

# Funded 'Initial Health Assessment' initiative for 2022 Ukraine Special Visa Holders (version 13 October 2022)

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This document provides an overview of the initiative, the background and context, and the health assessment pathway and details. The intended audience for this document is general practice healthcare and Healthline providers of this initiative. This Health Pathways resource is accessible via the same weblink you use to access Health Pathways resources and information.

## Overview of initiative

### Health assessment and eligibility

From **17 October 2022**, persons from Ukraine holding a 2022 Special Ukraine Visa are eligible for a one-off initial 45-minute health assessment fully funded by Te Whatu Ora – Health New Zealand.

Uptake of the funded health assessment is voluntary. Those who wish to access this service do not need to provide proof that they are 2022 Special Ukraine Visa holders. They only need to tell the doctor that they have arrived in New Zealand under the 2022 Special Ukraine Policy Visa.

Persons eligible for the initial assessment may approach either Healthline (if not enrolled with general practice) or their enrolled general practice. The funded health assessment is limited to the following:

- Tuberculosis (TB) assessment and screening
- Assessment of eligibility for and provision of vaccination as per the National Immunisation Schedule<sup>1</sup>
- Supporting enrolment in general practice for continuity of healthcare, using usual enrolment processes.

Funded interpreting services are available for patients seeking the health assessment. Pathway details for the health assessment are contained in this document.

### Managing test results

If there are no abnormal results, the funded health assessment is considered complete once the patient has been advised of the results.

If there are any abnormal results identified from the TB tests (whether TB or not TB related), the patient must be offered a second free 45-minute consultation (ie, fully funded) where results and management options are to be discussed.

TB is a notifiable disease, and any patient suspected of or confirmed with TB must be notified to the local public health service. The local hospital operator can connect you to them or contacts can be found at <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-public-health-service/public-health-contacts>.

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<sup>1</sup> [New Zealand National Immunisation Schedule | Immunisation Advisory Centre \(immune.org.nz\)](https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-public-health-service/public-health-contacts)

## **Health concerns that out of scope of this initiative**

Any other health concerns (eg, diabetes) identified from the first consultation should be followed up through future consultations at an enrolled general practice. The client will have to book these consultations separately and will incur the normal charges to see a doctor. Note that the 2022 Special Ukraine Visa holders are eligible for access to publicly funded health and disability services at the same level as New Zealand residents and citizens.

## **Primary care claims, payment and reporting**

Primary health organisations (PHOs) will claim for the services provided by directly invoicing Te Whatu Ora National Commissioning team at [primary.care@health.govt.nz](mailto:primary.care@health.govt.nz), and payments will be made by Sector Operations within 30 days of receipt of the invoice. Payments are not contingent on verification that the patients receiving assessments were 2022 Special Ukraine Visa holders. PHOs will submit the reporting measures as part of the claims process.

## **Background and context**

In response to the conflict between Russia and Ukraine, the New Zealand Government announced the 2022 Ukraine Special Policy Visa, which allows Ukrainian-born citizens and residents in New Zealand to sponsor family who ordinarily reside in the Ukraine. Applications for this visa are open from February 2022 to March 2023.

Persons in New Zealand under the 2022 Ukraine Special Policy Visa (Visa holders) are granted either a temporary two-year working visa or two-year student visa and have full access to publicly funded health and disability services. Under the Visa, all health requirements for entering New Zealand have been waived. This has raised public health concerns, with lack of screening for TB and low vaccination numbers in Ukraine.

According to 2019 WHO estimates, Ukraine has the fourth highest rate of TB among the 53 countries in the WHO European region and one of the highest rates of multi drug-resistant TB in the world<sup>2</sup>. Ukraine also has very low routine immunisation rates, with only 30 percent of children in Ukraine being fully immunised against measles, and three percent against diphtheria, pertussis and tetanus, as of August 2016<sup>3</sup>.

