

Chief Medical Officer Directorate
Deputy Chief Medical Officer
E: DCMOHealth.COVID19@gov.scot

Chief Nursing Officer Directorate
Chief Nursing Officer
E: cno@gov.scot



6 April 2022

NHS SCOTLAND SERVICES - UKRAINE

Dear Health Board Chief Executives

Copy to: Integration Authority Chief Officers, Health Board Ukraine Single Points of Contact,

The UK Government has launched a resettlement scheme for which could result in tens of thousands of Ukrainians coming to live the UK through community sponsorship and other routes.

Health Boards will have established protocols, working with Health & Social Partnerships and Local Authorities, to provide services to patients who are asylum seekers or refugees, as well as specific learning from both the Syrian Refugee Resettlement Programme and Afghan Relocation & Assistance Policy.

In regard to clinical assistance being offered by Health Boards, arrangements are being led by the recently established Clinical and Specialist Service Advisory Group (CASSA) chaired by Graham Ellis, Deputy Chief Medical Officer in collaboration with Medical and Nursing Directors. All staff must contact their Medical Director in the first instance to discuss any request for medical support before committing to provide any form of support. This will allow each Health Board to assess its own capacity and determine what, if any, support it may be possible to provide and for how long. Proposals from Medical Directors will then be considered by CASSA. Any formal offer of assistance from NHS Scotland will be made by the SG Health EPRR team.

The following appendices set out the expectations on Health Boards in the delivery of health services to Ukrainians. It is likely that the broad expectations outlined in this letter apply to recently arrived Ukrainians to Scotland from outside of the UK.

As overarching principles, Health Boards will ensure that:

- Ukrainians have access to a level of primary and secondary health care services designed to ensure that their health needs are identified and addressed appropriately and effectively.
- Clinicians are provided with the resources to enable them to deliver and manage effective care for this patient group.
- The specific health needs associated with this group are identified and managed appropriately.
- Clinicians and other staff working with those fleeing from conflict have the relevant skills and knowledge required to address the needs of this particularly vulnerable group.

This resource is intended to help medical professionals supporting Ukrainians to assess and address their health needs. This healthcare may be provided alongside broader multiagency support in an effort to promote and deliver an effective public health approach.

Ukrainians have the same entitlements to NHS care as Scotland residents. However, individuals may not know how the NHS works. Explain to them:

- How the NHS works, and that people arriving in the UK via Ukraine visas are entitled to the same free NHS services as Scotland residents. A guide in [Ukrainian](#) and [Russian](#) has been produced to explain the range of NHS services available.
- Some services still incur [charges](#). Individuals may be eligible for reduced charges or free care for these services, and information about this is available in other languages.
- They do not need [proof of identity or address](#) to register with GP practices
- How and when to access NHS111, urgent care and A&E.
- The capacity of dental services will vary. Support them to find an NHS dentist to attend regular dental check-ups (rather than waiting until dental issues appear).
- How to access vision and hearing services and support them to access these services where needed.
- How to access NHS screening programmes.
- Provide individuals with translated COVID-19 testing, vaccination, treatment, and public health restrictions guidance in their preferred language.

We know that the population health in Ukraine differs slightly from Scotland and some of these differences are described in the appendices. In addition we recognise the trauma and distress that those from fleeing their homeland or from having experienced direct or indirect harm from conflict may be experiencing.

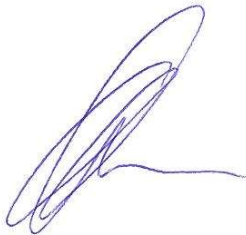
As a baseline we therefore recommend that Health Boards should:

- Check an individual's COVID-19 vaccination status (useful guidance: [Vaccination of individuals with uncertain or incomplete immunisation status](#) and [COVID-19 vaccinations received overseas](#)). Individuals should be supported to access vaccination as soon as possible.
- Screen all new entrants, including children, for tuberculosis (TB).


