



## PLANNING PUBLIC HEALTH MEASURES FOR UKRAINIAN TEMPORARY RESIDENTS TO CANADA

### 1) OVERVIEW

On 24 February 2022, an escalation of military operations in Ukraine triggered a humanitarian emergency affecting Ukraine and surrounding countries. To date, over 18 million individuals have been affected by the conflict, over 1 million refugees have arrived in neighboring countries, with UNHCR estimating that this could rise to 4 million by July 2022.

On March 17, 2022, Canada launched a new temporary residence pathway (**Canada-Ukraine authorization for emergency travel - CUAET**) that allows an unlimited number of Ukrainians and their immediate family members to come to Canada as temporary residents.

*This document intends to support Canadian public health authorities in planning the public health assessment and public health measures required for Ukrainian temporary residents to Canada.*

### 2) FEDERAL IMMIGRATION AND HEALTH SERVICES

Immigration, Refugees and Citizenship Canada (IRCC) is providing the following Canada-Ukraine Authorization for Emergency Travel (CUAET) and Health Screening Approach for Ukrainians Fleeing the Current Conflict.

- 1) Under the CUAET, Ukrainians and their family members can:
  - Stay in Canada as temporary residents for up to 3 years
  - Leave and return to Canada any time while their visa is valid
  - Study in Canada
  - Clients are provided with an open work permit so they can legally work in Canada during their stay in Canada
- 2) Approach to Health Screening Under the CUAET:
  - Generally, before coming to Canada on a temporary basis, individuals require an immigration medical examination (IME).
  - This application requirement has been waived for individuals coming to Canada under CUAET. They may need to complete medical diagnostic tests as a condition on their stay, within 90 days of arriving in Canada.
- 3) Individuals coming to Canada through the CUAET are exempt from Canada's COVID-19 vaccination entry requirement, but must still meet all other public health requirements for travel, such as quarantine and testing.

#### 2.1 Pre-Arrival Requirements

Like all travellers seeking to enter Canada, Ukrainian nationals and their family members who are fully vaccinated or unvaccinated and in possession of a temporary resident permit, temporary resident visa or eTA must present the following prior to boarding a flight destined to Canada:



- ArriveCAN submission, including:
  - Contact information for the duration of their quarantine period
  - Their suitable quarantine plan
  - All countries they were in during the previous 14 days
  - Their COVID-19 vaccination status
- A valid pre-arrival COVID-19 test result:
  - A negative COVID-19 antigen test result obtained from a sample collected no more than one day before the traveller's initial scheduled flight departure time or their arrival at the land border.
  - A negative COVID-19 molecular test result obtained from a sample collected less than 72 hours before the traveller's initial scheduled flight departure time or their arrival at the land border
  - A positive COVID-19 molecular test result obtained from a sample collected between 10 and 180 days before the traveller's initial scheduled flight departure time or their arrival at the land border

Symptomatic travellers will not be allowed to board a plane if they exhibit signs and symptoms of COVID-19, know that they have COVID-19 or have received a positive result for any type of COVID-19 test that was performed on a specimen collected within a period of 10 days before the day on which they enter Canada.

## **2.2 At Border Processing**

### **2.2.1 Canadian Border Services Agency**

The CBSA will perform primary processing of travellers and will assess all information provided as part of the pre-arrival ArriveCAN submission, their travel documents, and conduct initial immigration processing.

#### Medical Surveillance

- These travellers may be required to complete and pay for a medical diagnostic test within 90 days of arrival in Canada to screen for reportable communicable diseases (chest x-ray or suitable alternative and blood test).
- If applicable, the CBSA Border Services Officer will provide the traveller with the required forms and instructions.

#### COVID-19 Testing in Canada

- Like all fully vaccinated travellers seeking to enter Canada, travellers in this cohort are eligible for selection for mandatory random testing upon arrival.
- Like all travellers seeking to enter Canada who are not fully vaccinated, travellers in this cohort must complete a day 1 and day 8 test upon arrival.

