



News/Updates: Supplemental Health Recommendations and Considerations for Arrivals from Afghanistan — Multiple Locations, 2021

September 24, 2021

Dear State Refugee Health Coordinator and Refugee Health Partners:

Summary

The Centers for Disease Control and Prevention (CDC) is actively supporting the arrival of Afghan evacuees in [Operation Allies Welcome](#). Currently, evacuees from Afghanistan, with the exception of American Citizens and lawful permanent residents, are encouraged to accept U.S. Government assistance and travel to a Safe Haven location such as a military base in the United States. At these Safe Havens, Afghan evacuees will receive vaccinations and medical screening, and be placed and assured to local refugee resettlement agencies across the United States. The medical screening done at the bases has been described previously in the notification sent September 9, 2021 (provided below for reference). This notification serves as a supplement to that guidance.

On September 14, 2021, travel from the transit locations (“lily pads”) outside of the United States to Safe Havens in the U.S. was paused to ensure vaccinations for MMR and varicella for those individuals at both the overseas and domestic sites. This was done as cases of vaccine preventable diseases (mumps, measles, pertussis, varicella, Hepatitis A, COVID-19) have been diagnosed among Afghan evacuees in the United States. Case management, contact tracing, and outbreak control measures have been undertaken at the respective sites.

There are some instances where Afghan evacuees may not have gone to a Safe Haven before arriving at their final destination. In addition, some evacuees who arrived in the United States early in the resettlement process were transported to locations other than the current bases for temporary housing. For those who arrived before the pause or for those who may have arrived on charter or commercial flights, clinicians should remain vigilant for signs and symptoms of communicable diseases.

The Bureau of Population, Refugees, and Migration (PRM) places a high priority on ensuring that Afghans granted parole in the United States who are eligible for and request Afghan Placement and Assistance (APA) Program benefits receive them. The agencies are actively encouraging Afghan evacuees to travel to a Safe Haven location to complete the medical requirements of parole. If travel to a base is not possible, Afghans granted parole must complete these requirements independently.

The following guidance is for clinicians seeing Afghan evacuees who did not complete screening at a Safe Haven military base.

Guidance for Clinicians Evaluating Afghans with Parole Status who were Not Processed at a Safe Haven Military Base

As outlined previously and listed below in the September 9, 2021 notification, the medical screening for parolees includes—

- 1) age-appropriate vaccines as defined by [Table 1](#) of the Vaccination Technical Instructions for Civil Surgeons (with broader age limits for MMR and polio vaccines, see September 9, 2021 notification),
- 2) COVID-19 vaccine, and
- 3) screening for tuberculosis.

Afghan evacuees are to report their compliance with the conditions of their parole at the following webpage: <https://www.uscis.gov/vaccination-status>. If they have questions, they can contact USCIS [here](#).

If clinicians encounter arrivals from Afghanistan who do not have documentation of vaccination, it is imperative to provide the first dose of age-appropriate vaccines as defined by [Table 1](#) of the [Vaccination Technical Instructions for Civil Surgeons](#), with broader age limits for MMR and polio vaccines, as well as COVID-19 vaccine, as soon as possible to protect the individual and the receiving community and to satisfy the conditions of parole. Please read the September 9, 2021 notification for further instructions for those who arrive with records of previous vaccination. Verbal history of previous vaccination is not sufficient to satisfy the conditions of parole. If clinicians have questions about the availability or funding of specific vaccines for these evacuees, they should reach out to their state immunization program.

Of note, clinicians should advise the Afghan evacuees that they are not considered [fully vaccinated](#) for COVID-19 until two weeks after their second dose in a 2-dose series (Pfizer or Moderna vaccines) or two weeks after a single-dose vaccine (Johnson & Johnson's Janssen vaccine). As such, Afghan evacuees should keep taking all precautions until they are fully vaccinated for COVID-19. More information on precautions can be found [here](#).

Tuberculosis screening should be performed as per the [Tuberculosis Technical Instructions for Civil Surgeons](#), as follows:

- Interferon-Gamma release assay (IGRA) test for arrivals 2 years of age and older
- Those with positive IGRA results should have a chest x-ray (CXR).
 - 1 view (posteroanterior) for all arrivals ≥ 10 years old
 - 2 view (posteroanterior or anteroposterior & lateral) for arrivals < 10 years old
- Those with abnormal CXR findings (listed below) should be referred to the local or state health department for further evaluation.
 - Infiltrate or consolidation
 - Reticular markings suggestive of fibrosis
 - Cavitary lesion
 - Nodule(s) or mass with poorly defined margins (such as tuberculoma)
 - Pleural effusion
 - Hilar/mediastinal adenopathy
 - Miliary findings
 - Discrete linear opacity
 - Discrete nodule(s) without calcification
 - Volume loss or retraction
 - Irregular thick pleural reaction
- Those with signs or symptoms of tuberculosis or history of HIV infection or extrapulmonary tuberculosis should undergo full examination for TB infection/disease, including CXR and referral to the health department for further workup, regardless of initial IGRA and/or CXR results. However, if there is strong clinical suspicion for active tuberculosis disease, final IGRA results are not needed prior to contacting the health department.