- Ascertain any risk factors for hepatitis B infection that may indicate the need for screening.
- Consider screening for hepatitis C because of a higher prevalence than the UK.
- Consider if there is a risk of typhoid infection.
- Consider nutritional and metabolic concerns.
- Work with a [professional interpreter](#) where language barriers are present.
- Consider the impacts of culture, religion, and gender on health.
- Assess for mental health conditions.
- Refer [pregnant women](#) for antenatal care.
- Ensure all families with a child between 0-5 are referred into the [Health Visiting Service](#). In addition to this any pregnant first time mother aged 19 and under should be referred to the Family Nurse Partnership Programme.

Thank you for your critical role in ensuring all Ukrainians arriving in Scotland get the best welcome possible.

Yours Sincerely

A handwritten signature in blue ink, appearing to be 'G. Ellis', with a large, stylized loop at the top.

Graham Ellis, Deputy Chief Medical Officer

A handwritten signature in black ink, appearing to be 'A. McMahan', written in a cursive style.

Professor Alex McMahan, Chief Nursing Officer

Appendix A

Specific Health Issues for Ukrainians

1.1 Language

Ukrainian is the most common language spoken in Ukraine (67.5%), followed by Russian (29.6%). Other languages include Crimean Tatar, Moldovan/Romanian and Hungarian.

A person with good conversational fluency in English may not be able to understand, discuss or read health-related information proficiently in English. They may be reluctant to request or accept professional interpreting and translation services due to fear of costs, inconvenience, or concerns about confidentiality.

Offer a professional interpreter to all individuals who experience language barriers. It is inappropriate to use family members or friends as interpreters as there is a high risk of misinterpretation, breach of confidentiality, and safeguarding concerns. Friends and family are not likely to have the skills to accurately interpret health-related information, are less likely to maintain impartiality, and should be given the opportunity to support the patient without the added pressure of needing to interpret.

It is inappropriate to use children as interpreters. Children are not likely to have the language competency and health literacy in English or any other languages to discuss complex health concerns. They may also experience vicarious trauma through listening to and relaying sensitive and distressing information concerning their family member's health. NHS Board and their partners are responsible for the commissioning and delivery of translation and interpretation services.

Local Equality and Diversity leads in Health Boards can provide further guidance and support regarding provision of interpreting services. A bespoke guide in Ukrainian and Russian is being developed on primary healthcare services in Scotland and will be published shortly.

1.2 Culture, spirituality, and religion

Consider the impact of culture, spirituality, and religion. Health beliefs and values vary between and within cultures and religions. This can impact on health behaviour and attitudes towards health services and should be taken into consideration when providing person-centred care.

The main religions in Ukraine are:

- Orthodox, which includes the Orthodox Church of Ukraine (OCU),
- Ukrainian Autocephalous Orthodox Church (UAOC),
- Ukrainian Orthodox-Moscow Patriarchate (UOC-MP)
- Ukrainian Greek Catholic
- Roman Catholic
- Protestant
- Muslim

- Jewish

1.3 Communicable diseases

1.3.1 Vaccination

Many people in Ukraine are susceptible to and at an increased risk of vaccine preventable diseases – it has one of the lowest rates of routine immunisation in the world. Contributing factors for the low immunisation rates include lack of availability and a distrust of vaccines and health professionals. Ensure individuals are offered the full vaccination schedule. Measles should be considered a priority for monitoring and surveillance.

Due to low rates of routine immunisation, it is particularly important to find out previous vaccination history and offer vaccinations for the following if unvaccinated:

- Diphtheria-Tetanus-Pertussis
- Polio
- Flu (Influenza)
- Measles-Mumps-Rubella (MMR)
- Covid-19
- Hepatitis B

While the vaccinations above are immediate priorities, the opportunity should not be lost to consider broader immunisation needs, which could include other acute vaccine preventable disease such as meningococcal and also longer term considerations, such as HPV.