### **2.2.2 Public Health Agency of Canada**

PHAC Quarantine Officers will perform health screening, quarantine plan assessment, and processing of symptomatic travellers as required, based on referrals by the CBSA.



## Health Assessment and Isolation

Travellers exhibiting signs and symptoms of a communicable disease will be subject to a health assessment performed by a Quarantine Officer (QO). If the QO has reasonable grounds to believe the traveller has a communicable disease listed under the Quarantine Act, the officer will use the applicable authorities under the QA. Aside from COVID-19, QOs screen for more than 25 different communicable diseases, including measles, TB and polio.

If the QO determines that a traveller is symptomatic or COVID-19 positive, the individual will be directed to:

- their suitable place of isolation; or
- if no suitable place of isolation can be arranged, to a designated quarantine facility

### 2.3 Post-arrival

Information on Medical Diagnostic Tests (Appendix 1) will be provided to travellers and shared with panel physicians:

- Upon arrival, CBSA will provide travellers with an information sheet on completing the medical diagnostic tests that will be a condition on their visa.
- Instructions for panel physicians concerning conducting the CUAET Medical Diagnostic Tests will be shared via existing IRCC channels.
- The Medical Diagnostic Test will be conducted by physicians authorized by IRCC to conduct medical evaluations on behalf of the department. Ukrainians will pay the physician for the cost of their medical tests.
- Should an applicant's medical diagnostic test reveal signs of pulmonary tuberculosis, IRCC will notify provincial or territorial public health authorities through existing channels.
- Ukrainians and their family members who apply for permanent residence must complete a standard Immigration Medical Exam.

## 3) POPULATION HEALTH PROFILE FOR UKRAINE:

IRCC's Migration Health Branch has prepared a population health profile for Ukraine (Appendix 2) summarizing the burden of specific health conditions in the Ukrainian population.

### 3.1 Volume and demographic profile of migrants

The volume and demographic profile of current and expected Ukrainian Temporary Residents is not yet available.

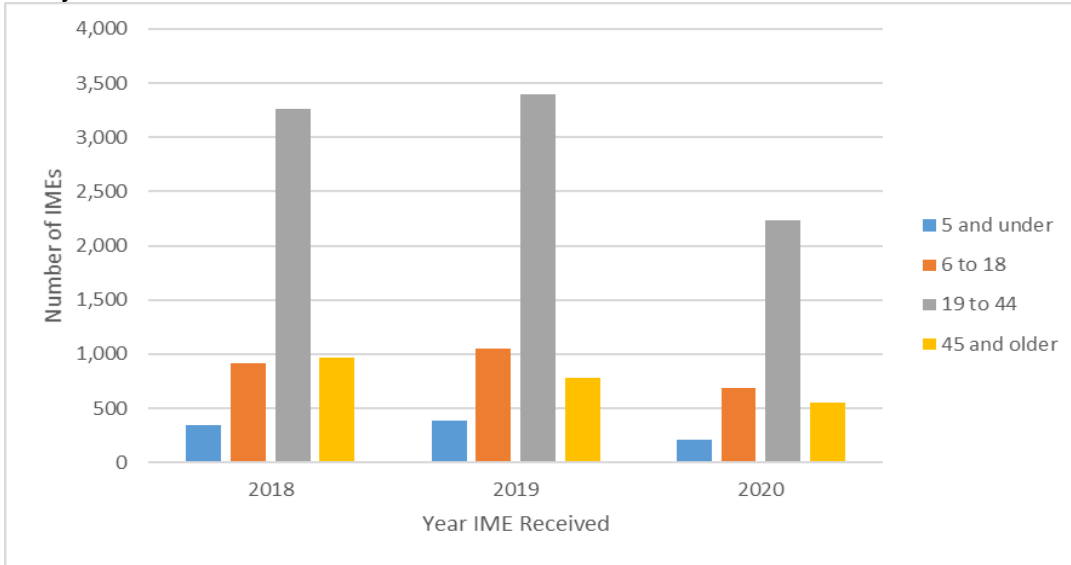
### 3.2 Health Related Data from Immigration Medical Exams received from citizens of Ukraine from 2018 to 2020

