

Ministry of Health

Ukrainians Fleeing War: Early Assessment Considerations for Primary Care Providers

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Overview

This document is intended to support primary health care providers in their early assessments and care of individuals arriving in Ontario who have been displaced due to the war in Ukraine.

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A. Context

On February 24, 2022, Russia began a military invasion of Ukraine. Just over a month later, over 4.1 million Ukrainians have fled the country and sought asylum in neighboring countries with Poland, Romania and Moldova taking in almost 75% of them. In addition, an estimated 6.5 million are thought to be displaced inside Ukraine itself. Ukraine has imposed restrictions so that men aged 18-60 cannot leave the country, resulting in an outflux largely made up of women, children and elderly adults.

On March 17, 2022, the Government of Canada announced two pathways for Ukrainians fleeing war to come to Ontario: a family reunification pathway and the Canada-Ukraine Authorization for Emergency Travel (CUAET), which will give successful applicants temporary resident visas, as well as options for open work visas and study permits for primary and secondary students.

The Government of Canada has yet to announce a refugee program for displaced Ukrainians.

B. Immigration Medical Examination (IME)

Overview of the IME

To facilitate a fast and efficient way for Ukrainians to come to Canada, Ukrainians arriving through the CUAET pathway will not be required to complete a standard IME. Those that do not complete pre-departure IME tests will be required to complete medical diagnostic tests within 90 days of arriving in Canada. These tests will be performed by Immigration, Refugees and Citizenship Canada's (IRCC's) network of Panel Physicians and are a combination of blood tests and chest x-rays.

Age	Tests Required
0-10	Visual health check for signs of communicable diseases
11-14	Chest X-Ray
15 and Older	Chest X-Ray and bloodwork (screen for HIV/Syphilis)

Individuals with suspected pulmonary tuberculosis will be urgently referred to provincial public health authorities by IRCC through existing channels.

Those who have not completed an IME or a medical diagnostic test will be restricted from working in designated occupations where the protection of public health is essential, such as health care and childcare settings. In addition, if Ukrainians subsequently seek permanent resident status, a standard IME must be completed.

Details of the assessment can be found on [IRCC's website](#).

C. Considerations to Support the Early Assessment of Care of Displaced Ukrainians

In assessing displaced Ukrainians who have recently arrived in Ontario, the following infectious diseases and health conditions should be considered along with the more common infections in Ontarians (some are included in the list below). As per existing protocols, all health care providers must report individuals suspected of having a reportable disease to their local public health unit.

For a population risk assessment, please consult Public Health Ontario's [Public Health Hazard Identification and Risk Assessment \(HIRA\) for Ukrainian Refugees Entering Ontario](#).

Immunizations

Type	Recommendation	Follow-up	Rationale
<p>Immunization for specific vaccine preventable diseases (VPDs)</p>	<p>Persons newly arrived in Canada lacking adequate documentation of immunization should be considered unimmunized and be started on an immunization schedule appropriate for their age and risk factors.</p> <p>Immunize as per the Publicly Funded Immunization Schedules for Ontario-catch-up schedules, or routine schedule.</p>	<p>Schedule follow-up appointments at appropriate intervals to complete routine or catch-up schedules.</p>	<p>Some vaccines included in Ontario's publicly funded schedules differ from those used in Ukraine.</p> <p>When reviewing immunization schedules, ensure the following diseases are prioritized as part of your assessment and to meet ISPA requirements: measles, mumps, rubella, varicella, invasive meningococcal, diphtheria, tetanus, pertussis, polio and Hepatitis B (i.e., per high-risk schedules and eligibility).</p>
<p>COVID-19</p>	<p>Inquire about the history of COVID-19 immunization and/or prior infection.</p> <p>Provide vaccine Guidance for individuals vaccinated outside of Ontario/Canada</p>	<p>Offer COVID-19 vaccine and screening.</p>	<p>The currently circulating COVID-19 Omicron variant has a high potential of spread to the community.</p> <p>Ukraine has low vaccination coverage for COVID-19 (34%).</p> <p>Have high potential to spread to Ontarians and others with close contact.</p> <p>Vaccines approved for use in the Ukraine include Moderna, Pfizer/BioNTech, Johnson&Johnson, Oxford/AstraZeneca, Serum Institute of India, and Sinovac.</p>

