


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	May 20, 2022
	Purpose:	Educate providers on Interim Clinical Considerations for Providers Caring for Newcomers from Ukraine
	Subject:	Interim Clinical Considerations for Providers Caring for Newcomers from Ukraine
	Products:	MMA, LTC, FHK
	From:	<u>Provider Relations</u>

Aetna Better Health® of Florida Interim Clinical Considerations for Providers Caring for Newcomers from Ukraine

Dear Providers,

This notification is to raise awareness of certain potentially common, communicable diseases that may be present among Ukrainian newcomers seeking care at domestic health facilities, and to provide resources to clinicians and others working with Ukrainian newcomers. It is not intended to provide comprehensive domestic medical screening recommendations for newcomers from Ukraine. Ukrainian refugees, who are eligible for Office of Refugee Resettlement benefits, should receive a domestic medical screening as outlined in CDC Domestic Medical Screening Guidance.

CDC Domestic Medical Screening Guidance:

- <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html>

Childhood Vaccination Coverage

The National Childhood Vaccination Schedule in Ukraine recommends that children be immunized against pertussis, diphtheria, tetanus, measles, mumps, rubella, tuberculosis, *Haemophilus influenzae* type B (Hib infection), hepatitis B, and polio (see schedule to right).¹

Vaccination coverage in Ukraine is among the lowest in the World Health Organization (WHO) European Region and is at or below the target threshold for BCG, DTP3, Pol3, MCV, and HepB3 (Table 1).² Of note, vaccine hesitancy is a major concern in Ukraine, and poses a challenge in meeting the thresholds for immunization.³

There is increased risk for diarrheal disease in children as the rotavirus vaccine not included in the routine vaccination schedule.