The number of IMEs received from citizens of Ukraine has varied from year to year, the largest proportion each year have been for individuals between the ages of 19 and 44, and the age distributions were fairly consistent from year to year (Figure 1). Among both children and adults, the majority of individuals in this cohort did not have a medical condition identified during their IME. Among the 5% of children who did have a medical condition identified, non-specific abnormal findings were the most common type. Among the 10% of adults with medical conditions, the most common were inactive or latent pulmonary tuberculosis, nonspecific abnormal findings, and cardiovascular diseases. As seen in Figure 2, while the rate of detection for inactive or latent pulmonary tuberculosis

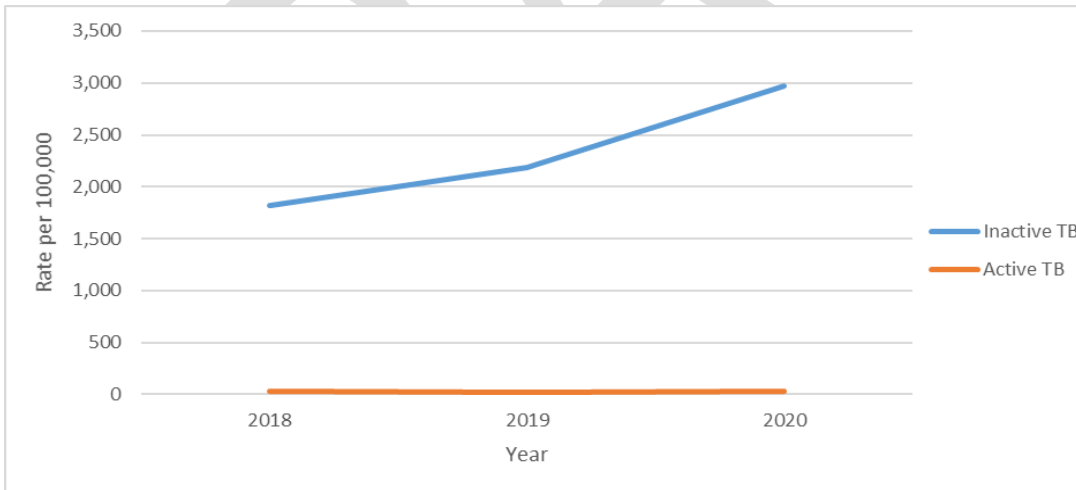


in IMEs has increased over time, the rate of detection of active tuberculosis has been much lower and more constant.