Other Communicable Diseases

Diseases in this category have the potential to spread in the community

Type	Recommendation	Follow-up	Rationale
Hepatitis C	<p>Increased screening for new immigrants, counselling, and education on HCV prevention and treatment.</p> <p>Use a risk based approach for hepatitis C screening. Risks associated with the acquisition of HCV include activities that involve any risk of exposure to contaminated blood or products including birth or residence in a region where hepatitis C is more common (prevalence >3%)</p> <p>Screen for hepatitis C in adults by ordering:</p> <ul style="list-style-type: none"> • Anti-HCV (antibody to hepatitis C) <p>Further testing information can be found from PHO and PHAC</p>	<p>If anti-HCV positive, order an HCV RNA test (viral load).</p> <p>Refer those found to be HCV RNA positive to a health care provider experienced in treating HCV (e.g., general practitioner, nurse practitioner, hepatologist, infectious disease physician) for further assessment and treatment.</p> <p>Screening for HBV and HAV: Publicly funded hepatitis A and hepatitis B vaccines are recommended for these individuals.</p>	<p>Hepatitis C virus (HCV) is reported to be a significant issue in Ukraine and considered endemic with about 3.6% of the population living with HCV.</p> <p>Care and treatment for those with chronic hepatitis C may have been interrupted prior to arriving in Canada.</p> <p>Treatment can cure up to 90% of HCV cases within 8 to 24 weeks.</p> <p>HCV screening is indicated for individuals who test positive for HBV or HIV (see list of HCV risk factors)</p> <p>Vaccination against hepatitis A and B, as outlined in the publicly funded schedule, is recommended for people living with or at risk of HCV as these viruses can further compromise the liver.</p>

Type	Recommendation	Follow-up	Rationale
HIV	<p>Screening (HIV testing) for this population, especially individuals reporting risk factors associated with HIV, linkage to or provision of HIV treatment & care services as appropriate, counselling on HIV prevention and treatments.</p> <p>CCIRH/NCCID recommend routine screening with consent for migrants from countries where prevalence is >1%.</p> <p>Sexual health clinics provided through some Public Health Units are accessible for HIV, HCV and STI testing regardless of coverage. Link: www.sexualhealthontario.ca</p>	<p>Linkage to care for those with new and existing diagnosis; starting/maintaining/resuming treatment; retention in care and adherence to treatment with the goal of viral suppression.</p> <p>Considerations for follow-up required if individual is HIV-positive and/or already receiving drug treatment. Drug coverage varies depending on OHIP eligibility, refugee status and private insurance. Community health centres may be able to provide HIV treatments regardless of OHIP eligibility.</p> <p>HIV support services and linkage to other community and social services available through local HIV programs or AIDS Service Organizations, which do not require health card coverage. Link: www.HIV411.ca</p>	<p>It is reported that Ukraine has the second largest HIV epidemic in the Eastern European region, with estimates that nearly 250,000 people are living with HIV, many of whom do not know their status.</p> <p>Care and treatment for those living with HIV may have been interrupted/inaccessible prior to arrival to Canada.</p>

Type	Recommendation	Follow-up	Rationale
<p>Tuberculosis (TB)</p>	<p>Screening for this population. Some may not yet have completed tests required under the Immigration Medical Exam (see section on IME)</p> <p>Assess for signs and symptoms of active TB.</p> <p>Ensure communication lines are in place (e.g., how to report a possible active TB case to the local public health unit), and proper personal protection equipment is available for staff.</p>	<p>If symptomatic, conduct diagnostic testing as appropriate (i.e., chest x-ray and at least three sputum samples for smear microscopy and culture).</p> <p>Screen for latent TB infection using appropriate methods (e.g. TST, IGRA if available), if LTBI treatment may be offered. After active TB has ruled out, offer treatment as indicated.</p> <p>Please see the current Canadian Tuberculosis Standards for detailed considerations for diagnosis and management of active TB and latent TB infection.</p> <p>Other helpful publications include: PHO LTBI diagnosis and treatment options and PHO TB Testing.</p>	<p>In 2020, Ukraine had an estimated active TB incidence rate of 73 per 100,000; in comparison, Ontario's incidence of active TB in 2020 was 4.6 per 100,000.</p> <p>Ukraine is also one of 30 countries with the highest burden of multi drug-resistant/rifampin-resistant TB in the world, as per the WHO.</p> <p>In 2020, the Public Health Centre of Ukraine reported 88.8% of children under one year of age were vaccinated.</p> <p>The BCG vaccine in Ontario is not a routine part of the publicly funded schedule.</p>

