

Screening and Immunisation Guidance for Healthcare professionals supporting people fleeing conflict in Ukraine

Southwest Public Health Commissioning Team
NHS England and NHS Improvement – South West

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NHS England and NHS Improvement – South West



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Healthcare In Ukraine

- Healthcare system developed during the Soviet Union - where there was a focus on capacity with a large number of hospitals and hospital beds but a limited number of other facilities and resources
- Healthcare professionals are relatively low paid
- Combination of paid (some informal payments) and state funded services
- Population vaccination programme is state funded
- Ukrainians tend to access health care via pharmacy and / or attending A&E
- Attitudes toward healthcare are mixed, but there is a tendency toward stoicism and vaccine uptake is relatively low.
- High incidence of Diphtheria, Measles, TB and HIV

Accessing Healthcare translated resources

Here is a summary of the current resources in Ukrainian and Russian

- Please note the:
 - [UK Migrant Health Guide: Ukraine](#)
 - [New to the UK vaccination leaflet for migrants](#)
 - [UKHSA arrivals from Ukraine guidance for primary care | PHE/DH/DWP guideline | Guidelines](#)
 - Doctors of the World:
 - [GP Access Cards](#)
 - [Ukrainian translated resources to explain rights to NHS](#)
- Please note – new resources are added all the time, so we advise that you routinely check the website below: <https://www.gov.uk/government/publications/immunisation-information-for-migrants>
- This information is for anyone who has moved to the UK and advises them on the need to register with a GP to get up to date with their routine vaccinations. It explains the vaccines that at risk people with health conditions, pregnant women, infants, children and older adults need and the diseases this will help protect them from. It also signposts to the health services and where to get assistance and how to use the services.
- Paper copies of this [leaflet in English are available to order](#) for free.
- Translated versions are available to download or print locally in the following languages:
 - [Albanian](#), [Arabic](#), [Bengali](#), [Chinese \(simplified\)](#), [Chinese \(traditional\)](#), [Farsi](#), [Kurdish](#), [Panjabi](#), [Pashto](#), [Portuguese](#), [Romanian](#), [Romany](#), [Russian](#), [Somali](#), [Spanish](#), [Tigrinya](#), [Turkish](#), [Ukrainian](#) and [Urdu](#).

Ukrainian Vaccination Schedule

[Vaccination schedule for Ukraine \(who.int\)](#)

- Birth Hep B, BCG
- 2 months Polio
- 4 months Diphtheria, tetanus, pertussis, Polio and HIB
- 6 months Diphtheria, tetanus, pertussis, hepatitis B, and Polio
- 12 months HIB, MMR
- 18 months Diphtheria, tetanus, pertussis and Polio
- 6 Years Diphtheria, Tetanus, MMR, Polio
- 14 years Polio
- 16 years Tetanus, Diphtheria (this is then given as a booster every 10 years throughout adulthood)

Comparison of routine Ukrainian & UK Immunisation schedule

Please see the UK routine immunisation schedule: [The complete routine immunisation schedule from February 2022 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/106422/the-complete-routine-immunisation-schedule-from-february-2022.pdf)

In Ukraine:

- **MMR** : Second dose not routinely given until children are 6 years old. All children aged 3 years 4 months to 6 years are eligible
- **Some vaccines are not routinely given** i.e., HPV, PCV, MenACWY, Men B and Men C and Shingles
 - These vaccines are not routinely given in Ukraine.
 - Eligibility for vaccination in the UK for each of these will be based on age.

