

Considerations for host countries in ensuring the continuity of COVID-19 and routine vaccinations both for people arriving from Ukraine and resident populations, addressing immunisation gaps, enhancing vaccine-preventable disease surveillance and outbreak prevention

Provision of immunisation services



- Ensure that people fleeing from Ukraine are included in any mass vaccination or routine immunisation activities carried out in the host country against polio, measles, rubella, COVID-19 and other vaccine-preventable diseases.
- Facilitate access to vaccination services, both for individuals in reception centres as well as for those living within local communities, either at health facilities, mobile units or community-based services.
- Prepare culturally and linguistically tailored and targeted information materials in appropriate languages to inform about all available health services, including immunisation, and how to access those services.
- Use community engagement strategies to improve trust, counter misinformation and strengthen uptake of available services.
- Ensure that people have access to any available dedicated (online) system of registration for vaccinations, including necessary information (in relevant languages) and support to navigate such services.
- Assess vaccination status using available documentation (on paper and/or electronically).
- Record administered doses and make documentation available to vaccinated individuals for further reference (on paper and/or electronically).

COVID-19 vaccinations



- Offer COVID-19 primary vaccination series and a booster dose according to the schedule and eligibility criteria defined in COVID-19 vaccination policies in host countries. Prioritise elderly people, pregnant women, immunocompromised individuals and those with underlying conditions at higher risk of severe disease.
- Screen for documentation on COVID-19 vaccination status whenever available:
 - eligible individuals without any previous COVID-19 vaccinations or without documented vaccinations should be offered a primary vaccination series and a booster dose;
 - eligible individuals with a documented incomplete primary COVID-19 vaccination should complete their primary series followed by a booster dose;
 - eligible individuals with a documented complete primary COVID-19 vaccination should receive a booster dose.
- Ensure frontline workers (healthcare workers, volunteers, etc.) receive a primary series of COVID-19 vaccination and a booster dose, if not already fully vaccinated.

Routine vaccinations

Vaccinations against polio, measles and rubella should be prioritised for infants and children, especially those under six years, who missed any routine vaccination or if no documentation of previous vaccination is available, in accordance with the national immunisation schedules of the host country.

Enhanced surveillance and outbreak prevention



- Enhance surveillance for vaccine-preventable diseases, especially measles, rubella and poliovirus nationwide:
 - conduct active searches for unreported acute flaccid paralysis (AFP) cases;
 - review and enhance supplementary polio surveillance, particularly environmental surveillance, if necessary;
 - enhance syndromic surveillance for vaccine-preventable diseases (e.g. fever-rash surveillance) and case investigation, especially in reception centres;
 - increase awareness among health professionals providing care for people fleeing Ukraine to ensure that vaccine-preventable diseases are appropriately detected.
- Review and update national measles and polio outbreak preparedness plans.
- Review immunisation coverage at the subnational levels and among high-risk groups and take measures to improve coverage where necessary.

These considerations are consolidated from ECDC's [Operational public health considerations for the prevention and control of infectious diseases in the context of Russia's aggression towards Ukraine](#) and WHO Regional Office for Europe [Guidance for host countries in the context of mass population movement from Ukraine](#).

These guidance documents will be reviewed, and revised as needed, as the situation in Europe develops. Any changes will be communicated to health authorities by ECDC and WHO.