



Title: HAAD Standard for Visa Screening in the Emirate of Abu Dhabi
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Visa Screening Standards
Version 1.4

FOREWORD

Federal Law no. (27) For the year 1981 and its Ministerial Decree amendments No. (7) For the year 2008, and No. (28) For the year 2010 require a health investigation of all applicants for residence visa. The Ministry of Health, UAE has issued further specifications in this regard. The Health Authority Abu Dhabi (HAAD), as the regulatory body of the Healthcare Sector in the Emirate of Abu Dhabi, sets Standards for the Visa Screening required for issuing a fitness certificate of clearance from specified communicable diseases in the Emirate of Abu Dhabi.

The Visa Screening standards mandate specifications that extend and complement existing HAAD Regulatory Healthcare Policies and Standards, including the HAAD Laboratory Standards. Healthcare providers engaged in providing Visa Screening services must follow all procedures and processes specified in the Visa Standards to ensure consistent and site-neutral results.

The visa screening services serve several purposes, in particular, to protect the community from communicable diseases, to support the decision of granting an applicant a residence visa and to diagnose specified diseases of public health importance. This requires diagnostic services with high sensitivity, specificity and accuracy; the services must be completed within a specified turnaround time.

These standards emphasize the need for high quality health screening processes that must be met by any healthcare provider approved by HAAD to provide visa screening services as a part the Residence Visa Applicants Health Screening Program.

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List of Abbreviations

AFB	Acid Fast Bacilli
Anti-HCV	Antibody to HCV
BSL	Bio Safety Level
CME	Continuing Medical Education
CPT	Current Procedural Terminology
CXR	Chest X-ray, Chest Radiography
DICOM	Digital Imaging and Communications in Medicine
DST	Drug Susceptibility Testing
FTE	Full Time Equivalent
HAAD	Health Authority- Abu Dhabi
HAAD -CDS	Health Authority Communicable Diseases Section
HBs-Ag	Hepatitis B Surface Antigen
HCV	Hepatitis C Virus
HEPA	High Efficiency Particulate Air
HIV	Human Immunodeficiency Virus
IGRA	Interferon Gamma Release Assay
ISCO	International Standard Classification of Occupations
Licensee	The healthcare provider approved by HAAD under contractual agreement to provide the visa screening services. This is a commercial agreement in addition to the regulatory provider (facility and professional) licence requirement.
LJ	Lowenstein-Jensen medium for TB culture
LOINC	Logical Observation Identifiers Names and Codes
MDR TB	Multi Drug Resistant Tuberculosis
MOI	Ministry of Interior
MOH	Ministry of Health
MOTT	<i>Mycobacteria</i> Other Than Tuberculosis
MTB	<i>Mycobacterium tuberculosis</i>
PACS	Picture Archiving and Communication System
PTB	Pulmonary Tuberculosis
RIBA	Recombinant Immunoblot Assay

TAT	Turnaround Time
TB	Tuberculosis
TST	Tuberculin Skin Test
VSP	Visa Screening Provider
XDR TB	Extensively Drug Resistant Tuberculosis

1. Purpose

- 1.1. This standard mandates the visa screening applicants case mix, the screening tests and the visa screening process specifications in the Emirate of Abu Dhabi to ensure quality, reliability, consistency and integrity of the screening services.

2. Scope

- 2.1. This Standard applies to HAAD licensed healthcare providers approved under contract to provide visa screening services.

3. Duties on Healthcare Providers

- 3.1. All licensed healthcare providers (facilities and healthcare professionals) involved in providing visa screening services must:
 - 3.1.1. Comply with the requirements and adhere to the processes as specified in this Standard;
 - 3.1.2. Obtain prior consent from applicants for visa screening, including for consent to be screened for pregnancy, TB treatment and follow up;
 - 3.1.3. Educate patients on screening tests and related health topics in a culturally appropriate manner and in easy-to-understand language,
 - 3.1.4. Report and submit complete and accurate data for all individual screening observations to HAAD via the Visa Screening reporting system in accordance with the specified format and timeframe, and in compliance with the HAAD *Reporting of Health Statistics Policy* and as set out in the HAAD Data Standards and Procedures (found online at www.haad.ae/datadictionary). Reported data must include all clinical findings, radiologists' findings, blood tests observations and sputum smear result, including negative, reactive and repeatedly reactive test result,
 - 3.1.5. Comply and cooperate with HAAD requests for information on case investigations and follow up, as and when requested by HAAD authorized personnel,
 - 3.1.6. Comply with HAAD policies and standards on health information retention and disposal and managing patient medical records requirements, including develop effective recording systems, maintain patient records, maintain confidentiality, privacy and security of patient information,
 - 3.1.7. Maintain, and make available for HAAD audit, all records and files pertaining to the visa screening services, including but not limited to policies and procedures, patient records,
 - 3.1.8. Comply and cooperate with the HAAD authorized auditors, as required for inspections and audits by HAAD.