Health Boards are requested to ensure that an assessment of medical and vaccination requirements is undertaken for patients – this includes arranging vaccination for those eligible. A fuller Q+A is available in Appendix C.

1.3.2 Communicable diseases of note

As the situation evolves, risk of different communicable diseases will change. The guidance that follows is correct at the time of this communication. This guidance will be revised as required due to changing spread of infectious disease. Therefore the most recent version of the Health Protection Guidance should be consulted. This covers COVID-19, vaccine preventable disease and other infectious disease risks.

1.3.2.1 Covid-19

Ukraine is going through its 'fifth wave' of Covid-19. Only a third of the Ukrainian population is vaccinated against COVID. Due to low vaccination rates, consideration should be given to monitoring the spread of Covid-19 within these populations.

Check an individual's [Covid-19 vaccination status](#). If the individual is unvaccinated or requires further vaccine doses support and encourage the individuals to access vaccination as soon as possible and provide the opportunity to do so.

1.3.2.2 TB

Ukraine has one of the highest rates of MDR-TB in the world and 4th highest TB incidence rate amongst 53 countries of the WHO (World Health Organisation) European region.

Offer symptom screening for TB as part of the New Patient Health Check. Refer promptly if possible symptoms of TB are identified. As evidence suggests that entrants from higher incidence countries should be screened for latent TB infection (LTBI), ask if there has been any contact with known or suspected cases of TB. Where there is a reasonable risk of LTBI, organise LTBI screening as soon as practicable (preferably within the first 3 months of arrival, or at least within two years of arrival in the UK)

Establish if someone is already on treatment for TB to ensure prompt continuity of their therapy (as they may not have been able to bring medications with them).

It is also important to maintain long term vigilance for symptoms of TB within these populations even if the initial screening is negative, therefore advise that anyone who becomes unwell with symptoms suggestive of TB should present for assessment as soon as possible.

1.3.2.3 Hepatitis B

There is a low prevalence of Hepatitis B in Ukraine. Offer screening to pregnant women and ensure post-exposure immunisation is provided to infants born to hepatitis B infected mothers. Hepatitis B vaccine should be offered to family members and close contacts of confirmed cases.

1.3.2.4 Hepatitis C

The prevalence of hepatitis C is higher than the UK. Consider screening for hepatitis C.

1.3.2.5 Typhoid

There is a risk of typhoid infection, therefore, it is important to ensure that travellers are offered typhoid immunisation and advice on prevention of enteric fever. Consider enteric fever in the differential diagnosis of any illness following arrival into the UK. Severity of disease is variable, although most individuals experience fever and headache. Young children may experience a mild illness. Following recovery, convalescing patients may continue to excrete S. Typhi in their faeces and chronic carriers require prolonged courses of antibiotics to clear the organism.

1.3.2.6 Polio

Due to insufficient vaccination coverage, there is still a considerable vulnerability to polio, especially in children. Both the oral and injectable vaccines are available in Ukraine. Due to vulnerability to polio, it is important to establish vaccination history and if the individual is unvaccinated or requires further vaccine doses support and

encourage the individuals to access the vaccinations as soon as possible and provide the opportunity to do so.

1.3.2.7 Measles

In Ukraine measles is of concern as vaccination coverage is below the threshold to prevent measles outbreaks. It is important to establish vaccination history and if the individual is unvaccinated or requires further vaccine doses. Support and encourage the individual to access vaccination as soon as possible and provide the opportunity to do so. Due to the current conflict, consider measles as a differential diagnosis for anyone in this population presenting with fever and rash illness.

1.3.3 Sexually transmitted diseases and HIV

HIV rates are higher in Ukraine than in the UK. Ukraine also has the second highest HIV diagnosis rate in the WHO European region. Around half of people with HIV are currently in receipt of treatment. Overall, there is a low rate of HIV ($\leq 1\%$), so offer and recommend an HIV test if the patient falls into a high-risk group and/or is newly registering in a high prevalence area.

