Clinical Guidance for the Management of Infectious Diseases in displaced people arriving from Ukraine

PURPOSE:

The purpose of this brief guidance is to provide accessible information to Medical Practitioners in the assessment and management of displaced people arriving from Ukraine who may have an infectious disease.

PRINCIPLES:

1. It has been clearly indicated by Government that all Ukrainian refugees arriving in Ireland are to be treated as per EU citizens, that is, they are entitled to the same healthcare as Irish and European Citizens.
2. It is important to ensure that the treatment of those who are currently in receipt of treatment for Tuberculosis and/or Blood-Borne Viruses remains uninterrupted.
3. Those without vaccine records or a reliable verbal history of immunisation should be assumed to be unimmunised.
4. An 'open-door' policy to vaccination should be adopted to enable vaccination to occur easily and when the opportunity arises.

SUMMARY OF RECOMMENDATIONS

Vaccination:

1. Every displaced person should be offered COVID-19 vaccination. There should be repeated encouragement, promotion and offers of vaccination and booster doses as indicated.
2. All Ukrainians should be offered vaccinations to bring them in line with the Irish immunisation schedule.

Tuberculosis:

1. The priority for managing the risk of TB in this population focuses on continuation of current treatment for those who have a confirmed diagnosis of TB and the early identification and prompt treatment of new cases.
2. Displaced people who have a confirmed diagnosis of TB should be referred for specialist care in order to continue their care and prevent adverse outcomes from interrupted treatment. Therefore, access to timely specialist review and medication is important.
3. All health care workers including GPs should have a high index of suspicion and awareness with regard to TB disease and aim to avoid delays in diagnosis and treatment.
4. Symptom screening for all displaced people is recommended, with subsequent appropriate investigation and follow-up. Currently the individual health assessment (Accessible here: https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/) asks specific TB questions, which if responded to in the affirmative, require triage and onward referral to a GP. Anyone with suspect TB symptoms, and anyone with a cough lasting more than 3 weeks, should be referred for Chest X-Ray.

5. Anyone living with HIV should be referred for Chest X-Ray.
6. Currently, the ECDC does not recommend either universal testing for TB infection or universal screening for TB disease for refugees arriving in European countries from Ukraine (Accessible here: https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-WHO-information- note-TB-testing-and-screening.pdf). The current approach being taken in Ireland is in line with this document.

Gastroenteritis outbreaks and Norovirus

1. Confirmed and suspected outbreaks should be notified to local Departments of Public Health after clinical assessment.

Materials describing minimum hygiene standards required in communal settings and guidance on the prevention and control of infectious diseases in these settings are available here https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/

Blood-Borne Viruses:

1. Displaced people who have a reported diagnosis of HIV, Hepatitis B or Hepatitis C should be referred early to a GP for assessment, and testing, and to ensure continuation of treatment. They should be referred by the GP or primary healthcare worker looking after their needs for specialist care, in order to continue their care and prevent adverse outcomes from interrupted treatment.
2. All adults should be systematically offered testing for Hepatitis B, Hepatitis C and HIV, with referral to specialist care, as indicated.
3. All cases of Hepatitis B, C and HIV should be notified to the Medical Officer of Health.
4. If feasible, risk factors for the acquisition or transmission of blood borne viruses (intra venous drug use, sex workers, MSM, extensive tattoos/body piercings, partners/household contacts, maternal to foetal transmission, ex-prisoners, use cocaine, major surgery, on dialysis) should be ascertained. Infection prevention advice should be given to those in risk groups.
5. Ensure all children and adults in risk groups for Hepatitis B acquisition are up to date with Hepatitis B vaccination. Adult information: https://www.hse.ie/eng/health/immunisation/pubinfo/adult/hepb/hepb.html; Child information: https://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/vpds/hepb/
6. For additional information on infectious disease assessment for migrants please see: https://www.hpsc.ie/a-z/specificpopulations/migrants/guidance/File,14742,en.pdf. Some recommendations have been updated, here, to reflect the current situation in Ukraine. Where there is a discrepancy between this and the referenced document, the recommendation here should be followed.