PROVIDER BULLETIN

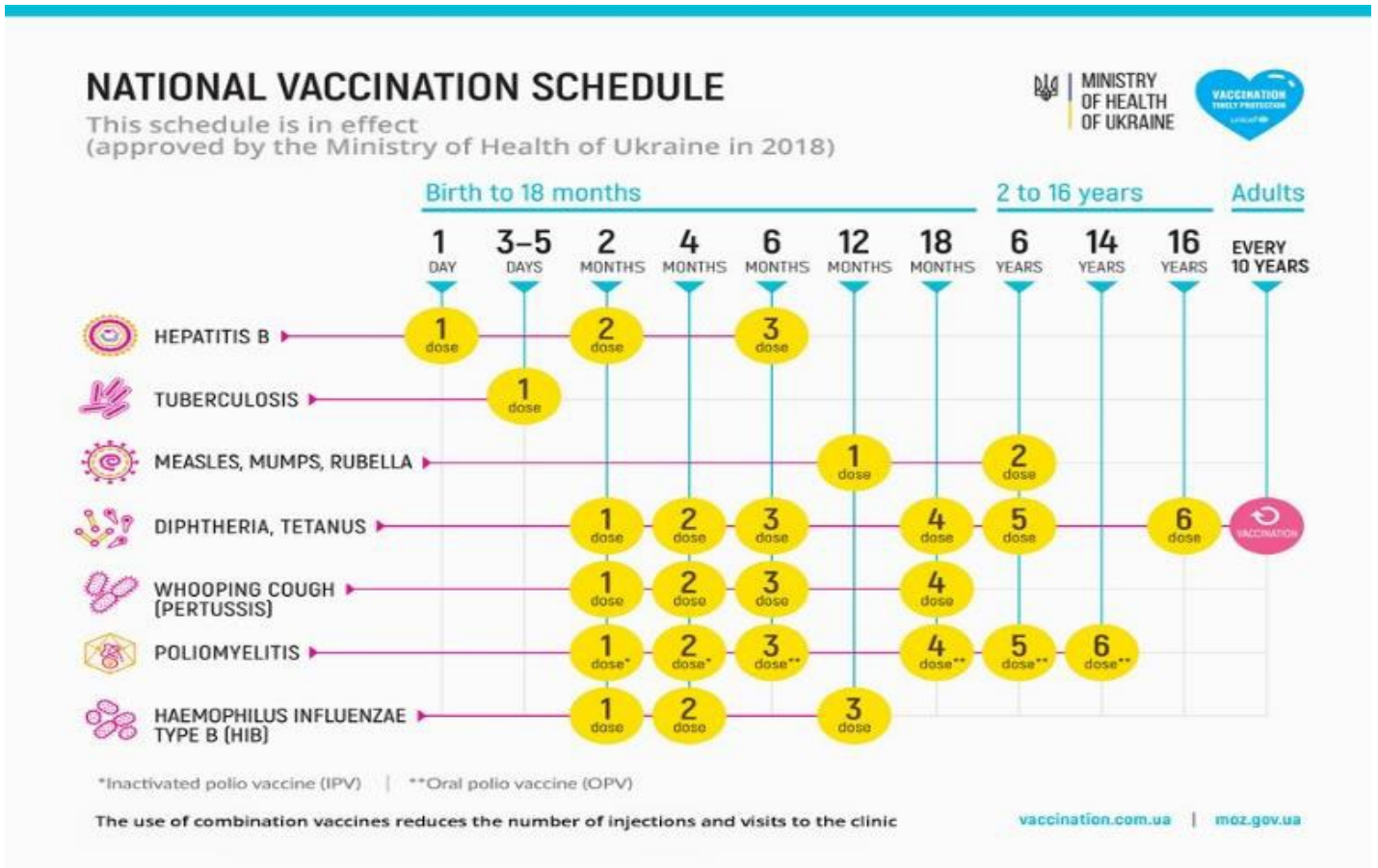


Table 1: Coverage estimates for immunizations administered in 2021 for Ukraine:

Vaccine	Ukraine %	Target* %
BCG (Tuberculosis)	82	>79
DTP3 (Diphtheria, Tetanus, Pertussis - 3rd dose)	80	>79
Pol3 (Polio - 3rd dose)	80	>89
MCV1 (Measles - 1st dose)	89	
MCV2 (Measles - 2nd dose)	87	>95
HepB3 (Hepatitis B - 3rd dose)	79	>90
Hib3 (Haemophilus influenzae type b - 3rd dose)	87	>79
RCV1 (Rubella - 1st dose)	89	>79

The situation in Ukraine continues to evolve. CDC will continue to update partners as more information becomes available.

Measles

Measles is endemic in Ukraine, but the country experienced a large outbreak from 2017–2019 with 115,543 measles cases and 40 measles-related deaths reported. The majority of cases occurred among those who

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FL-22-05-05

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PROVIDER BULLETIN

were unvaccinated or of unknown vaccination status. From 2018 to 2019, importations among those with recent travel to or residency in Ukraine led to over 1,100 cases in the United States (U.S.). This was the largest number of U.S. reported measles cases since 1992 and threatened the elimination status attained in 2000. Newcomers presenting in a clinical setting who are not fully immunized against measles should be counseled on and offered vaccination, in accordance with ACIP recommendations. Of note, the measles, mumps, and rubella (MMR) vaccine and other measles virus-containing vaccines are live virus vaccines. Tuberculin skin tests (TST) and other live virus vaccines (e.g., varicella), if not administered simultaneously with MMR, should not be administered for at least 28 days after receipt of MMR ([Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#)).

Domestic providers caring for Ukrainian newcomers should remain diligent about recognizing the signs and symptoms of measles in recently arrived individuals. Measles starts with fever, runny nose, cough, red eyes, and sore throat. It is followed by a maculopapular rash that spreads over the body. Measles virus is highly contagious and spreads through the air through coughing and sneezing and can spread to others from four days before through four days after the rash appears. Measles can remain infectious for up to two hours in an airspace after an infected person leaves an area and can be spread to large numbers of susceptible people very rapidly. For more information about signs and symptoms of measles, please visit [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#). CDC advises clinicians to send information about all patients who are suspected of having measles or meet the clinical criterion for measles (generalized maculopapular rash lasting ≥ 3 days, fever $\geq 38.3^{\circ}\text{C}$, and cough, coryza, or conjunctivitis) IMMEDIATELY to their local or state health department. Measles cases should be reported promptly (within 24 hours) by the state health department to the CDC, directly to the domestic measles team at NCIRD/CDC by telephone (404-639-6247) or by e-mail (measlesreport@cdc.gov).