Take a sexual history, and screen for STIs (Sexually Transmitted Infections) and HIV according to risk as specified in the UK national standards and guidelines. Offer all sexually active patients under the age of 25 testing for chlamydia.

1.3.4 Antimicrobial resistance

In Ukraine there is a high prevalence of MDR-TB. The over-the-counter sale of antibiotics has led to their misuse and overuse which can lead to AMR (antimicrobial resistance). Therefore, colonisation with multi-drug resistant organisms is more prevalent than that seen within the UK. Consider sending microbiological specimens early before initiating antimicrobial treatment, for example, for urinary tract infections, particularly where first-line empiric treatment has already been given and has failed

1.4 Mental Health

The protracted conflict in eastern Ukraine has affected over five million people across the country and has had profound consequences for population wellbeing and mental health.

Ukraine has a higher estimated suicide rate than the Eastern Europe regional average (29.6 deaths per 100,000 population) and the global average (10.4 deaths per 100,000 population). The rate of suicide is particularly high among men (56.7 per 100,000 vs. 8.4 per 100,000 among women). Men also have a higher estimated prevalence of alcohol use disorders than women (11.5% vs 1.4%). Although majority of the Ukrainians who will be arriving to the UK will be women, children, and the elderly, it is important to understand the context of the state of mental health support available in Ukraine.

Escaping war will contribute to psychological stress and mental health issues (e.g. post-traumatic stress disorder (PTSD)) which may not manifest until weeks after displacement.

We would suggest keeping a watchful eye on any indications of this occurrence as conservative estimates indicate at least 30% of all refugees will develop PTSD at some point, other estimates go as high as >70% therefore it is crucial to:

- Assess individuals' mental health and wellbeing as those affected by war and conflict are at higher risk of mental disorders.
- Use [trauma-informed approaches](#) to care provision.

We strongly recommend the above steps to be offered to any refugee fleeing violence.

1.5 Nutritional and metabolic concerns

1.5.1 Anaemia

There is a moderate risk of anaemia in adults (estimated prevalence in non-pregnant women is 20 to 40%) and pre-school children (estimated prevalence is 20% to 40%), so:

- Be alert to the possibility of anaemia in entrants to Scotland from Ukraine, particularly women and pre-school children
- Test as clinically indicated

1.6 Non-communicable diseases (NCDs)

Average life expectancy in Ukraine is 71.83 years compared with 80.17 in the UK.

Around 90% of deaths are due to NCDs. NCDs most prevalent in the country are cardiovascular diseases, stroke, cancer, diabetes, and chronic respiratory illnesses.

One third of Ukrainian adults people smoke tobacco, with a high average annual alcohol consumption and a diet high in sodium intake and trans fats. Preventative healthcare is uncommon in Ukraine, with many people relying on private provision for acute treatment.

Consider offering NHS health checks, particularly to adults aged 40 and over to detect CVD (cardiovascular disease). Refer individuals to appropriate support for help with smoking cessation, alcohol dependence, nutrition, and physical activity.

1.7 Maternal Health

Refer all pregnant women to maternity services and explain the antenatal and postnatal care system in Scotland.

Ensure all pregnant women are offered routine screening for infectious diseases (HIV, Hepatitis B and Syphilis). Note that HIV rates in Ukraine are higher than in Scotland. Consider screening pregnant women for hepatitis C due to prevalence in Ukraine.

25-35% of women in Ukraine consume alcohol during pregnancy. Ensure individuals are aware of the risks associated with alcohol consumption in pregnancy and refer to local support services where appropriate.

Midwives and maternity staff should refer to the Royal College of Midwives guide to [Caring for vulnerable migrant women](#).

1.8 Universal Child Health Services

Families with a child between 0-5 years old should be referred into the Health Visiting Service. Families should join the [Universal Health Visiting Pathway](#) at the appropriate point dependant on a child's age. First time mothers aged 19 and under may also be eligible to benefit from the Family Nurse Partnership.