Rabies

1. All healthcare workers should have a high index of awareness/suspicion of the risk of rabies from an exposure (bite; scratch; lick of an open wound) from an animal (mostly dogs and cats) from Ukraine. Clinical care and/or advice should be sought.

2. Guidance available on immediate wound care and rabies post exposure prophylaxis is available here: https://www.hpsc.ie/a-z/zoonotic/rabies/
3. Rabies vaccination with or without Human Rabies Immunoglobulin (HRIG) (administered in the Emergency Department) may be indicated.

BACKGROUND:

To date it has been reported that approximately 30,000 displaced people from Ukraine have arrived in Ireland. The most prevalent infections requiring care in this population are hepatitis C, Hepatitis B, HIV and TB, in decreasing order. Rates of these infections are significantly higher than in the Irish population.
Vaccine preventable illnesses and need for catch up vaccinations, including COVID-19 also need to be considered in both children and adults given much lower vaccination rates in Ukraine.
From a public health and morbidity and mortality perspective it is anticipated that TB and HIV will be the most pressing issues. An estimate of the prevalence of these infections in a population disproportionately made up of women and children has been done. For TB and blood-borne viruses, it is crucially important that treatment is uninterrupted.

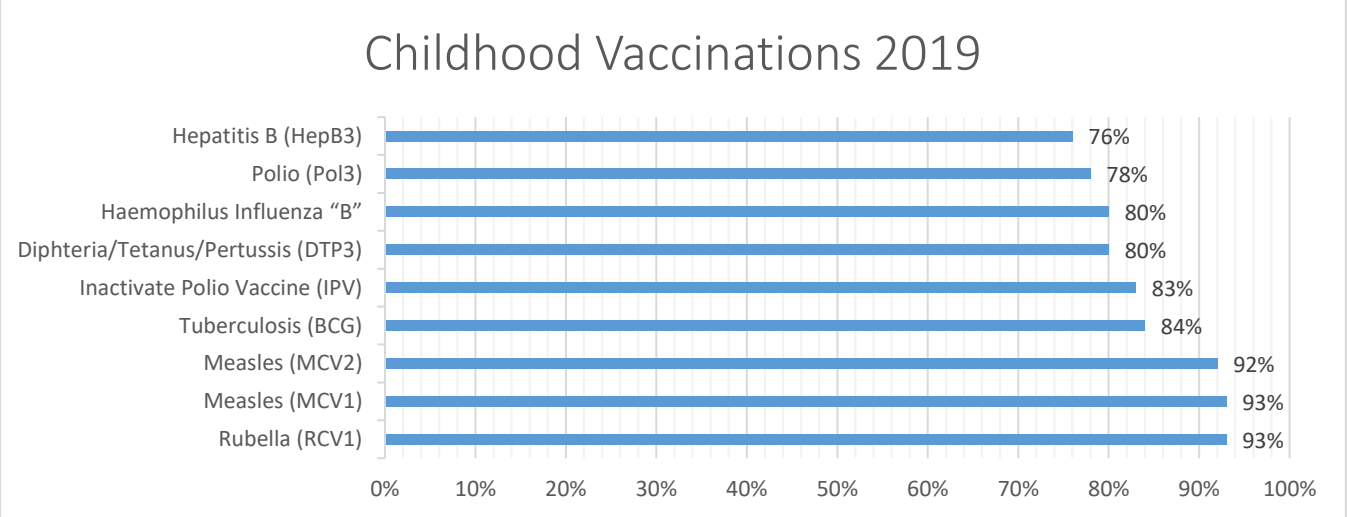
Vaccination Coverage

COVID Vaccination Statistics

As of the 15th March, 35 % of the Ukrainian population are fully vaccinated against COVID-19.

Childhood Immunisation Statistics

Childhood vaccination coverage in Ukraine is among the lowest in the WHO European region. The share of one-year-olds who were immunised against a disease or pathogen for 2019 are outlined in the below Figure, however vaccination rates in the preceding years are significantly lower. It is important for clinicians and health care delivery systems to note that displaced children are, generally, not vaccinated against pneumococcal and meningococcal illnesses.



