

Screening for infections in unaccompanied asylum-seeking children and arrivals from Ukraine

Introduction

Refugee and unaccompanied asylum seeking children (UASC) have the same rights to care as UK nationals. Almost half have infectious diseases warranting treatment. Most infections are undetectable clinically, so active surveillance is important. Please see [RCPCCH guidance](#) for full details.

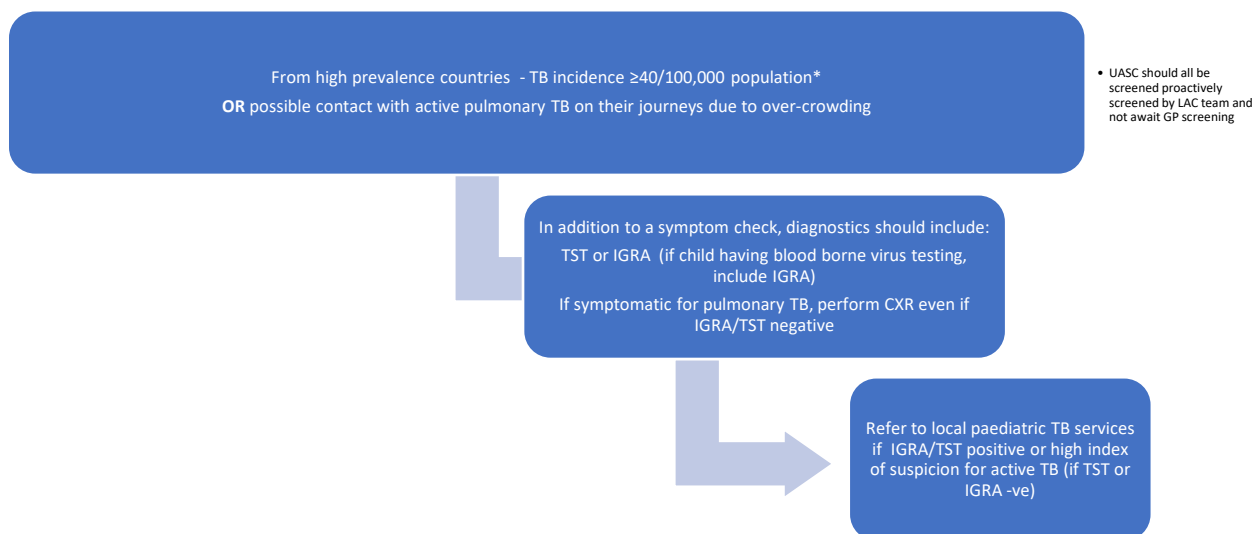
Screening is recommended for asymptomatic communicable disease including; tuberculosis, hepatitis B and C, HIV, sexually transmitted infections and parasitic infections. Risk of infection depends on country of origin (note: unaccompanied asylum-seeking children often travel through multiple countries before arriving in the UK).

Scope

This guidance is for healthcare professionals within Looked After Children's (LAC) teams who have a statutory responsibility in the care of unaccompanied asylum-seeking children and Primary Care staff looking after families arriving from Ukraine.

1) Unaccompanied asylum-seeking children

Tuberculosis screening:



*For list of TB incidence by country;

<https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people> and [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/incidence-of-tuberculosis-\(per-100-000-population-per-year\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/incidence-of-tuberculosis-(per-100-000-population-per-year))

Blood-borne and sexual transmitted infections screening:

HIV, Hepatitis B, Hepatitis C serology	Syphilis serology	Urine PCR for chlamydia and gonococcus
<ul style="list-style-type: none">• for all children being screened (HIV serology, HepBsAg, Hep C Ab)	<ul style="list-style-type: none">• if sexually active or previous risk of abuse	<ul style="list-style-type: none">• if sexually active or previous risk of abuse

Parasitic infections screening;