Midwives, Health Visitors, Family Nurses and School Nurses should be made aware of the contents of this letter to allow them to best monitor and promote a child's health whilst providing more holistic support to the wider family. Referrals can be made to more specialised services as required.

1.9 Safeguarding Public Protection: Child Protection, Adult Support and Protection, and MAPPA

Guidance has been developed by Scottish Government in relation to Public Protection and people arriving from Ukraine. The guidance does not replace national or local child or adult protection guidance. Rather, it highlights those particular vulnerabilities likely to be amplified by the crises in Ukraine, impacting on all services working with vulnerable children and adults at risk of harm.

The assessment of risk and referrals through child or adult protection pathways have not changed.

All NHS employees and independent practitioners have a role in protecting the public and all regulated staff in Health Boards and services have professional duties to protect children and young people (including unborn babies) and adults. Staff in supporting roles (including administrative, catering, cleaning, and other support roles) across primary, secondary, specialist and community health services also have public protection responsibilities. These contacts provide opportunities for early and effective interventions and in many cases avoiding escalating need.

Exacerbated risks at this time may include:

- The United Nations Refugee Agency has identified groups of particular concern amongst those fleeing Ukraine including: women and girls at risk of gender-based violence, exploitation, abuse, and trafficking; refugees who are LGBTIQ+; older people or people living with disabilities; and third country nationals who had been living in Ukraine who have fled the war alongside Ukrainian nationals. This includes some in need of international protection or at risk of statelessness who have been subject to discriminatory treatment.
- The risk of trafficking and exploitation also increases in emergencies (UNICEF 2022). This remains a risk to children and adults both on and after arrival in Scotland. Potential victims may display a range of [indicators](#) and vulnerability

to trafficking or exploitation once in Scotland must be recognised as soon as possible, with steps taken in line with your organisation's responsibility. [Detailed](#) human trafficking guidance for health professionals, including information on possible indicators, is [available](#).

- Risks of financial harm, cuckooing, and/or online harm
- It is possible that the vulnerability of some people arriving from Ukraine will increase because of the additional pressures placed on families and communities by their separation from support networks, in addition to the impact of trauma
- Some people could be at risk of harm, neglect, self-harm or self-neglect where that would not otherwise have been the case. With people staying in unfamiliar settings, with possible language barriers, we might expect increased incidence across the spectrum of harm types.
- Increased isolation may contribute to increased risk for some individuals.
- People with disabilities or health conditions, including dementia, due to stigma, may not be identified as having additional support needs.

Children travelling unaccompanied should be seen as the most vulnerable. Whilst urgent work is being undertaken with partners, including Border Force and Police, there is a risk that children will not be identified at the point of arrival and instead present for health care as a point of early contact. It is essential that these children are deemed at immediate risk of harm, and referred to the local social work department without delay. When we refer to unaccompanied children, in this context, the Children (Scotland) Act 1995 refers to a "Child", as any person under age 18.

Remember that the individuals at risk may not be able to report safeguarding concerns themselves; it is crucial that those who identify adults or children at risk report these concerns to the local authority/Health and Social Care Partnership social work services as soon as possible, as per normal procedures.

[National Child Protection Guidance in Scotland 2021](#)
[Adult Support and Protection revised Code of Practice](#)
[Adult support and protection: Guidance for GPs and primary care teams](#)

In addition to Child and Adult Support and Protection responsibilities, as a MAPPA Responsible Authority, Health Boards are the lead agency for restricted patients. They are responsible for both the clinical care and risk management of these patients. As a MAPPA Duty to Co-operate Agency, Health Boards have a duty to share information which is relevant to risk for all individuals subject to MAPPA. Each Health Board has a MAPPA health liaison officer who has responsibility for this.

2. Access to healthcare

Anyone in Scotland, regardless of nationality or residence status, can receive emergency treatment, at an A&E or Casualty Department, and register with a GP Practice to receive general medical services, at no charge.