Of note, in 2019 a mandatory policy for childhood vaccinations was introduced in Ukraine and vaccination rates were lower prior to this. According to OWID, HepB3 was first introduced into Ukraine in 2000.

Vaccine hesitancy is higher in Ukraine than Ireland. Training for all healthcare professionals is available on HSEland called "Talking about immunisations" using the WHO motivational interviewing approach. Boarder communications are also being developed to encourage those coming from Ukraine to accept vaccines for themselves and their children.

IMMUNISATION FOR CHILDREN AND ADULTS

In general, those without vaccine records or a reliable verbal history of immunisation should be assumed to be unimmunised. Every opportunity should be taken to check immunisation status and offer catch-up immunisation, particularly for measles and polio containing vaccines. Children and young adults who have completed the Ukrainian immunisation schedule still require additional immunisations to bring them in line with the Irish schedule, as per the recommendations of the National Immunisation Advisory https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf
These vaccines are available free of charge from the National Cold Chain Service.
Advice for GP's on the provision of catch-up vaccines for those arriving from Ukraine including the Ukrainian immunisation schedule, along with translated materials to support the programme in Ukrainian and Russian can be found here: Supporting people from Ukraine - HSE.ie.
Due to the lower uptake of measles and polio containing vaccines in Ukraine, clinicians should have a low index of suspicion for these diseases and be aware of the signs and symptoms.
Posters are available in English, Ukrainian and Russian to raise awareness regarding these diseases: Public Health Resources - Health Protection Surveillance Centre (hpsc.ie)

Recommendations:

1. Those without vaccine records or a reliable verbal history of immunisation should be assumed to be unimmunised.
2. Every opportunity should be used to check immunisation status and offer vaccinations to bring children and adults in line with the Irish immunisation schedule.
3. Advice for GPs and CHOs on the provision of catch-up vaccines is available here https://www.hse.ie/eng/health/immunisation/hcpinfo/ukraine/
4. Details about catch-up vaccinations and includes differences between Ukraine and Ireland:
   https://www.hse.ie/eng/health/immunisation/hcpinfo/ukraine/catchupukraine.pdf
   https://www.hse.ie/eng/health/immunisation/hcpinfo/hcppci/tips-catch-up-feb-2022.pdf

SPECIFIC INFECTIONS

COVID-19

Displaced people from the Ukraine are at high risk of developing COVID-19 while in Ireland for the following reasons

- High community rates of COVID-19 in Ireland

- Low levels of COVID-19 vaccination (~35%) in the Ukrainian population with no vaccination for children under 12 years old and very low levels of booster vaccination
- Additional risk associated with living in congregated / communal accommodation.

COVID prevention and outbreak advice has been issued to congregate settings, including wearing masks in common areas. For those who are close contacts of a case, Public Health recommends that they do an antigen test ASAP, 3 days later and on day 7 and isolate of positive. https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/

Recommendations:

1. Every eligible displaced person from Ukraine should be offered COVID-19 vaccination, noting that children <5 years of age are not eligible for COVID-19 vaccination. Repeated encouragement, promotion and offers of vaccination and booster doses as indicated is important.
2. Useful translated information on COVID-19 vaccination is available at this HSE website https://www.hse.ie/eng/services/covid-19-resources-and-translations/translated-covid19-information/ukrainian-covid19-info.html
3. COVID-19 vaccination information for health professionals is available at this National Immunisation Office website; https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/
4. It is important to identify and refer those who may be more vulnerable to severe illness or experiencing severe illness and who may benefit from new treatments.

TUBERCULOSIS

TB is a major public health problem and a priority communicable disease in Ukraine with an incidence rate of 73/100,000 population. In Irelands the incidence rate in 2019* was 5.6/100,000. Ukraine has a high burden of multi-drug-resistant TB (MDR-TB). In 2019, Ukraine reported 27% MDR-TB among new cases. Ukraine also has a high level of HIV/TB co-infection.