4. HAAD Role

- 4.1. Establish the requirements for the Residence Visa Applicants Health Screening Program, including for the:
 - 4.1.1. Core screening tests as defined by the Federal Law no. (27) For the year 1981, and its subsequent amendments, and
 - 4.1.2. Additional screening tests that may be determined and mandated by HAAD, from time to time.
- 4.2. Develop and mandate Standards to ensure the quality and integrity of screening services in support of the Residence Visa Applicants Health Screening Program in the Emirate of Abu Dhabi,
- 4.3. Provide guidance and training for healthcare providers involved in the provision of Visa screening services to support the effective implementation of the standards and services,

- 4.4. Oversee and manage the visa screening process through analysis, review and assessment of data submitted by healthcare providers involved in visa screening,
- 4.5. Audit and inspect healthcare providers involved in the visa screening services,
- 4.6. Control and authorize the issuance of fitness certificates,
- 4.7. Perform contact identification, tracing and referral for follow up.

5. Standard 1 – Applicants Case Mix and Identification

- 5.1. All visa applicants wishing to enter Abu Dhabi for residency purposes, including for working, residence or study, are required to undertake visa screening. To do so, applicants must either have a valid residence visa or entry permit issued in the Emirate of Abu Dhabi and must sign the Visa Screening general consent form provided at Appendix 22.
- 5.2. All applicants with entry permit for periodical short business or work missions must also be screened.
- 5.3. Applicants for a visit visa are excluded from visa screening requirements.
- 5.4. All visa applicants are required attend to a HAAD approved visa screening healthcare provider, except in the following cases:
- 5.5. Visa screening applicant admitted to a public or private Hospital and unable to attend to the screening provider facility, in which case the blood tests results and CXR film may be provided by the admitting hospital with verified documents and must be entered into the HAAD visa screening reporting system with indication of the investigating source and review of the CXR film by the visa screening provider radiologists,
- 5.6. Visa screening applicants who are Immobile, but not admitted to a hospital and unable to attend to the screening provider facility; need to provide a medical report about their status. A special home care team can be arranged to facilitate the screening investigations required for the fitness certificate and collection of blood samples. The chest x-ray can be replaced with IGRA test as mentioned in Appendix 20. This is considered as enhanced visa screening service.
- 5.7. Where either 5.4.1 or 5.4.2 apply, the approved visa screening provider must retain copies of all external investigation cases on their records.
- 5.8. Approved visa screening providers must ensure that applicants present their original passport and valid residence visa (for residents), or entry permit for work, residence or study, and where relevant sponsor change document from the Ministry of Labor. A copy of these documents must also be submitted as part of the screening process.
- 5.9. Healthcare providers approved to provide visa screening services must ensure that applicants undergoing via screening are:
 - 5.9.1. registered as either 'new' for applicants with an entry permit or 'renew' for applicants with a valid residence visa,
- 5.10. uniquely identified using a Unified Number with at least one of the following: Name, Date of Birth, or Nationality.

6. Standard 2 – Visa Screening Tests

- 6.1. Visa screening tests are classified into occupational categories determined by the federal Law. Approved Visa screening providers must perform the batch of screening tests specified for each occupational group in accordance with the visa screening process as described at Section 7 (Standard 3) of this Standard.
- 6.2. Screening for new visa applicants Category A includes screening for:
 - 6.2.1. leprosy
 - 6.2.2. pulmonary tuberculosis, and

