

**TB Services for Uniting for Ukraine Program Enrollees**  
**2 June 2022**

Dear Colleague:

You may be contacted by patients enrolled in the Uniting for Ukraine Program (U4U) requesting Tuberculosis (TB) screening and testing. The United States Citizenship and Immigration Services (USCIS) established U4U to support Ukrainians displaced by the current conflict (<https://www.uscis.gov/ukraine>). One of the U4U beneficiary requirements is to complete medical screening for TB and to get a TB blood test (IGRA) within 14 days of arrival. Ukraine has a high burden of TB, with almost a quarter of TB cases being multi-drug resistant (MDR-TB). The system of TB care in Ukraine has been disrupted and Ukrainians have been displaced within Ukraine and in surrounding countries, often sheltering in conditions that make TB spread easier.

It is essential that every U4U beneficiary receive a complete TB evaluation with special attention to any potential exposure to MDR-TB AND be referred for care immediately as needed to get these patients the care they need and to protect our community from TB spread.

Arlington County Public Health Division (ACPHD) needs your help when you are contacted to provide care to U4U program patients. If your practice is contacted by a U4U beneficiary, please advise the patient of the following (See Attachment 1., *Arlington U4U Flyer*):

- ACPHD provides at no cost to U4U beneficiaries in Arlington:
  - TB screening and testing
  - Treatment for Latent TB infection and active TB disease, should it be needed
  - One time health screening and lab testing
  - Immunizations
- To access these ACPHD services, patients should:
  - Call 703-228-1200 as soon as possible for an appointment
  - Tell ACPHD that the appointment is for an enrolled U4U beneficiary

Finally, I want to remind you about the Virginia requirement to report TB cases to ACPHD. ACPHD staff can be reached 24/7:

- Presumptive or confirmed active TB disease – report immediately
  - Monday to Friday, 8 AM to 5 PM, call 703-228-5200, option #1
  - Nights and weekends, call 703-558-2222 and ask for the Public Health Duty Officer
- Latent TB infection – report within 3 days
  - Fax 703-228-5267 (Complete and send EPI-1 form (See Attachment 2))
  - Complete the Online EPI-1 Form  
(<https://redcap.vdh.virginia.gov/redcap/surveys/?s=NYKYR7W47M>)
  - Monday to Friday, 8 AM to 5 PM, call 703-228-5200, option #1

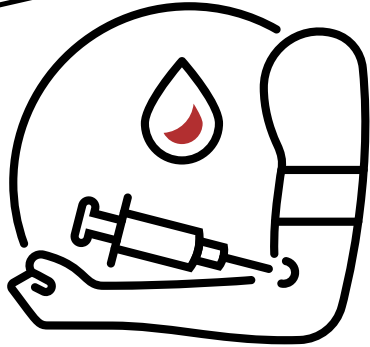
Thank you for your help in controlling and preventing the spread of communicable disease in Arlington. Your continued partnership with us protects our community.

Sincerely,



Reuben K. Varghese, MD, MPH  
Health Director and Division Director

**FREE**



For **Uniting for Ukraine (U4U)** beneficiaries living in Arlington:

- TB screening + testing + treatment
- Health screening + lab testing
- Immunizations

Make an appointment today!

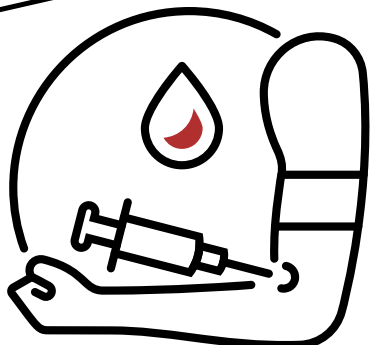
Call Arlington County Public Health Division and mention "U4U"

**703-228-1200**



[arlingtonva.us/Government/Programs/Health/U4U](http://arlingtonva.us/Government/Programs/Health/U4U)

**БЕЗКОШТОВНО**



Для учасників програми **"Об'єднаємося для України" (U4U)**, які проживають в Арлінгтоні:

- Обстеження на туберкульоз + аналізи + лікування
- Медичний огляд + лабораторні дослідження
- Щеплення

Запишіться на прийом сьогодні!

Зателефонуйте у відділ охорони здоров'я округу Арлінгтон та вкажіть назву програми "Об'єднаємося для України (U4U)"

**703-228-1200**



MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

**VIRGINIA DEPARTMENT OF HEALTH  
Confidential Morbidity Report**

Patient's Name (Last, First, Middle Initial):

SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home #: (     ) \_\_\_\_\_-\_\_\_\_\_

Patient's Address (Street, City or Town, State, Zip Code):

Work #: (     ) \_\_\_\_\_-\_\_\_\_\_

City or County of Residence

Date of Birth:  
(mm/dd/yyyy)

Age:

Race:  American Indian/Alaskan Native    Asian  
 Black/African American    Hawaiian/Pacific Islander  
 White    Unknown

Hispanic:

Yes  
 No

Sex:

F  
 M

**DISEASE OR CONDITION:**

Pregnant:

Yes  
 No  
 Unknown

Death:  Yes  No

Death Date:

Date of Onset:

Date of Diagnosis:

Influenza: (Report # and type only. No patient identification)

Number of Cases:           Type, if Known:

Physician's Name:

Phone #: (     ) \_\_\_\_\_-\_\_\_\_\_

Address:

Hospital Admission:  Yes  No

Hospital Name:

Date of Admission:

Medical Record Number:

**Laboratory Information and Results**

Source of Specimen:

Date Collected:

Laboratory Test(s) and Finding(s):

Name/Address of Lab:

CLIA Number:

**Other Information**

Comments: (e.g., Risk situation [food handling, patient care, day care], Treatment [including dates], Immunization status [including dates], Signs/Symptoms, Exposure, Outbreak-associated, etc.)

