

Ukrainian Health Profile and Screening Guidance:



PEDIATRICS

- Since 2010, more than 6,500 Ukrainians have resettled in local communities in Washington (WA) State through the U.S. Refugee Admissions Program.
- The Washington State Department of Health Refugee and Immigrant Health Program developed a summary of health outcomes observed among refugees from Ukraine who resettled to Washington State from 10/1/15 to 9/30/21. This profile summarizes pediatric health outcomes from the medical exam refugees receive within 30 to 90 days of arrival in the U.S.
- The information is intended to support clinicians caring for Ukrainian communities and to ensure that individuals receive appropriate screening and follow-up care.
- Risk factors and health needs may differ for individuals arriving since the start of the 2022 Russo-Ukraine war.

Demographics

40% of the 5,584 arrivals from Ukraine who received a health screening <18 years old

27% were school aged
49% were female

73% spoke **Ukrainian** and
26% spoke **Russian**

Emotional Wellness

Actions:

- Review overseas records for documentation of any mental health-related medical history and ask directly about symptomology, functionality, and suicidal ideation as part of an integrated history and physical examination, helping to minimize stigmatization.
- Screen for emotional wellness using the Refugee Health Screener 15 (RHS-15) per [Pathways to Wellness guidelines](#) for children ages 14 and older or another age-appropriate tool.
- Refer for follow-up based on screening exam findings using CDC referral best practices cited below.

CDC Guidance: [Mental Health Screening](#), specifically [Pediatrics](#)

Resources:

- [Psychological First Aid Webinar](#): Provides cultural and contextual factors related to Ukraine, as well as the fundamentals of Psychological First Aid
- [EthnoMed](#) Health and Behavioral Health Resources for Ukrainians

Immunizations

Vaccine	% up-to-date at arrival
Measles, Mumps, Rubella	75%
Varicella	56%
Poliovirus	53%
Hepatitis B	45%
DTaP/Tdap	23%
Meningococcal (13-17y)	0%
HPV (13-17y)	0%
	% up-to-date as of 5/5/22
COVID-19 (5 to 17y)	2%

DTaP/Tdap=diphtheria, tetanus, and pertussis-containing vaccines; HPV=Human papillomavirus vaccine

ACTIONS:

- Review medical history and vaccination records as available.
- Assess any need for laboratory confirmation of immunity.
- Enter historic and domestic vaccine doses into the [WAIS](#).
- Determine the vaccines the child needs based on their age, records, and documented immunity.
- Counsel parents on vaccines and allow time for questions.
- Initiate or complete vaccinations per [ACIP guidelines](#).
- Offer COVID-19 vaccination to all eligible individuals.

CDC Guidance: [Evaluating and Updating Immunizations](#)

Resources to support immunization counseling:

- WA State School Entry Requirements [English Ukrainian Russian](#)
- Plain Talk about Childhood Immunizations [English Ukrainian Russian](#)
- Building Confidence in COVID-19 Vaccines for Refugees and Immigrants [Discussion Guide](#)
- Ukrainian and Russian Community [Vaccine Outreach Toolkit](#)
- WA DOH COVID-19 Vaccine Patient Resources [English Ukrainian Russian](#)

Tuberculosis (TB)

1.7% of pediatric arrivals to WA had a positive TB screening test (IGRA or TST)

Actions:

- Evaluate for TB disease, including interrupted treatment for TB disease, recent known exposure to TB, and signs/symptoms of TB disease.
- Perform chest x-ray and sputum testing, as indicated, to rule out active TB. [In 2020, approximately 30% of TB cases in Ukraine were treated for multidrug resistant \(MDR-TB\) or rifampin resistant TB \(RR-TB\).](#) If TB disease is suspected or TB treatment was interrupted, consult your local TB program for assistance.
- Recommended TB screening is chest x-ray and interferon-gamma release assay (IGRA) or tuberculin skin (TST). IGRA is preferred (and required for United for Ukraine program participants) for children ≥ 2 years; TST should be done if screening children < 2 years.
- Individuals with diagnosed latent TB should be prioritized for treatment using a [regimen recommended by WA Department of Health](#) as indicated.