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<sup>2</sup> [Testing for tuberculosis infection and screening for tuberculosis disease among incoming refugees from Ukraine to European countries \(europa.eu\)](#)

<sup>3</sup> [UNICEF press centre | Increasing immunization coverage is priority for Ukrainian Government – Vice Prime Minister of Ukraine | UNICEF](#)

## Assessment

All Visa holders are eligible for this fully-funded 45-minute 'initial health assessment'. The main parts of the funded initial health assessment are described below. Refer to the Figure below.



## TB Assessment

### Symptoms

Common symptoms of TB include:

- persistent cough (three weeks+)
- haemoptysis
- fatigue
- night sweats
- weight loss
- swollen glands (especially if persistent)
- failure to gain weight in children.

*\*If there is **high clinical suspicion of TB** (based on symptoms), clinicians are to notify Public Health without waiting for tests. Follow local referral guidelines for clinical specialist (respiratory/general medicine/paediatric) assessment at the local hospital.*

### Past medical history

Ask patient if they have had:

- previous diagnosis of TB and if it was treated

- immunosuppressive conditions (eg, HIV positive, chronic kidney disease)
- close contact (eg, same household, close friend) with someone with TB in their lungs in the last six months
- BCG vaccination.

*\*If there is **known close contact** (eg, same household) with someone with TB, clinicians are **to notify Public Health** (especially in children under five years). They will advise on follow up (and testing) as likely will need follow-up as a 'close contact of a TB case'. Ensure communication back to patient (and enrolled general practitioner if Healthline) on follow up plans. Public Health will contact the patient and follow local guidelines on contact tracing.*

*\*If there is a **history of having had TB treatment disrupted**, refer for paediatric or adult respiratory or adult infectious disease (if extra pulmonary disease) assessment, and also notify Public Health.*

## TB testing

The suggested tests are to be requested to exclude latent TB. Follow local referral pathway and notify Public Health if clinical suspicion of active TB.

Age	Type of Test	Considerations	Further Details
0-2 years	Tuberculin Skin Test (Mantoux)	<p><b>Do not</b> organise this test if known previous large Mantoux reaction or known past history of TB. Discuss with local General Paediatric/Paeds ID service (likely will request an outpatient CXR and clinic follow-up). Mantoux tests can be done in children &lt; six months but can be difficult to interpret.</p> <p><b>If positive</b>, refer to local General Paediatric/Paeds ID service.</p> <p><b>If negative, and child asymptomatic</b>, will not need further tests or follow up.</p> <p>Any child known to be a close contact (eg, household contact) of someone with TB must be referred to Public Health for follow up as a potential contact. This should be done at the first consult. Do not request this test unless asked to do so by Public Health.</p>	<p>Mantoux test can be organised via local laboratories.</p> <p>Must have '<b>For Public Health</b>' on request or patient may be accidentally charged.</p> <p>Include BCG history under details (affects interpretation of test).</p> <p>Document Ukraine as country of origin.</p> <p>Direct patients to local lab contact details to book an appointment – will have to be placed and then read after three days.</p>
2-10 years	Quantiferon (IGRA) Blood Test	<p>If child unable to do blood test (needle phobic or unable to get enough volume of blood), request Mantoux test instead.</p> <p>Any child known to be a close contact (eg, household contact) of someone with TB must be referred to Public Health for follow up as a potential contact. This should be done at the first consult. Do not</p>	<p>Must have '<b>For Public Health</b>' on request or patient may be accidentally charged.</p> <p>Document Ukraine as country of origin.</p> <p>Direct patients to local collection centre – no need to pre-book appointment.</p>

		request this test unless asked to do so by Public Health.	
Equal to or greater than 11 years	Chest X-ray	PA view sufficient. Any person known to be a close contact of someone with TB (eg, within the household) must be referred to Public Health for potential follow-up as a contact. This should be done at the first consult. Do not request this test unless asked to do so by Public Health.	Must have ' <b>TB Screening: For Public Health</b> ' on request to allow for appropriate interpretation. Document any past history of TB and Ukraine as country of origin.