Vaccines – General Principles

Follow the Immunisation Algorithm

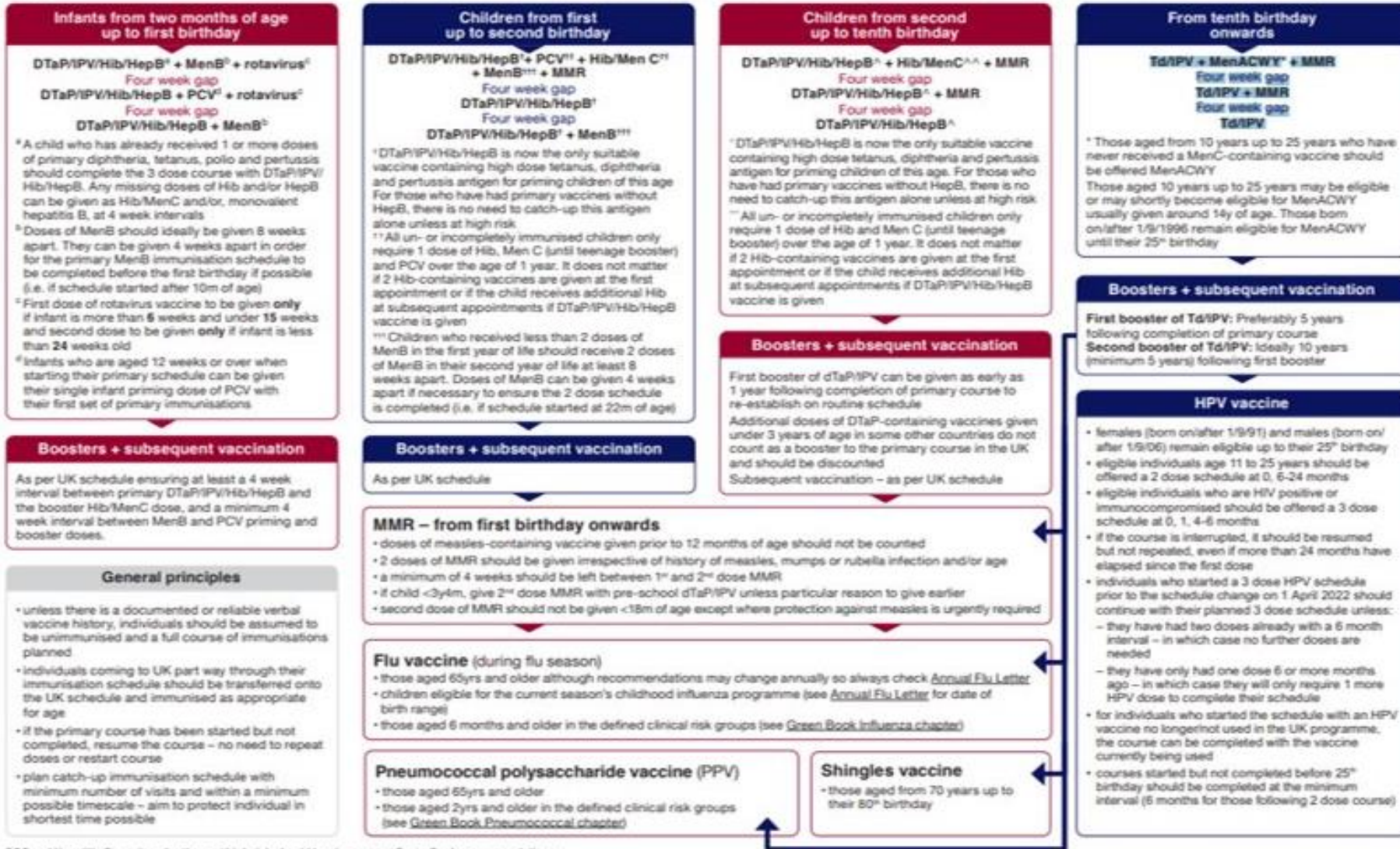
- **Priorities:** Td/IPV + MenACWY* + MMR plus Covid
 - Tetanus, Diphtheria, Meningitis ACWY, Measles, Mumps Rubella, Covid
- Verbal assurance of vaccination is classed as a reliable history, please refer to the [Ukraine vaccination schedule](#) and incomplete immunisation algorithm (see link below) to identify any gaps and update the GP / Child Health record accordingly
- Where there is no reliable history of previous immunisation, it should be assumed that any undocumented doses are missing and the **UK catch-up recommendations for that age should be followed using the incomplete immunisation algorithm in the link below:**
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061038/UKHSA-12287-algorithm-immunisation-status-Mar22.pdf
- Plan the catch-up immunisation schedule with a minimum number of visits and within a minimum possible timescale – the aim is to protect individuals in the shortest time possible
- Consider the vaccine history of both people fleeing conflict in Ukraine and host families – offer catch up opportunities for all

Vaccination of individuals with uncertain or incomplete immunisation status

For online Green Book, see www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • For other countries' schedules, see http://apps.who.int/immunization_monitoring/globalsummary/



Incomplete Immunisation Algorithm



BMV16.10. Effective from 1 April 2022 - Authorised by Laura Craig

UK Schedule: Infants from two months of age up to first birthday



Eligibility	Schedule	Vaccines	Workforce
Universal	Primary doses	DTaP/IPV/Hib/HepBa + MenB + rotavirus	GP Practice
Universal	4 week gap	DTaP/IPV/Hib/HepB + PCV + rotavirus	GP Practice
Universal	4 week gap	DTaP/IPV/Hib/HepB + MenB	GP Practice
Birth to under 16 years (if required following screening as per TB team guidance)		BCG	Secondary care
For babies born to hepatitis B infected mothers and individuals at continued high risk	3 doses at 0, 1, and 2 months · further dose 12 months after the first dose	Hep B	GP Practice