CDC Guidance: [Screening and Management: Tuberculosis Infection and Disease](#)

Resources:

- Southeastern National TB Center: [Ukrainian Cultural Quick Reference Guide](#)
- [Patient Education Handouts](#) Ukrainian
- [MA Department of Public Health TB Resources](#) - Ukrainian and Russian

Hepatitis B and C

<1% had chronic hepatitis B infection

>1 in 3 children were susceptible to hepatitis B infection

<1% had chronic hepatitis C infection

Actions:

- Test for hepatitis B surface antigen, regardless of vaccine history.
- Consider anti-HBc and anti-HBs testing to learn immune status.
- Start or complete hepatitis B vaccination series per ACIP guidelines.
- [Positive anti-HBs is not considered protective if the full series is not documented and the person has no history of prior infection.](#)
- Refer individuals with hepatitis B infection for follow-up care, including testing for hepatitis D, and notify the local health department of positive results.
- Screen unaccompanied minors, pregnant adolescents, and children with risk factors for HCV. Perform HCV RNA testing for those with a positive HCV antibody result. For people with chronic infection, offer/refer for treatment and notify the local health department.

CDC Guidance:

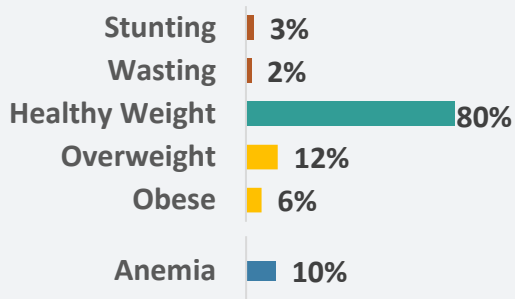
- [Screening for Viral Hepatitis](#)
- [Hepatitis B Serologic Results Interpretation](#)

Patient Resources:

- [Hepatitis C | Mass.gov](#) [Russian](#)

Ukrainian Health Profile and Screening Guidance: Pediatrics

Nutritional Status and Anemia



Actions:

- Assess nutritional status using standard WHO growth charts (if <2 years) and CDC charts (if ≥2 years).
- Screen all children for iron deficiency with a hemoglobin blood test.
- Ensure children <5 years are connected to [WIC](#).

CDC Guidance:

- [Evaluating Nutritional Status and Growth](#)
- [Anemia in Refugee Populations](#)

Resources:

- [WIC](#), [WIC translated resources](#)
- [Supplemental Nutrition Program](#)

Blood Lead Levels

1%
had elevated BLL (≥5 µg/dL)

Actions:

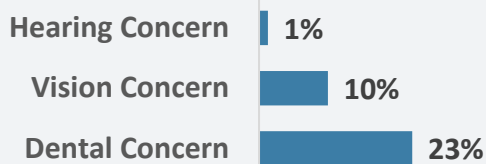
- Evaluate all children, age 6 months to 16 years, and adolescents who are pregnant or breastfeeding for lead exposure with a blood lead test (capillary or venous).
- Within 3-6 months after initial testing, a repeat test should be done for all children ≤6 years of age, regardless of initial screening result.
- Screen for [common sources](#) of lead exposure.

CDC Guidance:

- [Screening for Lead](#)
- [Recommendations for Follow-up and Case Management](#)

Resources PEHSU [Recommendations on Management of Childhood Lead Exposure: A Resource for Clinicians](#)

Dental, Vision and Hearing



ACTIONS:

- Evaluate for vision impairment, hearing impairment, and dental issues.
- Appropriate referral should be provided as indicated.

CDC Guidance: [Health History and Physical Examination](#)

Resource: [DentistLink Connect with a Washington State Dentist for Dental Care](#)

Medical Interpretation

[Medical interpreters](#) should be used for any patient with limited English proficiency.

Legal Requirements and Health

Persons admitted through the Uniting for Ukraine program need to submit [attestations](#) for completing vaccinations and TB screening.

WA Notifiable Conditions Reporting

Report [Notifiable Conditions](#) to your local health jurisdiction in accordance with [WAC 246-101](#).

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

For more information:

www.doh.wa.gov/refugeehealth

Refugee and Immigrant Health Program

Office of Communicable Disease Epidemiology

Center for Disease Control and Health Statistics