## Test requests

### For Mantoux tests

- If a child is under five years and has not received BCG (no scar or record of BCG vaccination), consider contacting the local BCG service who may organise a Mantoux test themselves and vaccinate as appropriate. Contact your local BCG service via your local public health service (Te Whatu Ora National Public Health Service) for further advice.
- Requestor must select '**Requested by Public Health**' when requesting test via community laboratories to ensure the patient will not be charged.
- BCG history should be given to aid interpretation.
- Auckland Labtests: Test can be requested and will be performed by a technician at the collection centre. However, Mantoux testing is only done at certain collection centres and booking is required. Collection is only available currently at Henderson, Mairangi Bay, Mt Wellington, Takanini – see [scg.aphg.co.nz/#!/AUK/details/MAN](https://scg.aphg.co.nz/#!/AUK/details/MAN). Call 09 574 7399 and ask to book the test at the collection centre that suits the patient.
- For Northland Pathology: Special collection only performed at 11 Rust Avenue, Whangarei, Monday, Tuesday Friday. Booking required. Call 09 438 4243.
- Wellington Region SCL: Mantoux testing is only by appointment and does include the patient coming back to have it read. At Wellington hospital this can be booked by calling 04 245 0283. At Masterton hospital call 06 946 9836 to book.
- Canterbury SCL: Advise the patient to report to Christchurch Outpatients Blood Test Centre, 2 Oxford Terrace, Monday to Friday 8.00 am to 4.00 pm for a Mantoux test and return two to four days later to have it read. No appointment is needed.

### For Quantiferon tests

- Auckland Labtests/Northland: Quantiferon blood tests can be requested for free (for the patient), but to avoid any potential issues the requestor must state on the request that it has been requested 'for Public Health'.
- Wellington: Test can be requested by selecting the Quantiferon gold test request. However, there are restrictions on what rooms/collection centres patients can attend. Link to SCL website info: <https://scg.aphg.co.nz/#!/WEL/details/QFG>
- Canterbury: The IGRA blood test requires four special collection tubes. Advise the patient to attend for IGRA on Monday to Thursday, early enough that the samples can be forwarded to CHL by 3.30 pm. IGRA cannot be done the day before a public holiday.

### For Chest X-rays

- Refer to local community radiology facilities that are publicly funded.

- Ensure request clearly marked for '**TB Screening: For Public Health**' on request to allow for appropriate interpretation and prioritisation.

## Management

### Notification to Public Health

- If there is high clinical suspicion of TB (based on symptoms), clinicians are to notify Public Health without waiting for tests and refer for specialist advice/assessment. Follow local referral guidance for clinical specialist (respiratory/general medicine/infectious disease) assessment at the local hospital.
- If there is known close contact (eg, same household) with someone who had TB, clinicians are to notify Public Health (especially in children under five years). They will advise on follow up (and testing) as may need follow up as a 'close contact of a TB case'. Ensure communication back to patient (and enrolled GP if Healthline) on follow up plans. Public Health will contact the patient and follow local guidelines on contact tracing.
- Contact details for your local Public Health Service will be available via the hospital switchboard/ operator.

### Test results and follow-up

- **Normal test results:**
  - Communicate findings to patient (by phone, text or email as appropriate). Exit from service.
  - If Healthline, send written outcome to patient, enrolled GP, and exit from service.
- **Abnormal test results:**
  - First discuss results and management plan with appropriate specialist:
    - Abnormal Tuberculin Skin test (Mantoux) or Quantiferon Blood Test (IGRA):
      - Discuss with local Paediatric Infectious Diseases/ General Paediatrics service. Will likely need a referral to their outpatient clinic. Refer patient if requested.
    - Abnormal Chest X-ray (TB or non-TB related)
      - Adults: Discuss with local Respiratory or General Medical service to determine if a referral to their outpatient clinic/inpatient assessment is required. Action referral as appropriate.
      - Children (11 to 15 years): Discuss with local Paediatrics Respiratory or General Paediatrics service. May need a referral to their outpatient clinic/inpatient assessment. Refer patient if requested.
      - If TB suspected: Notify local Public Health Service.
  - Next, schedule a 45-minute follow-up appointment (funded by this initiative for abnormal results) with the patient.
    - Use interpreter services as indicated.
    - Communicate findings and follow up with patient.
    - If Healthline, send written outcome to patient, enrolled GP, and exit from service.