The current position on managing the risk of TB in the Irish population, including people recently arrived from Ukraine**,** focuses on ensuring that current treatment is not interrupted for those with TB disease and early identification and prompt treatment of new cases. . All physicians including GPs should have a high index of suspicion and awareness with regard to TB disease and aim to avoid delays in diagnosis and treatment.

When assessing patients, please consider the following:

1. Enquire about possible suspect symptoms including cough (generally lasting >3 weeks), fever/night sweats, weight loss and haemoptysis.
2. Refer for chest x-ray if the patient has a cough persisting (or which has persisted) for greater than 3 weeks.

However patients may also present with more subtle symptoms such as unexplained weight loss and night sweats and clinicians should have a high index of suspicion for TB. If CXR is suggestive then work up with 3x sputum samples for TB is indicated with specialist clinic referral, realising that TB work up occurs in multiple clinical settings including

MAU/Respiratory clinics/ ED. It is important to acknowledge that it may not always be possible to obtain sputum samples, depending on age.
It may be appropriate to refer children with suspected TB to a general paediatrician, if living outside of Dublin or directly to ID specialist if in Dublin. This recommendation is based on the current operational practice whereby, in a paediatric setting only, ID teams initiate treatment of TB.
Inpatient referral may be indicated for those with a high suspicion of active TB who are unable to isolate or who are living with children under age 5. However, it is important to note that this might not seamlessly translate to the displaced persons situation where there might be one adult caring for child/children with no extended family. It is important to ascertain clinical governance and physician specialty responsibility for assessment of children who are close contacts of a person with TB, whether it is public health or paediatric services.
The current focus is on the prompt diagnosis and treatment of active TB. Patients should be referred through the existing pathways based on the acuity of symptoms and ability to isolate. The standard of care for TB is directly observed therapy (DOTS) and this will be an integral component of TB care in this patient population.
A number of other measures are taking place. The National Advisory Committee on TB is being reformed. A multi-disciplinary working sub-group is considering immediate advice guided by recommendations from the European Centre for Disease Prevention and Control (ECDC). Currently, the ECDC does not recommend testing for TB infection or screening for TB disease in all people fleeing Ukraine but does recommend a high risk approach. https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-WHO-information-note-TB-testing-and-screening.pdf.

Recommendations:

1. The priority for managing the risk of TB in this population focuses on continuation of current treatment for those who have a confirmed diagnosis of TB and the early identification and prompt treatment of new cases.
2. Displaced people who have a confirmed diagnosis of TB should be referred for specialist care in order to continue their care and prevent adverse outcomes from interrupted treatment.
3. All health care workers including GPs should have a high index of suspicion and awareness with regard to TB disease and aim to avoid delays in diagnosis and treatment.
4. Symptom screening for all displaced people is recommended, with subsequent appropriate investigation and follow-up. Currently the individual health assessment (Accessible here: https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/) asks a number TB questions, which if responded to in the affirmative, require referral to a GP. Anyone with suspect TB symptoms, and anyone with a cough lasting more than 3 weeks, should be referred for Chest X-Ray.
5. Anyone living with HIV should be referred for Chest X-Ray.
6. Currently, the ECDC does not recommend either universal testing for TB infection or universal screening for TB disease for displaced people arriving in European countries from Ukraine (Accessible here:

https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-WHO-information- note-TB-testing-and-screening.pdf). The current approach being taken in Ireland is in line with this document.

BLOOD-BORNE VIRUSES

Human Immunodeficiency Virus

Ukraine bears the second-largest HIV epidemic in Eastern Europe and Central Asia. In 2019 it was estimated the population prevalence was estimated to be 0.9 – 1.0%. Initially injecting drug use was the driver of the spread of HIV, however, since 2008, sexual transmission has been the main risk factor.
It is estimated that 30% of Ukrainians infected with HIV are unaware of their diagnosis, with 54% receiving treatment, and 51% being virally suppressed.