Polio

In October 2021, an outbreak of vaccine-derived polio was confirmed in Ukraine, which included cases of vaccine-derived paralytic polio. In February 2022, Ukraine implemented a national polio immunization campaign targeting unvaccinated children. However, this immunization campaign was suspended following the Russian invasion of Ukraine. Years of low immunization coverage in Ukraine have created a cohort of children who could be vulnerable to infection from poliovirus and transmission to other un- or under-immunized persons.

Poliomyelitis (polio) is a highly contagious infectious disease spread via the fecal-oral route, although the oral-oral route is possible early in infection. Infected persons with or without symptoms shed virus in the stool and can transmit the virus to others. Clinical symptoms and disease caused by vaccine-derived poliovirus is indistinguishable from that caused by wild polioviruses. Approximately 70% of all poliovirus infections in children are asymptomatic. In children, approximately 24% of poliovirus infections consist of minor illness characterized by low grade fever and sore throat; 1%-5% cause stiffness of the neck, back, and/or legs; and fewer than 1% result in flaccid paralysis. Respiratory failure can result from paralysis of respiratory muscles and bulbar involvement; it is important to hospitalize persons with sudden onset of acute flaccid weakness for appropriate medical management including ventilatory support as necessary. More information on this disease and vaccine can be found in the [CDC Pink Book](#) and the [CDC National Center for Immunization and Respiratory Diseases](#). For vaccine guidance, see [Polio Vaccination: For Healthcare Providers | CDC](#).

PROVIDER BULLETIN

CDC advises clinicians to maintain vigilance for acute flaccid weakness or paralysis that might indicate a case of poliomyelitis due to poliovirus and send information about all patients that meet the clinical criterion for poliomyelitis (acute onset of flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause) IMMEDIATELY to their local or state health department. Paralytic polio has been classified by Council of State and Territorial Epidemiologists (CSTE) as “immediately notifiable, extremely urgent,” which requires that local and state health departments contact CDC within 4 hours (Emergency Operations Center, 770-488-7100). Case notifications should not be delayed because of incomplete information or lack of confirmation; they can be updated as more information becomes available.

Tuberculosis

Ukraine is considered a high priority country in the WHO European Region and has a high burden of multidrug-resistant (MDR) tuberculosis (TB). While TB incidence has decreased in Ukraine over the last 15 years, overall prevalence and mortality remains high. According to the [WHO Global Tuberculosis Programme](#), the estimated TB incidence is 73 per 100,00 and 29.55% of all new and relapse TB cases diagnosed in Ukraine in 2020 were started on treatment for either rifampin-resistant or MDR TB.

Clinicians should maintain a high index of suspicion for TB disease in those from Ukraine presenting with signs or symptoms of TB. TB is spread from one person to another when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. Symptoms of TB disease can include cough lasting longer than 3 weeks, hemoptysis, chest pain, fever, chills, night sweats, weight loss, loss of appetite, weakness, or fatigue. However, many of those diagnosed with TB disease through screening are asymptomatic. Any person with possible or confirmed TB disease should be reported to your local or state health department [TB Control Offices | State TB Control Offices | Links | TB | CDC](#). Additional information on the diagnosis and treatment of tuberculosis is available from the [CDC Division of Tuberculosis Elimination](#) (DTBE) and from state and local health departments.

For additional information please visit the Centers for Disease Control and Prevention (CDC) website. <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html>

Thank you for your continued participation in the Aetna Better Health of Florida network. Please contact our Provider Services line should you have any questions at:

Phone: MMA: 1-800-441-5501
LTC: 1-844-645-7371
FHK: 1-844-528-5815

Email: FLMedicaidProviderRelations@aetna.com

Thank you,

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FL-22-05-05