**Figure 1:** Number of IMEs received from citizens of Ukraine 2018 – 2020, by age group and year.



**Figure 2:** Rate per 100,000 IMEs of Inactive and Active TB detected in IMEs from citizens of Ukraine, 2018 – 2020.





#### 4) CONSIDERATIONS TO SUPPORT THE PUBLIC HEALTH ASSESSMENT AND MANAGEMENT OF UKRAINIAN TEMPORARY RESIDENTS – TABLE 1

<b>Vaccine preventable diseases and vaccinations</b>		
	<b>Recommendation*</b>	<b>Rationale/ Pre-war situation in Ukraine</b>
<b>COVID-19</b>	<p>Vaccinate as per NACI recommendations and provincial/territorial (PT) guidelines.</p> <p>Testing will be conducted randomly at the border. Further testing should follow PT guidelines.</p>	<p>As of 23 February 2022, vaccination coverage against COVID-19 with complete doses was 35% and 1.5% of the population had received an additional booster dose.</p>
<b>Polio</b>	<p>PAHO recommends one dose of inactivated poliovirus vaccine (IPV) administered to each migrant, regardless of vaccination status. Within the Canadian context, the key priority is to ensure all vaccinations are up-to-date, including IPV, for all travellers from Ukraine.</p> <p>PAHO recommends testing all children under age 5 years for polio. Since the risk of further spread of polio in Canada is low, consider testing stool samples from children under 5 years if clinically warranted.</p> <p>Provincial public health laboratories can submit stool samples to NML for detection of polio by PCR. <a href="https://cnphi.canada.ca/qts/reference-diagnostic-test/10039?alphaReturn=pathogenByLetter&amp;alphaChar=P">https://cnphi.canada.ca/qts/reference-diagnostic-test/10039?alphaReturn=pathogenByLetter&amp;alphaChar=P</a></p> <p>Ensure surveillance for acute flaccid paralysis is occurring in the receiving jurisdiction.</p>	<p>A polio outbreak (circulating vaccine-derived poliovirus type 2) was confirmed in the country in 2021, with two paralytic cases (in October and December 2021), and 21 individuals in two oblasts (Rivne and Zakarpattya) who had positive isolation of cVDPV2 in stool specimens.</p> <p>A nationwide polio vaccination campaign began in Ukraine February 2022 but has been suspended due to the conflict.</p> <p>WHO considers Ukraine as a country affected by poliovirus circulation which is subject to temporary recommendations by WHO Emergency Committee of IHR.</p> <p>WHO recommended that residents and long-term visitors (i.e. &gt; four weeks) of all ages, receive a dose of IPV between four weeks and 12 months prior to international travel.</p>
<b>Measles</b>	<p>Review vaccination records and follow PT guidelines for routine</p>	<p>Measles continues to circulate in Ukraine and their vaccination coverage</p>



	<p>vaccination schedules. Prioritize incoming children under age 7 years who may have missed their routine vaccination.</p> <p><b>In the absence of official vaccine documentation, the individual should be considered unvaccinated.</b></p>	<p>fell below the desired 95% population threshold at 82%. With large population movements, increased social mixing, and disruption of vaccination services, there is a risk of increasing the spread of measles. In order to prevent measles transmission and maintain Canada's elimination, it is crucial to prioritize measles immunization.</p>
<b>Rabies</b>	<p>No vaccination is required.</p> <p>Vigilance is recommended regarding accompanying pets which may not be vaccinated against rabies.</p>	<p>Pets, such as cats or dogs, are accompanying the displaced population.</p> <p>Rabies is endemic in Ukraine among wild animals, as well as in dogs and cats.</p>
<b>Vaccinations</b>	<p>Review vaccination records and provide primary series and boosters as required based on NACI and PT guidelines.</p> <p><b>In the absence of official vaccine documentation, the individual should be considered unvaccinated. MMR and polio vaccines are of highest priority.</b></p> <p>A review of vaccination status of Canadian household contacts or hosts should also be considered and primary series and boosters provided based on NACI and PT guidelines.</p>	<p>Childhood vaccinations rates in the Ukraine were under 90%. The rates for measles and polio vaccines are below the target threshold.</p>
<b>Other infectious diseases*</b>		
	<b>Recommendation</b>	<b>Rationale</b>
<b>Tuberculosis (TB)</b>	<p>The following are recommended given high TB levels including drug-resistant (DR)-TB in Ukraine:</p>	<p>Cited rates for all forms of TB in Ukraine vary across some sources; some citing rates ranging from 73-77/100,000 during 2014-2019<sup>2</sup>, with some sources</p>

<sup>2</sup> <https://data.worldbank.org/indicator/SH.TBS.DTEC.ZS?end=2020&locations=UA&start=2000>; <https://www.cdc.gov/globalhivtb/where-we-work/ukraine/ukraine.html>