- 6.2.3.HIV.
- 6.3. Screening for new visa applicants in Category Bi (Appendix 8) includes screening for
 - 6.3.1.Leprosy,
 - 6.3.2.Pulmonary tuberculosis,
 - 6.3.3.HIV,
 - 6.3.4.Hepatitis B,
 - 6.3.5.Syphilis,
 - 6.3.6.Vaccination for hepatitis B,
 - 6.3.7.Pregnancy test for females.
- 6.4. Screening for new visa applicants Category Bii (Appendix 8) includes screening for:
 - 6.4.1.leprosy, pulmonary tuberculosis,
 - 6.4.2.HIV,
 - 6.4.3.Hepatitis,
 - 6.4.4.syphilis, and
 - 6.4.5.Vaccination for hepatitis B,
- 6.5. Enhanced visa screening service: Health screening for new visa applicants in category C include:
 - 6.5.1.leprosy, pulmonary tuberculosis.
 - 6.5.2.HIV.
 - 6.5.3.hepatitis B,
 - 6.5.4.hepatitis C.
 - 6.5.5.Hepatitis B vaccine if the applicant did not take it previously.
- 6.6. visa screening service: Screening for all Renewal visa applicants Category A includes detection of:
 - 6.6.1.leprosy,
 - 6.6.2.pulmonary tuberculosis, and
 - 6.6.3.HIV.
- 6.7. Screening for Renewal visa applicants Category B(i and ii) includes screening for:
 - 6.7.1.leprosy, pulmonary tuberculosis;
 - 6.7.2.HIV;
 - 6.7.3.hepatitis B;
 - 6.7.4.syphilis and
 - 6.7.5.Pregnancy for females Category Bi
- 6.8. Hepatitis B vaccination status (verify the doses taken).Enhanced Health screening for renewal for visa applicants in category C as it is required by HAAD standards includes:
 - 6.8.1.leprosy, pulmonary tuberculosis
 - 6.8.2.HIV
 - 6.8.3.hepatitis B
 - 6.8.4.hepatitis C
 - 6.8.5.Hepatitis B vaccine if the applicant has no history of previous vaccination.

7. Standard 3 – Visa Screening Process Specifications

- 7.1. The visa screening process comprises of the following components that must be performed for each group of communicable diseases specified for an occupational visa category (refer Section 6 Standard 2):
 - 7.1.1.physical examination,
 - 7.1.2.specimen collection,
 - 7.1.3.investigations,

- 7.1.4.confirmation;
- 7.1.5.treatment,
- 7.1.6.referral.

7.2. follow up of positive cases identified according the standard (Standard 5)

7.3. Approved visa screening providers must perform all components in accordance with this Standard and the process specifications depicted at Appendix 1-7 and as detailed in the following sub-sections.

7.3.1.Physical examination to detect leprosy must satisfy the following requirements:

- 7.3.1.1. The process must follow that as outlined in Physical examination at Appendix 2,
- 7.3.1.2. There must be a written procedure for how to investigate possible cases of leprosy,
- 7.3.1.3. The procedure is available and known by the medical staff investigating the applicants,
- 7.3.1.4. The procedure follows 'Essentials of Leprosy Diagnosis & Treatment' (Reference 1), as applicable,
- 7.3.1.5. Any applicant with skin patches and geographical history for the possibility of leprosy is thoroughly asked questions which can increase or decrease the possibility of leprosy,
- 7.3.1.6. Testing of skin sensation is part of the investigation of suspected cases of leprosy,
- 7.3.1.7. Suspected cases of leprosy are referred to a dermatologist for confirmation,
- 7.3.1.8. Where cases of TB (Suspicion of Extra pulmonary TB') or of notifiable communicable disease other than TB are suspected during the leprosy physical examination, they must be notified to HAAD in accordance with the HAAD Vital Statistics and Communicable Diseases Standard, and referred to an appropriately qualified HAAD licensed healthcare professional for diagnosis and treatment.

7.3.2.Chest X-ray Screening to detect pulmonary tuberculosis using digital Chest X-ray must satisfy the following requirements

- 7.3.2.1. The process must follow that as outlined in the Chest X-ray - Screening for Tuberculosis at Appendix 3.
- 7.3.2.2. All individuals must be considered for screening using digital Chest X-ray. Any exclusion must follow HAAD and UAE regulations, as provided below and must be documented.
 - 7.3.2.2.1. Individuals below 18 years of age are excluded.
 - 7.3.2.2.2. Pregnant women are excluded, where this is obvious, or (when pregnancy is suspected, possible or doubtful) after a positive pregnancy testing for qualitative detection of gonadotropin, chorionic [hCG] in blood (CPT 84703) or urine (CPT 81025).
- 7.3.2.3. Female applicants must be informed verbally and/or via posted signs at the facility in relevant languages that Chest X-ray may be postponed until two months after the expected date of delivery. Where postponement is required, the visa screening provider must ensure that:
 - 7.3.2.3.1. Excluded women are given an appointment for a chest X-ray within two months after the expected date of delivery. This must be organized with the visa applicant concerned and their sponsor.
 - 7.3.2.3.2. The sponsor must be informed about the visa applicant pregnancy status and must sign the consent form to release the certificate (refer to Appendix 17),