Name, Address, and Phone Number of Person Completing this Form:

Date Reported:

Check here if you need more of these forms, or call your local health department.   
(Be sure your address is complete.)

**For Health Department Use**

Date Received:

VEDSS Patient ID:

**Please complete as much of this form as possible**

Form Epi-1, 10/2011

## MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

Please report the following diseases (and any other disease or outbreak of public health importance) in the manner required by Sections 32.1-36 and 32.1-37 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health [Regulations for Disease Reporting and Control](#). Enter as much information as possible on the reporting form.

Acquired immunodeficiency syndrome (AIDS)  
Amebiasis \*  
ANTHRAX \*   
Arboviral infection (e.g., dengue, EEE, LAC, SLE, WNV) \*  
BOTULISM \*  
BRUCELLA \*   
Campylobacteriosis \*  
Chancroid \*  
Chickenpox (Varicella) \*  
*Chlamydia trachomatis* infection \*  
CHOLERA \*   
Creutzfeldt-Jakob disease if <55 years of age \*  
Cryptosporidiosis \*  
Cyclosporiasis \*  
DIPHTHERIA \*   
DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON  
Ehrlichiosis/Anaplasmosis \*  
*Escherichia coli* infection, Shiga toxin-producing \*     
Giardiasis \*  
Gonorrhea \*  
Granuloma inguinale  
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE \*   
Hantavirus pulmonary syndrome \*  
Hemolytic uremic syndrome (HUS)  
HEPATITIS A \*  
Hepatitis B (acute and chronic) \*  
Hepatitis C (acute and chronic) \*  
Hepatitis, other acute viral  
Human immunodeficiency virus (HIV) infection \*  
Influenza \* #  
(report INFLUENZA A, NOVEL VIRUS immediately)   
INFLUENZA-ASSOCIATED DEATHS IN CHILDREN <18 YEARS OF AGE  
Lead, elevated blood levels \*  
Legionellosis \*  
Leprosy (Hansen disease)  
Listeriosis \*   
Lyme disease \*  
Lymphogranuloma venereum  
Malaria \*  
MEASLES (RUBEOLA) \*  
MENINGOCOCCAL DISEASE \*

Report all conditions to your local health department when suspected or confirmed. Those in UPPER CASE must be reported immediately by the most rapid means available. All others must be reported within 3 days.

\* These conditions are reportable by directors of laboratories. In addition, these and all other conditions except mycobacterial disease (other than TB) and invasive MRSA infection are reportable by physicians and directors of medical care facilities. Reports may be by computer-generated printout, Epi-1 form, CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

A laboratory identifying evidence of these conditions shall notify the health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for TB, to DCLS or other laboratory designated by the Board.

<sup>^</sup> Laboratories that use a Shiga toxin EIA methodology but do not perform simultaneous culture for Shiga toxin-producing *E. coli* should forward all positive stool specimens or positive enrichment broths to DCLS for confirmation and further characterization.

# Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus must be reported immediately by the most rapid means available.

Note: 1. Some healthcare-associated infections are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12 VAC 5-90-370 for more information.

2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12 VAC 5-90-150-180 for more information.

Virginia Department of Health  
Office of Epidemiology  
P. O. Box 2448, Suite 516-East  
Richmond, Virginia 23218-2448

MONKEYPOX \*  
Mumps \*  
MYCOBACTERIAL DISEASES (INCLUDING AFB),  
 (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY  
Ophthalmia neonatorum  
OUTBREAKS, ALL (including, but not limited to, foodborne, healthcare-associated, occupational, toxic substance-related and waterborne)  
PERTUSSIS \*   
PLAGUE \*   
POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS \*   
PSITTACOSIS \*  
Q FEVER \*   
RABIES, HUMAN AND ANIMAL \*  
Rabies treatment, post-exposure  
RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME \*  
Salmonellosis \*   
SEVERE ACUTE RESPIRATORY SYNDROME (SARS) \*  
Shigellosis \*   
SMALLPOX (VARIOLA) \*  
Spotted fever rickettsiosis \*  
*Staphylococcus aureus* infection  
invasive methicillin-resistant (MRSA) \* and  
vancomycin-intermediate or vancomycin-resistant \*   
Streptococcal disease, Group A, invasive or toxic shock \*   
*Streptococcus pneumoniae* infection, invasive, in children <5 years of age \*  
Syphilis (report PRIMARY and SECONDARY immediately) \*  
Tetanus  
Toxic substance-related illness \*  
Trichinosis (Trichinellosis) \*  
TUBERCULOSIS (TB), ACTIVE DISEASE \*   
Tuberculosis infection in children <4 years of age  
TULAREMIA \*  
TYPHOID/PARATYPHOID FEVER \*   
UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN  
VACCINIA, DISEASE OR ADVERSE EVENT \*  
VIBRIO INFECTION \*  
VIRAL HEMORRHAGIC FEVER \*  
YELLOW FEVER \*  
Yersiniosis \*