Type	Recommendation	Follow-up	Rationale
Sexually transmitted infections (chlamydia, gonorrhoea, syphilis)	Access to timely screening and treatment as applicable	Sexual health clinics provided through some Public Health Units are accessible for HIV, HCV and STI testing regardless of coverage. Link: www.sexualhealthontario.ca	<p>These tend to be among the most common infections and could be a public health burden.</p> <p>Routine screening, and access to care and treatment may have been interrupted.</p> <p>Access to treatments for sexually transmitted infections are publicly funded through the public health units.</p>

Non-communicable Diseases and Conditions

Type	Recommendation	Follow-up	Rationale
<p>Chronic Disease</p> <p>E.g., Cardiovascular disease (including hypertension), diabetes, cancer</p>	<p>Inquire about history of other conditions or diseases such as cardiovascular disease, diabetes, cancer, unresolved wounds/complications, etc. Provide information in Ukrainian (if possible) – about screening, access to care, prescriptions.</p> <p>Primary Care Assessment</p>	<p>Provide or refer for cancer screening as appropriate for age.</p> <p>Ensure appropriate care is offered as required.</p> <p>Follow-up as required.</p>	<p>Disruption of treatment and supply of medicine is likely in populations fleeing war, and may cause further health complications.</p> <p>Impact may be seen after the individuals have arrived.</p>
<p>Oral health</p>	<p>Assess for urgent oral health needs such as pain, obvious dental caries and oral disease using a penlight and tongue depressor.</p>	<p>Provide referral for urgent oral/dental problems to dentist or oral health specialist as indicated.</p> <p>Follow-up as required.</p> <p>Refer to public health unit to connect with available Public Health Dental Programs.</p>	<p>Prevalence and severity of dental decay is high among children in Ukraine with about 88% of 6 year old children and 72% of 12 year old children have dental caries (tooth decay or cavities).</p> <p>Oral health care needs may have been unmet due to limited or interrupted access to care.</p>

Mental Health

Type	Recommendation	Follow-up	Rationale
Mental Health	<p>Monitor for symptoms of mental health concerns in adults and children, such as, post-traumatic stress disorder (PTSD), depression, and other mental health conditions.</p> <p>Linkage with mental health services and resources. Linkage with primary and/or emergency/crisis care as appropriate.</p> <p>Conducting routine screening for developmental disabilities and autism as appropriate.</p>	<p>Follow-up as required.</p> <p>Refer to Mental Health and Addictions Programs.</p>	<p>Individuals may be experiencing acute mental health trauma due to the conflict in Ukraine and its sequelae relating to their current status.</p>
Pediatric Mental Health Supports	<p>Screen for existing mental health challenges.</p> <p>Provide urgent or routine referral to a youth or child mental health specialist for consultation.</p> <p>Conducting routine screening for developmental disabilities and autism as appropriate.</p>	<p>Follow-up as required.</p> <p>Refer to Mental Health and Addictions Programs.</p>	<p>Given the recent events of the pandemic and ongoing war, children are likely to experience psychosocial and psychological challenges including PTSD and other mental health challenges.</p>

Women's Health

Type	Recommendation	Follow-up	Rationale
Prenatal care and pregnancy	<p>Assess and provide appropriate prenatal care. Referrals to family practice /obstetrics may be necessary.</p> <p>Consider pregnancy in women of reproductive age.</p> <p>Recommend routine care for pregnant women, including the Tdap vaccine, which should be offered during every pregnancy between 27 and 32 weeks.</p>	As per usual practice.	<p>The population entering Ontario from the Ukraine will predominately be women and children, including women that could be pregnant at the time of arrival.</p> <p>Based on usual care for women of reproductive age.</p> <p>Midwifery care is available for uninsured persons.</p>
Contraception needs	Assess women of a reproductive age for contraceptive needs.	As per usual practice.	Based on usual care for women of reproductive age.

Please see the [Public Health Ontario \(PHO\) Laboratory Test Directory](#) for sample and test information for specific pathogens being considered for testing in a symptomatic person. If further questions arise, please contact the PHO customer service line at 416-235-6556 or 1-877-604-4567, or contact your [local PHO laboratory location](#).

D. Immunization Considerations and Information

Routine and High Risk Publicly Funded Immunizations

As a general rule, [the Publicly Funded Immunization Schedules for Ontario](#) should be followed, specifically the Routine Schedule, or Catch-up Schedules and the High-Risk Schedules, based on age and risk factors.