- 7.3.2.3.3. The scheduled postponed chest X-ray must be arranged by VSP at 2 months of expected delivery and must be documented in the consent form signed by the sponsor.
- 7.3.2.3.4. There approved visa screening provider must establish a process to monitor, recall and track deferred chest X-ray appointments and must report to HAAD-Communicable Diseases Section on all “No Show” cases within no more than two weeks from the date of the re-scheduled appointment.
- 7.3.2.4. Where a visa applicant is identified to be at risk from repeat exposures to Chest X-ray, the approved visa screening provider is required to follow the directions provided at Appendix 20.
- 7.3.2.5. Digital Chest X-ray, DICOM-7 compliant PACS system, and T2 Internet connection must be used,,
- 7.3.2.6. HAAD Hospital Standards, Facility Safety FSE.12 and FSE. 13 must be followed.
- 7.3.2.7. HAAD Hospital Standards for Facility and for Staff Safety must be followed, as applicable,
- 7.3.2.8. All Chest X-ray Images are evaluated and documented following HAAD ‘Visa Screening for Pulmonary Tuberculosis with Digital Chest X-ray Radiologist Reading and Reporting Format in accordance with HAAD recognized international practices, such as that in Reference 2
- 7.3.2.9. All digital Chest X-ray images must be read by a HAAD licensed radiologist,
- 7.3.2.10. The HAAD format and forms specified at Appendix 8 must be used for reading and reporting of all X-ray images,
 - 7.3.2.10.1. The digital chest X-ray is presented to the reader only with information of age and gender. Other identifiers such as new or renewal visa, 1st, 2nd or 3rd reading radiologist, serial number, nationality and name must be kept confidential in the database but not visible at chest X-ray evaluation,
 - 7.3.2.10.2. All images evaluated as ‘Abnormal’ (Not PTB, Old PTB, or Suspicion of Active PTB, Extra pulmonary PTB) by the 1st reader, must be evaluated by a 2nd reader and 3rd reader (Appendix10). The 2nd reader must not be informed of the documented findings or the Final evaluation of the 1st reader. The same requirement applies to the third reader,
 - 7.3.2.10.3. To measure variability and to increase sensitivity, at least 3% of all chest X-ray results evaluated as negative by the 1st reader are evaluated blindly by a 2nd reader; where discrepancies are identified then evaluation is required by a 3rd reader.
- 7.3.2.11. All results from Visa Screening Chest X-ray must be processed within 24 hours of an applicant’s attendance at a clinic
 - 7.3.2.11.1. All initially negative X-ray readings must be reported via the HAAD electronic system within 24 hours.
 - 7.3.2.11.2. All excluded Chest X-ray tests postponed due to pregnancy must be reported via the HAAD electronic system within 24 hours of performing the test.
 - 7.3.2.11.3. All readings requiring a second reading must be reported via the HAAD electronic system within 24 hours from second reading,
- 7.3.3. Tuberculin Skin Test, Interferon Gamma Release Assay, Sputum collection, microscopy and culture for TB must be performed in accordance with Appendix 10 and evaluated as described in Appendix 14.

- 7.4. Pregnancy test must be performed for all female new and renew residence visa applicants Category Bi and must be documented. The process must follow that as outlined at Appendix 6.
- 7.4.1. Sputum collection for detection of *Mycobacterium tuberculosis* must satisfy the following requirements:
- 7.4.1.1. All procedures are planned to minimize risk for spread of infection and for optimal retrieval of *Mycobacterium tuberculosis* when present following CDC US Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health Care Settings, 2005 (Reference 3).
 - 7.4.1.2. Sputum samples must be collected and investigated with microscopy and culture from all cases evaluated in accordance with Appendix 10.
 - 7.4.1.3. Three sputum samples must be collected in 8-24 hours intervals and investigated with microscopy, with one sample to be sent for culture from all cases reported from chest X-ray as 'Suspicion of PTB.
 - 7.4.1.4. The first sputum sample must be collected within 3 working days after the chest X-ray evaluation for cases reported as 'Suspicion of PTB'; the applicant or sponsor must be contacted to arrange for this.
 - 7.4.1.5. All activities to contact and schedule the applicant for sputum collection must be documented in accordance with Appendix 12.
 - 7.4.1.6. The visa screening provider must report to HAAD if the applicant failed to continue the follow up investigation for more than 2 weeks after a case has been registered as 'TB suspected'.
- 7.4.2. Sputum is collected in a sputum induction booth or in an Airborne Infection Isolation room under supervision of a nurse or physician. A minimum volume of 3 mL sputum is collected.
- 7.4.3. Sputum production is induced by inhalation of an aerosol of warm, hypertonic saline, when needed Sputum samples are stored refrigerated and transported to the laboratory so the risk for spread of infection is minimized and for optimal retrieval of *Mycobacterium tuberculosis*.