	<p>Ruling out active TB disease, particularly pulmonary/respiratory TB, for those arriving from Ukraine is very important. Per IRCC, Ukraine arrivals are to receive CXR within 90 days of arrival (if not done pre-arrival) to rule out active pulmonary TB.</p> <p>Consider screening for latent TB (via tuberculin skin test (TST) or interferon gamma release assay (IGRA)) – see current Canadian guidance (e.g., CTBS 7<sup>th</sup> ed, Table 4 pg. 337)<sup>1</sup></p> <p>Other risk factors may warrant screening and further assessment.</p>	<p>citing decreased rates in 2020 ranging from 55/100,000 to 42/100,000<sup>3</sup> (likely not a true decrease and more so related to impacts from COVID-19 pandemic<sup>4</sup>). TB prevalence and mortality are high<sup>5</sup>.</p> <p>DR TB is an issue in Ukraine: levels considered higher than other countries in the Region.<sup>5</sup> WHO estimates in Ukraine in 2018, DR-TB cases represented 29% of new TB patients and 46% of previously treatment patients. WHO Global TB Report 2020, suboptimal MDR-TB treatment success (51% for 2017-enrolled cohort) – similar to most high-burden countries in the Region. Multi-drug resistant (MDR)-TB is also an issue; Ukraine’s Kharkiv region has a high level of MDR-TB.<sup>6</sup></p> <p>HIV-TB co-infection is also an issue; reported HIV-positive TB incidence rate of 16/100,000 in 2020.<sup>7</sup></p>
<b>Hepatitis C</b>	<p>Not needed as part of initial assessment, but as a secondary priority, one-time screening should be offered to adults from Eastern Europe for hepatitis C<sup>1</sup> by ordering: Anti-HCV (antibody to hepatitis C) HCV RNA (qualitative PCR) if Anti-HCV +</p>	<p>The prevalence of chronic hepatitis C in Ukraine is estimated to be 3.5%, mainly due to widespread injection drug use.</p> <p>Screening is generally recommended if the rate of chronic hepatitis C is ≥3%,<sup>8</sup>.</p>

<sup>1</sup> Table 4, p. 337. [https://cts-sct.ca/wp-content/uploads/2018/01/Canadian-Tuberculosis-Standards\\_7th-edition\\_Complete.pdf](https://cts-sct.ca/wp-content/uploads/2018/01/Canadian-Tuberculosis-Standards_7th-edition_Complete.pdf)

<sup>3</sup> <https://data.worldbank.org/indicator/SH.TBS.DTEC.ZS?end=2020&locations=UA&start=2000>; <https://www.euro.who.int/en/countries/ukraine/news/news/2021/3/world-tuberculosis-day-supporting-ukraine-in-scaling-up-tb-diagnosis-and-treatment>

<sup>4</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/ukraine-phsa-shortform-030322.pdf>

<sup>5</sup> <https://www.euro.who.int/en/countries/ukraine/news/news/2021/3/world-tuberculosis-day-supporting-ukraine-in-scaling-up-tb-diagnosis-and-treatment>

<sup>6</sup> “Multidrug-resistant tuberculosis in the Kharkiv Region, Ukraine,” *Int. J. Tuberc. Lung Dis.*, vol. 24, no. 5, pp. 484–491, May 2020, doi: <https://doi.org/10.5588/ijtld.19.0508> – as also noted in IRCC’s Ukraine Population Health Profile Summary and IME document.

<sup>7</sup> noted in IRCC’s Ukraine Population Health Profile Summary and IME document.