Soil transmitted helminths	Strongyloides	Schistosomiasis
<ul style="list-style-type: none">• stool OCP and giardia PCR• OR consider empiric treatment: albendazole	<ul style="list-style-type: none">➤ strongyloides serology[†] for those from endemic countries**➤ treatment: ivermectin	<ul style="list-style-type: none">• schistosomiasis serology[†] for all those from endemic countries*** (if positive refer to ID clinic for review and stool and urine testing)• OR consider empiric treatment: praziquantel

**Strongyloides list of endemic countries;

https://apps.who.int/neglected_diseases/ntddata/sth/sth.html)

*** Schistosomiasis list of endemic countries;

https://apps.who.int/neglected_diseases/ntddata/sch/sch.html)

†Schistosomiasis and strongyloides serology should be sent in red/plain top serum bottles and sent to local microbiology laboratory who will forward to reference laboratory as required. PLEASE INCLUDE INFO ABOUT COUNTRY OF ORIGIN AND COUNTRIES TRANSITTED ON REQUEST FORM as otherwise tests may not be processed.

Other baseline bloods:

FBC	U&E/LFTs/Vitamin D	Save serum
<ul style="list-style-type: none">• for anaemia and eosinophil count	<ul style="list-style-type: none">• baseline LFTs (useful if TB treatment subsequently required)	<ul style="list-style-type: none">• if subsequent serological testing required

OTHER:

Don't forget catch up vaccinations (please see RCPC and [government guidance](#))

Developed and ratified by the Wessex paediatric infectious diseases network, May 2022. For review April 2025

2) Children arriving from Ukraine:

- **TB testing:** The estimated TB incidence in Ukraine is 73 per 100 000 population compared to 9.5 per 100 000 in the EU/EEA (ECDC data, Apr 2022). TB symptom screening should be performed in primary care for all new entrants from Ukraine. For children with symptoms suggestive of active TB, arrange referral to local TB service for Mantoux and for children with symptoms suggestive of pulmonary TB, arrange urgent referral to local services for review inc chest X-ray +- sputum assessment. Household contacts of bacteriologically confirmed pulmonary TB cases should be screened for TB as per routine practice. LTBI screening (IGRA or Mantoux) is recommended within 2 years of arrival in the UK in line with NICE guidance (CG 33), where this is commissioned. However, if a child is at higher risk of exposure to TB (such as prolonged stay in camps awaiting visas prior to arrival in the UK), consider expediting TB screening (Mantoux or IGRA). Offer vaccination against TB for those aged under 16 who do not have a history of BCG vaccination and are tuberculin negative
- ascertain any risk factors for hepatitis B infection that may indicate the need for screening
- offer screening for hepatitis C and HIV because of higher prevalence in Ukraine than in the UK (HIV serology & Hep C Ab).
- Note: higher risk of colonisation with resistant infections in children from Ukraine (MRSA and gram negative infections) – in event of infection, collect microbiological specimen where possible and in the event of failure of 1st line treatment OR severe infection / sepsis, discuss choice of Ab with infection specialist.

Resources and references:

<https://www.nice.org.uk/guidance/ng33/chapter/recommendations#opportunistic-case-finding>

<https://www.rcpch.ac.uk/resources/refugee-unaccompanied-asylum-seeking-children-young-people-guidance-paediatricians>

<https://www.gov.uk/guidance/childrens-health-migrant-health-guide#assessing-the-health-of-migrant-children>

ECDC guidance on TB testing of Ukrainian migrants. <https://www.ecdc.europa.eu/en/news-events/testing-tuberculosis-infection-and-screening-tuberculosis-disease-among-incoming#:~:text=Tuberculosis%20epidemiological%20situation%20in%20Ukraine&text=The%20estimated%20TB%20incidence%20is,148%20in%20the%20same%20period>. Accessed 23/5/22

UK gov: Arrivals from Ukraine- guidance for primary care staff.

<https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care#:~:text=Previously%2C%20arrivals%20to%20the%20UK,the%20previous%20pre%2Dentry%20specifications>. Accessed 23/5/2022

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