An amendment made to the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989, on 24 March 2022, means that anyone who is ordinarily resident in Ukraine but lawfully present in the United Kingdom, regardless of the type of visa they

hold, is eligible to access NHS secondary and tertiary services (such as maternity care, mental health services and specialist treatment for specific conditions) on the same basis as a person ordinarily resident in Scotland. The provision extends to the person's spouse/civil partner and children. Furthermore, the exemption from NHS charges also applies to people from Ukraine who were in the UK on a short-term visa when the conflict began, on 24 February 2022, and are extending or switching visas because they cannot return home.

2.1 Urgent, emergency and elective care

Health Boards should work on plans to manage patients who require urgent or emergency care, or indeed elective care. If a patient requires emergency treatment Health Boards will want to consider how this healthcare is recorded. The Clinical Prioritisation Framework should be adopted for Ukrainians settling in Scotland who require elective care.

2.2 General Practice Services

Health Boards should work with GP practices to ensure patients in line with their wider obligations under GMS Contacts or PMS Agreements. If a patient intends to be in area for less than three months, they should be registered as a temporary patient.

2.3 Community Pharmacy Services

All Ukrainians will be entitled to free access to the range of NHS Pharmaceutical Care Services including NHS Pharmacy First Scotland, Public Health Services and prescribed medicines.

The Pharmacy First patient leaflet is available online to download in [Ukrainian and Russian](#).

2.4 Optometry Services

All Ukrainians are entitled to free NHS-funded eye examinations in Scotland under General Ophthalmic Services arrangements. When submitting the GOS(S)1 claim for payment, community optometry practice staff should mark the patient's entitlement as 'Belongs to one of the categories for exemption from NHS charges set out in the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989'.

All Ukrainians are also entitled to an NHS optical voucher, which provide financial help towards the costs of glasses and contact lenses. When submitting the NHS optical voucher claim for payment, unless the patient has presented an HC2 certificate practice staff should select 'Universal Credit' from the 'Voucher Entitlement' drop-down list and mark the 'Evidence Not Shown' box.

2.5 Dental Services

All Ukrainians are entitled to free NHS dental care. Children and young people up to 25 years of age are automatically entitled to free NHS dental care.

For adults 26 years and over where the patient has not presented an HC2 certificate, then practice staff should select 'Universal Credit' and 'evidence not produced' boxes when submitting the GP17PR form for payment.

2.6 Mental Health Services

Our initial response will be rooted in Psychological First Aid, with natural communities preserved as far as possible physically and/or digitally to provide mutual support. Formal support from mental health services may be required at a later stage. It is likely that dedicated psychological first aid supports or services will be needed, to prevent the pathologising of normal psychological distress. It is anticipated this should help prevent unnecessary demands on services, but for those arrivals that do need formal psychological treatment, this will need to be absorbed into current Psychology services. We recognise that this may cause some impact on services capacity due to existing long waits.

All HSCPs will develop a plan for the reception and identification of any immediate mental health issues. This is likely to be based initially in Primary Care, but there will be a requirement for rapid access to Community Mental Health and Psychology teams for a small number of individuals with pre-existing conditions or acute onset of symptoms.

Boards and HSCPs should also be aware of the particular needs of children and young people with pre-existing mental health needs who may require access to Child and Adolescent Mental Health Services (CAMHS). In addition, consideration should be given to the needs of perinatal women, who may require timely access to mental health services.

Boards will ensure that pathways are in place for people with pre-existing mental health conditions who need care and treatment, and monitoring of care and treatment. We will support this (in partnership with NHS Education for Scotland) with an information pack that is trauma-informed and based on psychological first aid.

We will work with Boards to support the care and treatment of people with Learning Disabilities, Autism, Foetal Alcohol Syndrome Disorder, and Dementia. This is likely to include close working with HSCPs to account for the provision of suitable accommodation, social care, and accessible guidance.