<sup>8</sup> <https://www.canada.ca/en/public-health/services/diseases/hepatitis-c/health-professionals-hepatitis-c.html#a2>



<b>Hepatitis B</b>	Not a top priority for initial assessment, but as a secondary priority, consider screening for hepatitis B.	
<b>HIV</b>	Not a top priority for initial assessment, but as a secondary priority, routine screening (HIV antibody EIA) should be offered to all adults to ensure access to appropriate prevention and care services as necessary.	The estimated HIV prevalence in Ukraine among 15-49 yr old adults is 1%.
<b>Diarrheal diseases</b>	Assess for diarrheal illnesses; if suspected, follow clinical protocols for diagnostic testing and exclusion	Increased risk of exposure to environments with overcrowding, without adequate sanitation/hygiene <sup>9</sup>
<b>Hepatitis A</b>	Detection and monitoring (e.g., acute Hepatitis A symptoms) can help mitigate outbreak risk <sup>10</sup> .  Assess and conduct further investigations/diagnostic testing as appropriate if jaundice or symptoms of hepatitis A or hepatitis A otherwise suspected; follow P/T protocols for hepatitis A case and contact management (e.g., exclusion, vaccination and post-exposure prophylaxis for contacts, as appropriate, etc.) and consult Canadian Immunization Guide as needed <sup>11</sup>	Some levels of endemicity in Ukraine and/or some surrounding countries; potential Hepatitis A spread among fleeing/displaced Ukrainians – Hepatitis A spread has been documented to spread in refugee settings elsewhere. <sup>12</sup>

**\*NML can provide technical or reference expertise for infectious diseases but frontline diagnostics should be offered by the PTs**

#### 4.1 Mental Health and Psychosocial Support (Appendix 3)

Watch for signs and symptoms of mental health concerns, including PTSD and depression, and other chronic mental health conditions and presentations. Exacerbation of chronic mental health problems and high levels of PTSD, depression and anxiety are likely among affected population of all ages.

<sup>9</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/ukraine-phsa-shortform-030322.pdf>

<sup>10</sup> <https://apps.who.int/iris/bitstream/handle/10665/352494/WHO-EURO-2022-5169-44932-63918-eng.pdf?sequence=3&isAllowed=y>

<sup>11</sup> <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-6-hepatitis-a-vaccine.html#pop>

<sup>12</sup> <https://apps.who.int/iris/bitstream/handle/10665/352494/WHO-EURO-2022-5169-44932-63918-eng.pdf?sequence=3&isAllowed=y>





Holistic approaches to mental health are recommended, which includes addressing the determinants of mental health, such as socio-economic status following migration, unemployment or underemployment, lack of recognition of education qualifications, housing, loss of social supports isolation, language barrier and, barriers to access to services. Other approaches specific to mental health/illness include using trauma-informed, strengths-based (building on assets) and case-management (holistic) approaches.

Mental health and psychosocial support interventions ideally consist of a multi-layered system of services and supports:

- Layer 1: Social consideration in basic services and security – to ensure the provision of basic needs and essential services in ways that respect the dignity of all people and is inclusive of those with special vulnerabilities.
- Layer 2: Strengthening community and family supports – to promote activities that foster social cohesion among refugee populations, including supporting the re-establishment, or development, of refugee community-based structures that are representative of the population in terms of age, gender and diversity.
- Layer 3: Focused psychosocial support – to provide emotional and practical support through non-specialised workers in health, education or community services in individual, family or group interventions to those who are having difficulty coping.
- Layer 4: Clinical mental health services - for those with severe symptoms or who are suffering to the extent they are unable to carry out basic daily functions. This group is usually made up of those with pre-existing mental health disorders and emergency-induced problems.

#### **4.2 Non-Communicable Diseases (Appendix 2)**

Non-communicable diseases account for a considerable burden of morbidity and mortality in Ukraine. Continuity of care is a major challenge for patients requiring long-term treatment, including medication needs for the treatment of conditions such as diabetes and hypertension, as well as patients with cancer due to interruption of medical supply lines. Recommend screening for chronic diseases, such as diabetes, hypertension, cholesterol, colorectal cancer etc. as appropriate based on age and risk factors as per usual practice.

#### **4.3 Reproductive health**

Assess women for contraceptive needs and assess women of childbearing age for pregnancy and prenatal care.

#### **Sources**

PHO. Syrian Refugee Early Assessment Considerations for Primary Care Providers. 2016.