8. Standard 4 – Vaccination

- 8.1. Only applicants eligible for Hepatitis B vaccination (Category Bi, Category Bii and C; Appendix 8), with no contraindications and in line with HAAD vaccine standards, are to be vaccinated.
- 8.2. The vaccination process must follow that as outlined in Appendix 5.
- 8.3. Each dose is given with 1.0 mL vaccine as an intramuscular injection.
- 8.4. The first hepatitis B vaccine dose is given at the first visit for an application for a New Visa certificate. The second hepatitis B vaccine dose is given one month after the first dose. The third hepatitis B vaccine dose is given six months after the first dose.
- 8.5. The applicant and/or the sponsor are required to arrange an appointment for the second and third vaccination.
- 8.6. The provider takes responsibility for further contacts with the applicant and/or sponsor if the applicant has not returned within 2 months for the second vaccination or within 8 months for the third vaccination,
- 8.7. Proof of vaccination will be required on visa renewal and a penalty of 500 AED will be paid by the applicant for non-compliance.

9. Standard 5 – Follow up on Positive detected through visa screening

9.1. Follow up of positive TB cases detected during the visa screening process

9.1.1. HAAD-Communicable Diseases personnel will:

- 9.1.1.1. Send a feedback to the Visa Screening Provider with the final recommended action.
- 9.1.1.2. Initiate contact tracing if required and inform the infectious diseases clinic for contact investigations.
- 9.1.1.3. If the case is unfit, deportation procedures are managed by HAAD-Communicable Diseases Section and coordination between the sponsor and MOI is arranged.
- 9.1.1.4. If unfit, HAAD- Communicable Diseases Section had to notify the sponsor and Ministry of Interior of diagnosed cases according to HAAD policy and regulation.
- 9.1.1.5. Further communication of data to MOH or others is arranged by HAAD-CDS.
- 9.1.1.6. Details of final Actions of visa screening are listed in Appendix 7 with the definition of the role of HAAD -CDS and VSP

9.1.2. Visa Screening provider will:

- 9.1.2.1. Perform screening investigations and follow HAAD Visa screening standards.
- 9.1.2.2. Report any suspected chest X-ray to HAAD- CDS by filling the Chest x-ray Report of Tuberculosis for visa screening (Appendix 9)
- 9.1.2.3. Send results of investigations of suspected cases via electronic communication with HAAD IT system consequently according to the time frame recommended by HAAD Standards for each test.
- 9.1.2.4. The patient is called for investigations and the first sputum sample shall be collected within 3 working days after x-ray evaluation.
- 9.1.2.5. The maximum interval for starting investigations is two weeks from the first radiology report.
- 9.1.2.6. In the mean time, the applicant may complete remaining screening activities including physical examination, HIV, Hepatitis B, Hepatitis C
- 9.1.2.7. The Results of the TB culture and IGRA test has to be sent to HAAD within 24 working hours for further evaluation of the process
- 9.1.2.8. If the sputum AFB results are positive (in accordance with the HAAD DOT Standard found online at www.haad.ae), VSP has to arrange immediately for admission and further management of the cases
- 9.1.2.9. The VSP will receive the final recommended action and will act accordingly; on issue of certificate, follow up of the patient, treatment, or referral to hospitals (Appendix 7)
- 9.1.2.10. Keep registry of all patient with follow up, issue the certificate and schedule a follow up visits after 3 months
- 9.1.2.11. In the follow up visits, CXR should be performed and compared with previous CXR films to detect any changes
- 9.1.2.12. If there is no change in the chest films, the patient is reassured and given appointment every 6 months for the next 2 years
- 9.1.2.13. If the patient didn't come for the follow up visits, VSP have to call and ensure a reschedule another visit and fill the call for investigation form. (Appendix 12)
- 9.1.2.14. Reporting of incompliance to the follow up visits is recommended if the patient didn't come for 2 consecutive visits and HAAD-CDS must be informed.
- 9.1.2.15. Monthly reporting of follow up of Patients of inactive PTB is required by filling Template for follow up visits