- While children under the age of 5 years are at greatest risk of vaccine preventable diseases (VPDs), all susceptible individuals are at risk of contracting and potentially spreading diseases.
- Providers should familiarize themselves with foundational immunization guidelines including pre-vaccination counselling, identifying contraindications, vaccine preparation and administration, infection prevention and control practices, and counselling on possible adverse events following immunization (AEFIs). A synopsis of this information can be found in the [Canadian Immunization Guide, Part 1, Key Immunization Information](#).
- Routine serologic testing to determine immunity of children without immunization records is **not recommended**. Children and adults lacking adequate documentation of immunization should generally be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors; however, consideration can be given for adults to obtain serology prior to vaccine administration for measles, rubella and hepatitis B (as relevant to publicly funded eligibility).

Assessment of immunizations that are needed for individuals who have received previous immunizations:

- The age at immunization, the number of doses, and the intervals between doses should be carefully reviewed and compared with the [Publicly Funded Immunization Schedules for Ontario](#) for Ontario to determine the need for additional doses of vaccines.
- For complex cases, consider contacting your local Public Health Unit.
- An immunization expert can you help determine which schedule to follow to ensure the individual is immunized appropriately.

Assessment of immunizations that are needed based on underlying medical conditions or risk factors:

- Individuals with an underlying medical condition or risk factor that puts them at higher risk of certain infections may require other immunizations. The High-Risk Vaccines Programs table in the [Publicly Funded Immunization Schedules for Ontario](#) provides information on high-risk vaccine programs.

Immunization of School Pupils Act (ISPA) and School-Based Vaccines

- Ontario's *Immunization of School Pupils Act* (ISPA) requires that children and adolescents attending primary or secondary school be appropriately immunized against designated diseases unless they have a [valid exemption](#). All immunization requirements for school attendance align with [Ontario's publicly funded immunization schedules](#).
- Through the grade 7 school-based immunization programs, students are eligible to receive HPV, Hepatitis B and meningococcal vaccines. For more information contact your [local public health unit](#).
- All students (regardless of OHIP eligibility) can access immunizations through school-based clinics (as applicable), community health clinics or by contacting their local public health unit.

Additional information on Ontario's publicly funded immunization program and schedules can be accessed at [Vaccines - Immunization - Health Care Professionals - MOHLTC \(gov.on.ca\)](#)

Information on Adverse Events Following Immunization (AEFIs) can be accessed at Public Health Ontario.

E. Blood Tests to Consider Ordering at the First Visit

A comprehensive list of blood tests is provided to minimize the need for additional venipuncture at subsequent visits.

- **Complete blood count (CBC):** for children 1 to 4 years of age and women of childbearing age
- **Hepatitis B:**
 - Hepatitis B surface antigen (HBsAg)
 - Antibodies to hepatitis B surface antigen (anti-HBs)

- Total antibodies to hepatitis B core antigen (total anti-HBc)
- **Hepatitis C:** Antibodies to hepatitis C (anti-HCV)
- **HIV**

F. Health Service Access

Ontario Health Insurance Plan (OHIP) Coverage

Individuals who have been granted an emergency authorization to enter into or remain in Canada for humanitarian reasons are residents of Ontario for the duration of that authorization or any subsequent authorizations issued for the same purpose. As residents, they are eligible for OHIP coverage.

Note that as Ontario removed the three-month waiting period for OHIP in 2020 in response to the pandemic, new registrants will be provided with immediate OHIP coverage.

To apply for OHIP, individuals may attend one of the full service [ServiceOntario locations](#) across the province.

ServiceOntario will work with applicants and resettlement agencies to identify alternate registration service opportunities, including appointments outside of regular business hours and registration service at alternate locations for those who are unable to attend at a ServiceOntario office.

Individuals may contact ServiceOntario INFOLine at 1-866-532-3161 (TTY: 1-800-387-5559) for further information on alternate registration options.

Upon successful registration, each individual will receive a transaction record:

- A transaction record provides confirmation of OHIP eligibility and contains the individual's health card number and version code.
- A transaction record may be presented to health care providers (physicians, hospitals, etc.) to facilitate access to insured health services pending receipt of the health card.

The physical health card will be mailed to the address provided by the individual when they register for OHIP – even if this address is temporary in nature.

The health card should arrive via Canada Post within 4-6 weeks.

Most local re-settlement agencies have ServiceOntario retail office manager's contact information, which they may use to schedule customer visits or request extra support.

Further information on OHIP eligibility and/or health card application may be obtained by calling ServiceOntario INFOLine at 1-866-532-3161.

Other Programs and Services:

Dental Services

The [Ontario Seniors Dental Care Program](#) (OSDCP) provides free, routine dental services for low-income seniors 65 years of age or older, delivered through public health units and participating Community Health Centres and Aboriginal Health Access Centres, as well as through partnership agreements with some private dental providers. For more information about the OSDCP and how to apply, please visit the OSDCP website or contact your local public health unit.