PAHO. Considerations on health for countries that host refugees and repatriated due to the emergency in Ukraine and in the context of the COVID-19 pandemic. Mar 2022.

WHO. Provision of immunization services to refugees: guidance for host countries in the context of mass population movement from Ukraine. 2022.

WHO. Health Cluster Ukraine. Public Health Situation Analysis-Short-form. Mar 3 2022.



Appendix 1. Key Health Risks among Ukrainians in the 3 months from Mar 3 2022 (based on WHO).



Table 3: Key health risks for conflict-affected population in the course of the next three months.

Key health risks over the coming 3 months			
Public health risk	Level of risk		Rationale
	1	2 - 3	
Months starting now			
COVID-19	1	2 - 3	Decreasing trends, but from very high level of incidence and bed occupancy for ICU care. Limited oxygen supplies substantially impact capacity to treat severe patients. Unsanitary, crowded living conditions with poor ventilation; low vaccination coverage.
Other infectious respiratory diseases, including influenza	2 - 3	2 - 3	Poor hygiene and sanitation, overcrowding, poor shelter, cold. Low risk of influenza-associated morbidity given low levels of seasonal circulation, further reducing as season abates.
Diarrhoeal diseases	2 - 3	2 - 3	Poor hygiene and sanitation, overcrowding.
Measles	2 - 3	2 - 3	Increased risk of measles transmission given crowded living conditions with poor ventilation, prior endemicity, and reduced vaccine coverage in recent years.
Maternal and neonatal health	2 - 3	2 - 3	Caesarean deliveries accounted for roughly one quarter of all deliveries in 2019; access is likely to be limited. Substantial risk of unsafe deliveries in immediate term.
Polio	2 - 3	2 - 3	Ongoing outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2), and low uptake mass immunization campaign (22%). Risk of spread into surrounding countries.
Cholera	2 - 3	2 - 3	Last outbreak in 2011. Poor hygiene and sanitation, overcrowding, poor shelter and disruption to water and sanitation.
STIs	2 - 3	2 - 3	Poor hygiene and sanitation, social conditions, GBV
Cardiovascular disease (CVD) (e.g., heart attack, stroke)	1	2 - 3	Interruption in supply of medicines and limited access to health care; critical for people with uncontrolled blood pressure and/or people at higher risk of stroke; most mortality expected in immediate term.
Chronic respiratory diseases (e.g., COPD, asthma)	1	2 - 3	Reduction in chronic medical supplies, limited oxygen availability, and potential stressors from increased risk of respiratory infections due to the living conditions (overcrowding, cold, poor shelter); most mortality expected in immediate term.
Diabetes	1	2 - 3	Disruption to essential services and supplies of medicines, particularly insulin; most mortality expected in immediate term.
Cancer	2 - 3	2 - 3	Disruption of treatment and health care capacity leading to increased risk of negative outcome for oncology patients. Particularly high risk for individuals under immunosuppressive therapy given increased risk of infection in the context of the crisis.
Chronic infectious diseases (TB/HIV/HBV/HCV)	2 - 3	1	Interruption of treatment likely – impact on viral load and disease if treatment interrupted for a number of weeks. Limited access to health care for acute flare ups and opportunistic infections may result in excess deaths.
Mental health	1	1	Exacerbation of chronic mental health problems likely and high levels of PTSD, depression and anxiety among affected population of all ages.
Crisis-attributable injuries	1	1	Likely increase in injuries and trauma from violence.
Gender-based violence (GBV)	2 - 3	2 - 3	Trauma, limited access to protection/treatment/support, crowding.
Technological and environmental health risks	2 - 3	2 - 3	Chemical and radio-nuclear sites could represent major health risk if damaged during ongoing conflict. Low risk of accidental exposures to biological hazards, as country not known (not likely) to have collections of high consequence pathogens.

Red: **Very high risk.** Could result in high levels of excess mortality/morbidity.