If someone self-declares as a Special Immigrant Visa (SIV) applicant and would like to undergo the full required immigration medical screening as they didn't complete it overseas, please refer them to a civil surgeon. More information about finding a civil surgeon can be found [here](#).

Clinicians should also be aware that tuberculosis, malaria, leishmaniasis, lice, and scabies have also been diagnosed in Afghan evacuees. Clinicians should maintain a high index of suspicion for the possibility of these conditions and other vaccine-preventable diseases beyond measles, varicella, and COVID-19 (e.g., diphtheria, pertussis, Hepatitis A) among evacuees with compatible signs and symptoms and report notifiable conditions to health departments in accordance with local requirements or agreements. More information on health conditions of Afghan evacuees can be found [here](#).

Finally, efforts should be made to assist the evacuee in establishing care with a primary care physician for routine medical needs, as well as follow up for any additional age-appropriate vaccinations or continuation of vaccine series. CDC developed [medical screening guidance for healthcare providers](#) who may see refugees during the resettlement process; this guidance may be useful to clinicians in this context. Most Afghan evacuees were admitted with humanitarian parole status and thus currently are not eligible for the Office of Refugee Resettlement (ORR)-funded medical services. However, some humanitarian parolees may be eligible for Medicaid—eligibility depends upon the state where an evacuee is residing. Those admitted as SIV holders are eligible for ORR-funded medical services.

Guidance for Clinicians and Resettlement Agency Staff

In addition, clinicians and resettlement agency staff serving Afghan evacuees should, themselves, be up to date with the following vaccines:

- Measles, Mumps, Rubella (MMR): If your full childhood series was completed, you do not need a booster dose at this time;
- Tetanus, Diphtheria, and Pertussis (Tdap);
- Varicella (Chicken Pox);
- Polio;
- COVID-19: 2 weeks or more from last dose (J&J, Pfizer, or Moderna); and
- Seasonal Influenza (2021-2022 flu shot): This vaccine is now widely available.

Any employee who is not sure of their vaccination status for any vaccine listed above should contact their health provider for additional information.

The Operation Allies Welcome response continues to evolve. CDC will continue to update partners as more information becomes available.

Sincerely,

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News/Updates: Health Recommendations and Considerations for Arrivals from Afghanistan — Multiple Locations, 2021

September 9, 2021

Dear State Refugee Health Coordinator and Refugee Health Partners:

Summary

On August 29, 2021, President Biden directed the Department of Homeland Security (DHS) to lead implementation of ongoing efforts across the federal government to support vulnerable Afghans, including those who worked alongside us in Afghanistan for the past two decades, as they safely resettle in the United States. These coordinated efforts will be known as [Operation Allies Welcome](#). At the President's direction, DHS has stood up a Unified Coordination Group (UCG) to coordinate efforts under Operation Allies Welcome. The work of the UCG will be undertaken in close collaboration with partners in state and local government, non-governmental organizations, and the private sector.

The Centers for Disease Control and Prevention is actively supporting the arrival of Afghan evacuees. This situation is rapidly evolving; please see the following interim domestic information and guidance for Afghanistan arrivals. Currently, evacuees from Afghanistan with the exemption of American Citizens (AmCits) and lawful permanent residents (LPRs), are encouraged to accept U.S. Government (USG) assistance and travel to a federally approved evacuation center (Department of Defense (DoD) military base), where operations have been set up so they can receive medical screening and resettlement services, before traveling to their final destinations in the United States.

Upon Arrival: COVID-19 Infection Control Measures

Various COVID-19 infection control measures have been implemented for evacuees after they arrive in the United States, including mask requirements and social distancing.

All new arrivals into U.S. airports will receive COVID-19 testing. Asymptomatic persons who test positive for SARS-CoV-2 via antigen (Ag) testing will be tested by confirmatory nucleic acid amplification test (NAAT). Those who are asymptomatic and test positive on both an antigen test and a NAAT, will be considered a confirmed case. Those who report symptoms consistent with COVID-19 prior to Ag testing, will be tested with NAAT, and if positive will be considered a confirmed case.

If the Afghan evacuees continue onto a DoD base for processing, they will also have serial COVID-19 testing performed while on base. This is consistent with CDC recommendations for persons arriving after international travel to be tested 3-5 days after arrival ([CDC After Travel Testing and Precautions](#)) and for persons residing in [congregate settings](#). All of those who test positive for COVID-19 at either the airport or the DoD base will be isolated, and contacts who are not fully vaccinated will be quarantined.

Arrival: Medical Exams and Vaccinations

It is in the United States' public health interest to institute a medical screening process and ensure that the evacuees, with the exemption of AmCits and LPRs, receive the medical screening at a DoD base before continuing to their next destination in the United States.