HIV Care

Patients who are known to be HIV infected should be referred to their regional HIV clinic, see Appendix 1. Children aged 15 and under should be referred to the Rainbow Clinic in CHI. The referral letter should include whether the patient is on treatment or not, and if on treatment if they have antiretroviral medications and for how long they have a supply. They should be asked to bring all medical records and medications to their first visit in the ID clinic.
Those with a history of a blood transfusion, injection drug use or those patients presenting with acute illness or indicator illness should be strongly considered for HIV testing.

Hepatitis B

It is estimated that 1.3% of Ukrainians live with Chronic HBV. In 2020 Hepatitis B vaccine was included in early childhood vaccinations and in that year 69% of individuals received their HBV birth dose. However overall vaccination rates and treatment rates for those infected are both very low.
All adults from Ukraine should be tested for Hepatitis B. Patients diagnosed with Hepatitis B should have liver function tests obtained and be screened for HIV and hepatitis C. Patients who are Hepatitis B surface antigen test positive (diagnostic of Hepatitis B) should be referred to an ID or Hepatology clinic with those with abnormal LFTS requiring more urgent assessment. Testing and immunisation of their household contacts should be arranged. Those in risk groups for Hepatitis B acquisition should be immunised against Hepatitis B (see below).

Hepatitis C

In 2019, it was estimated that 2.7% of Ukrainians live with chronic HCV and the majority will be unaware of their diagnosis. All adults from Ukraine should be tested for hepatitis C. Patients with abnormal LFTS should be screened for Hepatitis B and C and referred to ID or Hepatology clinics.

Recommendations:

1. Displaced people who have a confirmed diagnosis of HIV, Hepatitis B or Hepatitis C should be referred for specialist care by the primary healthcare worker who has responsibility for the person's healthcare needs (e.g., GP) in order to continue their care and prevent adverse outcomes from interrupted treatment.
2. Risk factors for the acquisition or transmission of blood borne viruses (Intra venous drug use, sex workers, MSM, extensive tattoos/body piercings, partners/household contacts, maternal to foetal transmission, ex-prisoners, snort cocaine, major surgery, on dialysis) should be ascertained, and testing is indicated if present. Infection prevention advice should be given to those in risk groups.
3. The prevalence of blood-borne viruses in Ukraine is at or above rates at which the ECDC recommends testing. All adults should be offered testing for Hepatitis B, Hepatitis C and HIV and should be referred to specialist care or offered vaccination as appropriate, in a defined and agreed setting in accordance with the related care pathway as indicated.
4. Ensure all children and adults in risk groups for Hepatitis B acquisition are up to date with Hepatitis B vaccination. Adult information: https://www.hse.ie/eng/health/immunisation/pubinfo/adult/hepb/hepb.html; Child information: https://www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/vpds/hepb/
5. For additional information on infectious disease assessment for migrants please see: https://www.hpsc.ie/a-z/specificpopulations/migrants/guidance/File,14742,en.pdf

Rabies

Clinician should have a high index of awareness/suspicion of the risk of rabies from a bite or scratch from a dog or cat from Ukraine. Guidance on immediate wound care and rabies post exposure prophylaxis is outlined in *Immunisation Guidelines for Ireland* https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter18.pdf (pp7-8). Rabies vaccination with or without Human Rabies Immunoglobulin (HRIG) (administered in the Emergency Department) may be indicated after seeking appropriate advice from Public Health department for risk assessment of exposure.