UK Schedule: Children from first up to second birthday

Eligibility	Schedule	Vaccines	Workforce
Universal	Primary	DTaP/IPV/Hib/HepB+ PCV + Hib/Men C + MenB	GP practice
Universal	4 week gap	DTaP/IPV/Hib/HepB	GP practice
Universal	4 week gap	DTaP/IPV/Hib/HepB + MenB	GP practice
Birth to under 16 years (if required following screening as per TB team guidance)		BCG	Secondary care

UK Schedule: Children from second up to tenth birthday

Eligibility	Schedule	Vaccines	Workforce
Universal	Primary	DTaP/IPV/Hib/HepB + Hib/MenC + MMR	GP practice
Universal	4 week gap	DTaP/IPV/Hib/HepB + MMR	GP practice
Universal	4 week gap	DTaP/IPV/Hib/HepB	GP practice
Birth to under 16 years (if required following screening as per TB team guidance)		BCG	Secondary care

UK Schedule: From Tenth Birthday Onwards



Eligibility	Schedule	Vaccines	Workforce
Universal	Primary doses	Td/IPV + MenACWY + MMR	GP Practice / School Aged Imms Team*
Universal	4 week gap	Td/IPV + MMR	GP Practice / School Aged Imms Team*
Universal	4 week gap	Td/IPV	GP Practice / School Aged Imms Team*
As per current guidance	Priority	Covid vaccination** (primary course, boosters, or completion of initial course if begun overseas***)	GP Practice / mass vaccination team
Birth to under 16 years (if required following screening)		BCG	Secondary care

• ** Covid can be co-delivered alongside all vaccines except Shingles which requires a 1 week interval

• *** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058099/COVID-19-vaccination-of-individuals-vaccinated-overseas-1-March-2022.pdf

Other Vaccines – Not priority

Eligibility	Schedule	Vaccines	Workforce
In pregnancy		Pertussis	GP Practice / Maternity settings
70-80 Years		Shingles	GP Practice
15-25 years (Girls)		HPV	GP Practice

UK School Aged Immunisations

Age / Cohort	Vaccine	Schedule	Workforce
Boys and girls aged twelve to thirteen years	HPV	Two doses 6-24 months apart	School aged Imms Team
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio Td/IPV (check MMR status)	Single dose	
Fourteen years old (school Year 9)	Meningococcal groups A, C, W and Y MenACWY	Single dose	

Females (born on/after 1/9/91) and males (born on/after 1/9/06) remain eligible up to their 25th birthday

Eligible individuals age 11 to 25 years should be offered a 2-dose schedule at 0, 6-24 months

Eligible individuals who are HIV positive or immunocompromised should be offered a 3-dose schedule at 0, 1, 4-6 months

If the course is interrupted, it should be resumed but not repeated, even if more than 24 months have elapsed since the first dose

Individuals who started a 3 dose HPV schedule prior to the schedule change on 1 April 2022 should continue with their planned 3 dose schedule unless: they have had two doses already with a 6 month interval in which case no further doses are needed or they have only had one dose 6 or more months ago in which case they will only require 1 more HPV dose to complete their schedule

For individuals who started the schedule with an HPV vaccine no longer/not used in the UK programme, the course can be completed with the vaccine currently being used

Courses started but not completed before 25th birthday should be completed at the minimum interval (6 months for those following 2 dose course)

Vaccine Resources

- **MMR for all leaflet – measles, mumps and rubella**
 - <https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>
 - See link above for download links for translated versions, including Ukrainian translated version
- See Communication Toolkits for each vaccination on this page:
<https://www.gov.uk/government/collections/immunisation#childhood-immunisation-schedules>)
- Resources are currently being developed, check the link above to ensure you have the most recent information

Vaccines – COVID-19 Programme resources

All available in Russian and Ukrainian:

- <https://www.gov.uk/government/publications/covid-19-vaccination-for-people-with-a-weakened-immune-system>
- <https://www.gov.uk/government/publications/covid-19-vaccination-spring-booster-resources>
- <https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-older-adults>
- <https://www.gov.uk/government/publications/covid-19-vaccination-easy-read-resources>
- [Easy read guide for pregnant, childbearing or breastfeeding women](#)
- <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>
- <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-aged-5-to-11-years>

