



health

Department:
Health
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ERRATUM TO THE PUBLISHED STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST PRIMARY HEALTHCARE CHAPTER 13: IMMUNISATION

This notice serves to inform stakeholders of an error that has been identified in the Primary Healthcare (PHC) Chapter 13: Immunisation STGs and EML relating to the guidance for administering BCG vaccine in infants living with HIV which has subsequently been corrected as per the table below.

Note: Initial dose of BCG to be given to all newborn regardless of HIV or TB exposure status at discharge.

PHC Level STGs and EML

Indication: PHC	Refer to the text removed																						
13.2 CHILDHOOD IMMUNISATION SCHEDULE	Immunisation schedule <table> <tr> <th>Age of child</th><th>Vaccine</th></tr> <tr> <td>At birth</td><td>OPV0 BCG</td></tr> <tr> <td>6 weeks</td><td>OPV1 RV1 Hexavalent (DTaP-IPV-HB-Hib)1 PCV1</td></tr> <tr> <td>10 weeks</td><td>Hexavalent (DTaP-IPV-HB-Hib)2</td></tr> <tr> <td>14 weeks</td><td>RV2 Hexavalent (DTaP-IPV-HB-Hib)3 PCV2</td></tr> <tr> <td>6 months</td><td>Measles/Rubella1</td></tr> <tr> <td>9 months</td><td>PCV3</td></tr> <tr> <td>12 months</td><td>Measles/Rubella2</td></tr> <tr> <td>18 months</td><td>Hexavalent (DTaP-IPV-HB-Hib)4</td></tr> <tr> <td>6 years</td><td>Tdap</td></tr> <tr> <td>12 years</td><td>Tdap</td></tr> </table> Note: » ~~Exception: patients with primary immune deficiency or known HIV infection should not be given BCG vaccine.~~ » Children with HIV should receive the rest of the full schedule of vaccines.	Age of child	Vaccine	At birth	OPV0 BCG	6 weeks	OPV1 RV1 Hexavalent (DTaP-IPV-HB-Hib)1 PCV1	10 weeks	Hexavalent (DTaP-IPV-HB-Hib)2	14 weeks	RV2 Hexavalent (DTaP-IPV-HB-Hib)3 PCV2	6 months	Measles/Rubella1	9 months	PCV3	12 months	Measles/Rubella2	18 months	Hexavalent (DTaP-IPV-HB-Hib)4	6 years	Tdap	12 years	Tdap
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13.3 VACCINES FOR ROUTINE ADMINISTRATION	Refer to the the full guidance for BCG vaccination as indicated below Recommendations for providing BCG Vaccine: » <u>Initial dose of BCG vaccine</u> - All newborns regardless of HIV status or TB exposure status should receive BCG at discharge. - For infants that are transferred to a neonatal unit, the timing of BCG vaccination will depend on the infant's clinical status. Neonatal units should have a policy to ensure vaccination occurs prior to hospital discharge.																						

	» <u>Repeat dose of BCG vaccine</u> - If the infant initiates TPT or TB treatment in the first six weeks of life, the effectiveness of the live, attenuated BCG vaccine may be negatively impacted. Therefore, the BCG vaccine should be repeated on completion of either TPT or TB treatment. - Infants or children living with HIV should only receive a repeat dose if they are: 1) on ART, 2) clinically well, and 3) have a CD4 > 25%. - If the criteria to receive BCG are not met, i.e., the infant is: 1) Not on ART, 2) or Unwell, or 3) CD4 < 25%. • Delay repeat dose of BCG until on ART and immunologically stable (CD4 > 25%). • Start/continue TPT until the child is eligible to receive BCG. - After TPT/TB treatment is completed, a CD4 count should be done to determine if the infant meets the above criteria for receiving BCG even if the annual CD4 count is not yet due. Do not wait for the routine annual CD4 count, as this delay may result in many infants not receiving BCG at all. - If the infant received the standard first-line TB treatment regimen BCG vaccination may be administered from 24 hours after the last anti-TB treatment dose. If the infant received rifapentine give BCG from 5 days after the last dose, and if the infant received bedaquiline or clofazamine give BCG vaccination two months after the last dose. » <u>Catch-up dose of BCG vaccine</u> - A 'catch-up' BCG should be administered to any child <10 years of age who did not get a BCG at birth. - Infants or children living with HIV should only receive "catch up" BCG vaccination if they are: 1) on ART, 2) clinically well, and 3) have a CD4 > 25% (if ≤5 years of age) or >200 cells (if >5 years of age). - Children older than > 10 years of age should not get BCG vaccination. CAUTION Children with suspected or confirmed inborn errors of immunity or other acquired immunodeficiencies should be evaluated by an expert before BCG vaccination.
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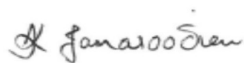
Updating of the PHC and Paediatric Hospital Level STGs and EML

- The corrections as outlined above for the PHC STGs and EML, must still be incorporated into the **complete edition of the PHC and STGs and EML**, expected to be published by November 2026.
- The updated Paediatric Hospital Level Chapter 10: Tuberculosis, **does reflect the latest guidance on BCG vaccination in infants** and is published on the National Department of Health website at: <https://www.health.gov.za/wp-content/uploads/2026/10/Paediatric-Hospital-Chapter-10-Tuberculosis-with-supporting-NEMLC-Report-and-Reviews-2025-9-Review-Version-1.1-29-September-2026.pdf>. However, the latest guidance must still be incorporated into the **complete edition of the Paediatric Hospital Level STGs and EML**, also expected to be published in November 2026.

Circular Implementation and Dissemination

Provinces and healthcare facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

Kind regards



MS K JAMALOODIEN
CHIEF DIRECTOR: HEALTH PRODUCTS PROCUREMENT
DATE: 13 October 2026