria Health and Demographic Surveillance System (HDSS) of icddr,b show that the median age at BCG vaccination was 8 weeks (range: 5–10 weeks) and only 2% of neonates received BCG by the first week (Figure 1). No newborns received BCG at birth, although 23% of them were born at facilities. Information on vaccination of infants in the Chakaria HDSS area is collected through 3-monthly home visitation. Each mother or caretaker is asked whether her infant received BCG or other vaccination; if the answer is positive, she is asked to show the vaccination card from which the date of vaccination is recorded. If a vaccination card is not available (which is about 6%), an approximate
system for providing BCG vaccination immediately after birth to improve neonatal survival in Bangladesh, a TB-endemic country.

References