The [Healthy Smiles Ontario](#) (HSO) program provides free preventive, routine, and emergency dental services for children and youth 17 years old and under from low-income households.

Enrolled children and youth can access HSO services through participating fee-for-service (FFS) dental providers, as well as through public health units, and other community clinics. For more information about HSO and how to apply, please visit the HSO website or contact your local public health unit.

Midwifery Care

Midwifery care is a funded program that is not dependent on coverage under the Ontario Health Insurance Plan (OHIP). Midwives are permitted and funded to provide care to uninsured individuals. Uninsured midwifery clients are eligible for funding to cover some pregnancy related third-party services for the full extent of their time in midwifery care (e.g. specialist referrals and consultations, routine lab work, diagnostic imaging and ultrasounds). Information on midwives can be found at: <https://www.ontariomidwives.ca/>

Public Health

Public Health Units may offer certain publicly-funded vaccinations, may offer testing for infectious diseases, conduct case and contact management and support outbreak

management. Public health also provides publicly funded treatment for sexually transmitted diseases, tuberculosis and leprosy, and community based harm reduction programs.

Home and Community Care Services

Home and community care services are publicly funded; however, they are not OHIP insured. For those without insurance, community support services can be accessed through self-referrals, and may require payment. In the event that a patient without OHIP is unable to identify available community support services in a given community, their local Home and Community Care Support Services organization should be able to provide advice about local services.

Mental Health and Addictions

The ministry funds approximately 380 community-based mental health and addictions programs and services through the province's five Ontario Health regions. Services are free of charge and do not require OHIP coverage. You can find information about these services in communities across Ontario through [ConnexOntario](#) or by calling 1-866-531-2600. A referral specialist will be able to share a list of available local services and provide information about expected wait times. There are services offered for both people experiencing mental health and addictions issues and their families.

There are more than 230 community-based, not-for-profit agencies that deliver a range of mental health services to children and youth up to the age of 18. The government funds Kids Help Phone's [Resources Around Me online web portal](#), which provides information about publicly funded child and youth mental health, addictions and related services across the province. This information is also available on the ministry's [Health Care Options web portal](#).

Prescription Drugs

The Ontario Drug Benefit Program provides community-based drug benefits to:

1. Individuals entitled to receive drug benefits under the *Ontario Disability Support Program Act, 1997* and the *Ontario Works Act, 1997*; and
2. Individuals who are insured persons under the *Health Insurance Act* and who are:
 - a. 65 years of age or older (seniors)

- b. 24 years of age and under (children and youth) who do not have a private plan
- c. receiving certain professional home and community care services
- d. residents of Long-Term Care (LTC) homes
- e. residents of Homes for Special Care (HSC) or Community Homes for Opportunity (CHO)
- f. enrolled in the Trillium Drug Program (TDP)

For further information about the Ontario Public Drug Programs, please see the following website: <https://www.health.gov.on.ca/en/public/programs/drugs/> or contact the ODB Help Desk at 1-800-668-6641.

Assistive Devices

Devices such as customized wheelchairs, hearing aids and prosthetic limbs are publicly funded through the Assistive Devices Program (ADP), for people who meet certain eligibility criteria. To be eligible, the person must have a valid Ontario Health card number, have a long-term disability or condition requiring the use of a device for six months or longer, and have a primary diagnosis other than a learning disability, and cannot be using the device exclusively for school/education, employment, recreation or sports. Individuals who have been granted emergency authorization to enter and remain in Canada for humanitarian reasons will be eligible applicants for assistive devices funding and would be able to apply to ADP for full coverage of required devices. ADP applicants must also meet any additional device-specific criteria.

Manuals available on this website:

<https://www.health.gov.on.ca/en/pro/programs/adp/publications.aspx>.

Local community or service organizations may be willing to provide funding for devices required by people without OHIP coverage.

G. Additional Resources:

Helpful Links:

- European Centre for Disease Prevention and Control – Operational Public Health Considerations
<https://www.ecdc.europa.eu/sites/default/files/documents/prevention-control-infectious-diseases%E2%88%92Russia-aggression.pdf>
- World Health Organization – Ukraine Public Health Situation Analysis
<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ukraine-phsa-shortform-030322.pdf>
- Public Health Ontario – Risk Analysis https://www.publichealthontario.ca/-/media/Documents/H/2022/hazard-id-risk-assessment-ukrainian-refugees-ontario.pdf?sc_lang=en