Health and Health Protection Considerations: Infectious Diseases

Hepatitis B

- There is a low prevalence of [hepatitis B](#), so:
 - offer screening for hepatitis B to all pregnant women during each pregnancy
 - immunise appropriately babies born to mothers who are hepatitis B positive, and follow up accordingly
 - be aware that the UK has an universal infant immunisation programme for hepatitis B and a [selective immunisation programme for higher risk groups](#)

Hepatitis C

- The prevalence of [hepatitis C](#) is considerably higher than the UK, so [consider screening for hepatitis C](#).

COVID-19

- Mass migration/shelter impacts
- Low vaccination rate

Typhoid

- There is a risk of [typhoid infection](#), so:
 - ensure that travellers are offered typhoid immunisation and advice on prevention of enteric fever
 - remember enteric fever in the differential diagnosis of illness in patients with a recent history of travel to or from this country

GI

- Mass migrations/shelter impacts
- May have had limited access to sanitation/safe food

Hepatitis B

- **Hep B PGD:**

- https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F1025494%2F20211012UKHSAPGDHepBv04.00.docx&wdOrigin=BROWSELINK

- Usual pre- and post-exposure prophylaxis accelerated schedule*:

- 3 doses at 0, 1, and 2 months - further dose 12 months after the first dose for babies born to hepatitis B infected mothers and individuals at continued high risk Used for individuals of all ages for pre- and post-exposure prophylaxis. This is the preferred schedule for babies born to hepatitis B infected mothers.
 - Note: dose from 2 months of age may be provided by multivalent vaccine, such as DTaP/IPV/Hib/HepB, and doses may be administered in addition to this schedule where DTaP/IPV/Hib/HepB is used for routine childhood immunisation.

- Alternative schedule*:

- 3 doses at 0, 1, and 6 months
 - This is rarely the most appropriate schedule. It should only be used when rapid protection is not required and there is a high likelihood of compliance with the regimen.

- Two dose schedule of Engerix B® only:

- 2 doses of adult strength (20 microgram) vaccine at 0 and 6 months
 - Only to be used for individuals 11 to 15 years of age, when there is a low risk of hepatitis B infection during the course and completion of the course can be assured.

- Very rapid (super accelerated) schedule of Engerix B® only:

- 3 doses at 0, 7 days and 21 days - further dose 12 months after the first dose is recommended to be considered protected To be used for individuals from 16 years of age (see Off-label use) who are at immediate risk and when very rapid immunisation is required such as PWID or prisoners

Infant BCG

- The BCG vaccination is normally given at birth in Ukraine as rates of TB are 77 per 100,000
- TB / BCG Resources:
 - https://www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=d2819793-60d3-4493-96bf-6fb00292b8e9&utm_content=daily
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731848/Greenbook_chapter_32_Tuberculosis.pdf
 - <https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>
- Tuberculin skin testing prior to BCG immunisation – the Mantoux test.
 - BCG should not be administered to an individual with a positive tuberculin test – it is unnecessary and may cause a more severe local reaction.
 - Those with a Mantoux (AJV) tuberculin skin test induration of 5mm and greater should be referred to a TB clinic for assessment of the need for further investigation and treatment
- A tuberculin skin test is necessary prior to BCG vaccination for:
 - all individuals aged six years or over
 - infants and children under six years of age with a history of residence or prolonged stay (more than three months) in a country with an annual TB incidence of 40/100,000 or greater

Population Screening Programmes



- UK Population Screening Programmes:
 - Diabetic Eye screening, AAA screening, Bowel, Breast & Cervical Cancer Screening
- Patients will automatically be invited for population screening programmes once they have registered with a GP if they are in the eligible cohorts
- There is a high incidence and mortality rates of Bowel and Breast cancer in Ukraine
- There is some cancer screening in Ukraine, in recent years there has been an effort to improve accessibility to Breast cancer screening. At present, there is no universal offer
- All women and patients with a cervix will be eligible for cervical screening on arrival
- In Ukraine cervical screening is offered free of charge at public health clinics, but is predominantly opportunistic with no established call and recall for the wider population
- Cervical Primary Care Resource pack (2022) has information and advice for people arriving from overseas, found here: <https://www.england.nhs.uk/south/info-professional/public-health/screening/cervical/>

Contact details

If you require any further information, please contact the Southwest Public Health Commissioning Team on

england.swicars@nhs.net