- 9.1.2.16. Renewal applicants with old pulmonary tuberculosis will be given the certificates only if the patient and sponsor signed the consent forms and agreed to comply with DOTs Program (Appendix15)
- 9.2. Follow up of positive cases of HIV, or Hepatitis B cases detected during Visa Screening process
 - 9.2.1. HAAD- CDS will:
 - 9.2.1.1. Send a feedback to Visa Screening Provider with the final recommended action.
 - 9.2.1.2. Initiate contact tracing and inform the infectious diseases clinic for contact investigations.
 - 9.2.1.3. Review the case according to the laws and policies of deportation and decide in the consecutive action.
 - 9.2.1.4. Deportation procedures are managed by HAAD-CDS and coordination between the sponsor and MOI is arranged.
 - 9.2.1.5. Evaluate the process on monthly basis
 - 9.2.2. Visa Screening Provider will:
 - 9.2.2.1. Perform screening investigations and follow HAAD Visa screening standards.
 - 9.2.2.2. Call the patient for 2nd blood sample if the initial sample is reactive
 - 9.2.2.3. Collect the second sample and perform the confirmatory test
 - 9.2.2.4. Send the confirmation results to HAAD IT system.
 - 9.2.2.5. Admit confirmed positive HIV cases to the isolation ward.
 - 9.2.2.6. If the applicant's HIV confirmation results are indeterminate, a follow up visit is arranged after 1 month and 3 months (from the first test at application) to repeat the confirmation tests.
 - 9.2.2.7. If the confirmation results of HIV test are repeatedly indeterminate after three months, the certificate will be issued and follow up visits are arranged after 6 (from the first test at application) to repeat the western blot test
- 9.3. Follow up of positive cases of Syphilis detected during Visa Screening process
 - 9.3.1. HAAD- CDS will:
 - 9.3.1.1. Send a feedback to Visa Screening Provider with the final recommended action.
 - 9.3.1.2. Initiate contact tracing and inform the infectious diseases clinic for contact investigations.
 - 9.3.1.3. Evaluation and monitoring of Syphilis cases detected through visa screening
 - 9.3.1.4. Send a feedback to Visa Screening Provider with the final recommended action.
 - 9.3.2. Visa Screening Provider will:
 - 9.3.2.1. Perform screening investigations and follow HAAD Visa screening standards.
 - 9.3.2.2. Call the patient for 2nd blood sample if the initial sample is reactive
 - 9.3.2.3. Collect the second sample and perform the confirmatory test
 - 9.3.2.4. Send the confirmation results to HAAD IT system
 - 9.3.2.5. Ensure that the patient is treated either in the same health care facility or refer him for treatment.
 - 9.3.2.6. Inform the sponsor of the current status of the applicant and the need of treatment and follow up ask him to sign a consent form
 - 9.3.2.7. Arrange a follow up visits after 3 months and 6 months to review the patient status.

10. Standard 6 – Requirements for Laboratory Services

- 10.1. All laboratory services provided in support of the visa screening process must be conducted in accordance with the HAAD Clinical Laboratory Standards: <http://www.haad.ae/HAAD/LinkClick.aspx?fileticket=x0qHzbClMj8%3d&tabid=82>

11. Standard 7 – Use of Identifiers

- 11.1. Applicants must be checked for previous visa screening encounters at. The unique identifiers of each applicant are sent to HAAD via web portal:
- 11.1.1 For new applicants if there is an existing record of a positive or pending result of a renewal attempt within the previous three years The process is ‘flagged’ under action 11 and must be temporarily stopped;
- 11.1.2 For renewal visa applicants, the unique identifier must be used to check if there is an existing record of a positive or pending result of a renewal attempt within the previous three years; the process is ‘flagged’ under action 11 and temporarily stopped. That is, matching the unique identifiers in accordance with process at Appendix 7.
- 11.2. any visa health screening application that is flagged is handled individually by HAAD based on pre existing information in the database before decision how to proceed is taken.