## General practice enrolment

Visa holders are eligible for enrolment with a general practice. Follow usual enrolment procedures.

Healthline will support patients who are not enrolled to identify and enrol with GPs, based on their locations of domicile.

## Vaccination needs

Patients should be informed that they are eligible for vaccinations as per the National New Zealand Immunisation Schedule<sup>4</sup>.

Based on the patient's age, refer to the Immunisation schedule and ask if they have received the vaccinations they are eligible for.

If a child is under five years and has not received BCG (no scar or record of BCG vaccination), contact the local BCG service who may organise a Mantoux test themselves and vaccinate as appropriate. BCG is not performed by general practice. Contact your local BCG service via your local public health unit/service for further advice.

## Interpreter use

General practices can access and book interpreters in the chosen language for their patient by using existing interpreting services (if available) or the national Telehealth and Video Interpreting Service (currently delivered via Connecting Now).

The Connecting Now interpreting service is funded under this initiative. Please use Te Whatu Ora's PIN, which is 15904. You can access Connecting Now at 0800 449 462 (press 1 for pre-bookings and 2 for on demand).

### **For pre-booked interpreters**

After selecting option 1 (pre-booking), you will be prompted to enter your booking request number and your PIN.

When prompted for gender preference, press 1 (no preference), as this would have been set in your booking request.

Once you have entered your details, you will be transferred to a Connecting Now consultant who will finalise your connection to your pre-booked interpreter. Please have your booking details ready.

### **On-demand interpreters**

After selecting option 2 (on-demand), please follow the prompts:

1. Ukrainian
2. Russian.

The system will automatically connect you to the next best available interpreter as soon as possible.

## Exiting from funded 'initial health assessment' service

It is considered that patients who are offered this initial health assessment should be able to complete the requested testing within 12 weeks from the test being requested at the first consultation.

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<sup>4</sup> [New Zealand National Immunisation Schedule | Immunisation Advisory Centre \(immune.org.nz\)](https://www.immune.org.nz/)

Clinicians should send reminders by test/phone to the patient at least twice during the 12 weeks reminding them to complete testing.

### Criteria for exit of health initiative

Your responsibility under this initiative finishes when the patient:

- 1) with a normal TB screen result is duly notified of the result or
- 2) with an abnormal TB screen result (either TB or non-TB related) has been provided a follow-up consultation and referred to appropriate secondary services (if appropriate) and
- 3) who is suspected of having TB (on chest X-ray) is notified to the local public health service (now part of Te Whatu Ora National Public Health Service) and
- 4) who is not yet enrolled with a general practice is supported to enrol with a general practice
- 5) has not undertaken the requested testing within 12 weeks from first consultation.

## Information

- For health professionals
  - TB factsheet - also translated in Ukrainian and Russian
    - English version: [www.healthed.govt.nz/resource/tuberculosis-tb](http://www.healthed.govt.nz/resource/tuberculosis-tb)
    - HE2642 Tuberculosis (TB) - Ukrainian version | HealthEd
    - HE2643 Tuberculosis (TB) - Russian version | HealthEd
  - MoH website on TB: [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/tuberculosis-disease](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/tuberculosis-disease)
  - National immunisation Schedule: [New Zealand National Immunisation Schedule | Immunisation Advisory Centre \(immune.org.nz\)](http://www.immune.org.nz)
  - Te Whatu Ora webpage for health professionals: <https://www.tewhatora.govt.nz/ukraine-health-assessment>
  - INZ webpage on Ukraine Special Visa Policy: [www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/support-family/new-temporary-visa-for-family-of-ukrainians-in-new-zealandc](http://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/support-family/new-temporary-visa-for-family-of-ukrainians-in-new-zealandc)
  - Public Health Unit contact details: [www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-public-health-service/public-health-contacts](http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-public-health-service/public-health-contacts)