Boards will ensure that Primary Care support will interact effectively with social work to ensure the necessary social care support for people living with dementia.

Appendix B

Guidance and Frequently Asked Questions (FAQs) for Health Board Vaccination Teams: Arrivals from Ukraine

Who is this appendix for?

This appendix aims to provide background information to the vaccination teams in all Health Boards to ensure clarity and consistency of vaccine delivery for Ukrainians who seek sanctuary in Scotland.

Background

Ukrainians fleeing conflict and seeking sanctuary in Scotland will have access to all vaccinations including childhood, adult, COVID-19 vaccinations, and those offered to particular high risk groups, such as pregnant women COVID-19 vaccination. Ukrainians will have access to all primary health care services along with vaccination such as Covid-19 and other vaccinations for all ages.

Appendix C provides an overview of all the scenarios which vaccinators might encounter during the administration of vaccinations.

Vaccination Uptake amongst the Ukrainian Population

In Ukraine a full course of COVID 19 vaccination is defined as one full course of vaccine (e.g. two doses from a two course schedule). World Health Organisation reports indicate that 34% of Ukraine's population are fully vaccinated under this definition. In Scotland we define fully vaccinated as one full course (i.e. two doses) plus a booster dose. 2% of Ukraine's population has received a COVID 19 booster.

Types of Vaccinations available in Ukraine

Some of the vaccinations which are available in Ukraine include Moderna, Pfizer/BioNTech, Janssen, Johnson and Johnson, Sinovac, Oxford/AstraZeneca and Covishield.

Vaccine Hesitancy and Lower Vaccination Uptake

- UNICEF notes that there is a general mistrust of the health system among Ukrainian citizens .
- Late roll out of the COVID-19 vaccination programme in Ukraine as compared to other European countries due to political infighting further created mistrust among people about the safety and efficacy of the vaccines.
- Vaccination hesitancy among the general population is widespread and health care workers are reported as 41% vaccination hesitant
- Vaccination hesitancy among the older population is higher despite their underlying health conditions.

Covid-19 Vaccination for Ukrainian Families

The relevant Health Boards are requested to ensure that an assessment of medical and vaccination requirements is undertaken for each individual by a member of their primary health care team – this includes arranging vaccination for those eligible (see FAQs). Some of the individuals will have their first doses (1, 2 and booster) of COVID-19 vaccine in Ukraine while others will not have received any vaccination at all, or only a partial course. This will require to be assessed on a case to base basis. Support to attend a vaccination centre should be considered as onsite vaccination in accommodation may not be practical. Translation services and materials should be made available as necessary (See FAQ question no. 9 below).

Please see the Frequently Asked Questions below for further information which has been compiled to assist vaccinators.

Appendix C

Frequently Asked Questions (FAQs) For Covid-19 Vaccinators

Question 1 – What shall I do if the individual does not have a Community Health Index (CHI) number?

Answer – The Covid-19 vaccination can be administered to eligible people without a CHI number. You can register the patient on a temporary basis on the vaccine management tool (VMT). You can log the vaccination record on the temporary number which can then be matched with the CHI number once that is created at a later stage.

Question 2 – What if the history of vaccination is unknown or unclear? What shall I do?

Answer – If the history of the vaccination is unknown or unclear to the vaccinators please utilise the UK Green Book Chapter 14a, which gives guidance under the heading of '[Previously Incomplete Immunisation](#)' COVID-19. You must also follow the Patient Group Direction (PGD).

Question 3 – What is the position on vaccination history of Covid-19 vaccinations given on entry to the UK and what record is there of this?

Answer – It is important to ask individuals if they had arrived in Scotland directly or via England. There may be a likelihood that those who arrived and stayed in England for a while may have their first dose in England and will have record of their vaccination. However, some individuals may have arrived in Scotland directly.