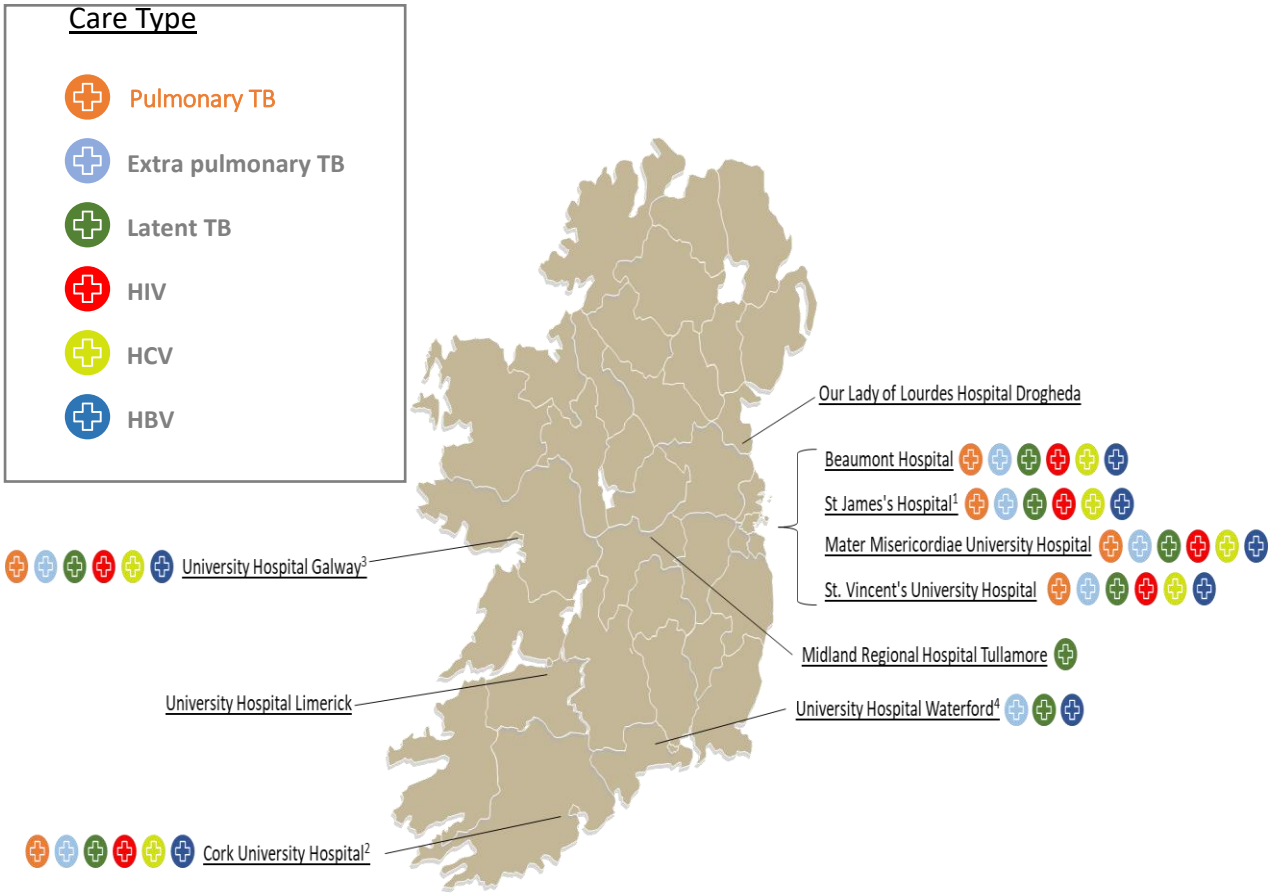
CONCLUSION

There are clear differences between the prevalence of certain infections and vaccination rates in Ukrainian people and Irish people. This document was devised to support the understanding of that amongst medical practitioners and to alert practitioners as to the treatment pathways available.

Appendix 1: Referral Pathways (Adults only)

TB referral pathways may include MAU/RALC/ Respiratory or ID

Locations of relevant Infectious Diseases Services in Ireland



Notes

Limerick University Hospital: Currently locum cover only

St James's: Pulmonary TB and Latent TB if HIV+. If not HIV+, service is provided in TB/Respiratory Clinic

CUH: Latent TB for HIV patients only; LTBI otherwise is managed in regional TB clinic Mercy Hospital run by Respiratory Medicine. HCV managed by Hepatology/Gastro CUH

GUH: HVC is carried out via Hepatology

UHW: Pulmonary TB service provided by Respiratory services UHW. Latest TB service also provided by Respiratory service UHW.