Once a Ukrainian citizen has vaccination in Scotland they should get a record of their vaccination in line with the domestic certification scheme. This will be generated by the VMT record going into the National Clinical Data Store (NCDS) which will connect back to the vaccination certification part of the NHS Scotland system (once a retro CHI has been created).

Please note that an interim CHI creation process has been put in place which includes Ukrainian families.

Question 4 – What is required if the history of Covid-19 vaccination is known e.g. for second dose.

Answer – Follow the green book, chapter - [chapter 14a](#) which in turn will take you to the most up to date PHE table of what to give at the following source: [COVID-19 vaccinations received overseas - GOV.UK \(www.gov.uk\)](#)

This table advises what vaccination is required. You must also follow the Patient Group Direction (PGD).

Question 5 – What is the guidance on the ages and medical history of people potentially eligible for Covid-19 vaccination?

Answer – Vaccinators can find the information about eligibility for vaccination including, ages and medical history guidance in relevant patient group directions (PGDs) and the [Green Book](#) . In addition for the Autumn/Winter and Spring 2022 programme there is a table of cohorts also available.

For all other vaccination for individuals with uncertain or incomplete immunisation please refer to the link here: [Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK \(www.gov.uk\)](#)

Question 6 – How do those vaccinated access a certificate of their covid-19 vaccination?

Answer – If a Ukrainian citizen had their first covid-19 dose in England, they would require the record of their vaccination with a QR code from England to get proof of their vaccination. They can then be assisted to upload this into the new cross border portal that can be accessed via [NHS Inform](#). Then when they have their 2nd dose in Scotland, this will combine to be a full record of primary doses.

For those who do not have any digital access (or who cannot be assisted to do this via partner organisations) they can phone the national contact centre on [0800 030 8013](#) (who can use language line) to request this once they are up to date with their vaccination.

Question 7 - How long will temporary accommodation be in place e.g. will it be more than 8 weeks when a second dose would be required?

Answer – It is not known how long people will remain in temporary accommodation. The second dose of COVID vaccine should be provided by the local health boards in line with eligibility. Please note there may be a small number of people who will require a 3rd primary dose of COVID vaccine at the appropriate timescale due to being severely immunosuppressed.

It is recommended that vaccinators should take this as an opportunity to assess the needs of children and elderly persons against the preventable diseases i.e. measles or meningococcal.

Question 8 - What is the consideration for other vaccinations e.g. universal vaccination?

Answer – Health Boards must ensure opportunity is taken to assess immunisation status for refugees families of all ages. Consideration should be given as to whether administration of these additional vaccines at the same time as Covid vaccine is possible, in order to minimise the number of required visits.

The guidance for vaccination of individuals with uncertain or incomplete immunisation status is available [here](#). Please note this document does not cover COVID vaccination.

Question 9 - What consideration is given regarding mobility and accessibility?

Answer – Health Boards should include an assessment of mobility or accessibility issues when arranging vaccination so that people can be supported to attend vaccination centres or if this is not possible, to arrange for vaccinating staff to visit the accommodation.

Informed consent materials on Covid-19 and other vaccines is available in local Ukrainian languages at the following links, which might be useful.

1. For more information please visit the link here: [Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-vaccinations-received-overseas)
2. [For vaccinations which have been administrated abroad please visit this information: https://www.gov.uk/government/publications/covid-19-vaccinations-received-overseas](https://www.gov.uk/government/publications/covid-19-vaccinations-received-overseas)
3. NHS Inform page about Immunisations can be accessed here: [Immunisations in Scotland | NHS inform](https://www.nhs.uk/immunisations-in-scotland)
4. [Protect your child against serious diseases \(healthscotland.com\) \(Translations will be available in Ukrainian language\).](https://www.healthscotland.com/)
5. All NHS Covid-19 related material can be accessed here: <https://www.nhsinform.scot/covid19vaccineleaflets>
6. Covid-19 information is also available in other languages here:
 - <https://www.nhsinform.scot/covid-19-vaccine/leaflets-other-languages-and-accessible-formats/other-languages/>