- When logistically possible at the bases, Afghan evacuees who are in the [Special Immigrant Visa \(SIV\)](#) program will complete the immigration medical examination as described in the [Technical Instructions for Civil Surgeons](#) and complete the I-693 form. Otherwise, these individuals will complete the exam described below.
- Afghan evacuees who entered the United States as a [parolee](#) will complete a routine screening exam as described below. Completion of this screening fulfills the medical conditions of their current parole at no cost to the evacuee and at no burden to the broader U.S. health care or public health systems. In the event an evacuee is not processed at a DoD base, they are still required to satisfy the medical screening conditions of

their parole within 7 days of arrival and must provide documentation to United States Citizenship and Immigration Services (USCIS).

The medical screening for parolees includes 1) age-appropriate vaccines as defined by [Table 1](#) of the Vaccination Technical Instructions for Civil Surgeons (with broader age limits for MMR and polio vaccines, see below), 2) COVID-19 vaccine and test, and 3) screening for tuberculosis.

Specifically, Afghanistan arrivals should undergo the aforementioned medical screening components as described in the [Technical Instructions for Civil Surgeons](#) with some modifications:

- A. Due to circulating measles and poliovirus in Afghanistan, and in the setting of the global COVID-19 pandemic, one dose of each of the following vaccines will be offered as soon as possible after arrival at the bases, unless documentation of prior vaccination is available, or vaccination is medically contraindicated:
 - Measles, mumps, and rubella (MMR), for *all arrivals* ≥ 6 months to 64 years of age (born in or after 1957)
 - Inactivated polio virus vaccine (IPV), for *all arrivals aged 6 weeks and above*
- B. COVID-19 vaccine for age-eligible arrivals unless they have documentation of being fully vaccinated with a vaccine authorized for emergency use or approved by the US Food and Drug Administration or listed for emergency use by the World Health Organization
- C. Tuberculosis (TB) screening is performed as per the [Technical Instructions for Civil Surgeons](#), as follows:
 - Interferon-Gamma release assay (IGRA) test for arrivals 2 years of age and older*
 - Those with signs or symptoms of tuberculosis or history of HIV infection will be evaluated for TB infection/disease regardless of initial IGRA results

*Some bases may use chest X-rays for arrivals 15 years of age and older, instead of IGRA.

Efforts are being made to deliver and document receipt of these vaccinations as soon as possible after arrival. Although AmCits and LPRs are exempted from these medical screening and vaccination requirements, they should be encouraged to seek evaluation for these public health risks and receive the appropriate vaccinations if they are not fully vaccinated.

Medical Examination Documentation

Following the completion of the medical examination, there will be three copies of a person's medical exam results (when possible, the I-693 form for SIV applicants). One will be given to the Department of Homeland Security (USCIS), one will remain at the base, and the last copy will be given to the individual SIV holder/parolee. Arrivals will also be given a paper copy of their vaccination record, which should also include any vaccinations administered at the fitness-to-fly and/or immigration examinations in Kabul (if done). All individuals will be reminded to carry their medical records to future appointments, including at their final destinations in the United States.

Clinician Situational Awareness

Cases of vaccine preventable diseases (mumps, measles, and varicella) have been identified at DoD bases; case management, contact tracing, and outbreak control measures have been undertaken at the respective sites.

Although the UCG anticipates that most Afghan evacuees will complete the medical exam and receive the initial doses of age-appropriate vaccinations at the DoD bases, clinicians should remain vigilant for signs and symptoms of communicable diseases, including measles or poliomyelitis, among those arriving from Afghanistan.

Clinicians are urged to contact their local or state health department if suspected cases of measles or paralytic polio are detected.

Measles

CDC advises clinicians to maintain vigilance for [measles](#) and send information about all patients who are suspected of having measles or meet the clinical criterion for measles (generalized maculopapular rash lasting ≥ 3 days, fever $\geq 38.3^{\circ}\text{C}$, and cough, coryza, or conjunctivitis) IMMEDIATELY to their local or state health department.

Measles cases should be reported promptly (within 24 hours) by the state health department to the CDC, directly to the domestic measles team at NCIRD/CDC by telephone (404-639-6247) or by e-mail (measlesreport@cdc.gov) or to the CDC Emergency Operations Center by telephone (770-488-7100).

Paralytic Polio

CDC advises clinicians to maintain vigilance for acute flaccid weakness or paralysis that might indicate a case of [poliomyelitis](#) due to poliovirus and send information about all patients that meet the clinical criterion for poliomyelitis (acute onset of flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause) IMMEDIATELY to their local or state health department.

Paralytic polio has been classified by CSTE as “immediately notifiable, extremely urgent,” which requires that local and state health departments contact CDC within 4 hours (Emergency Operations Center, 770-488-7100). Case notifications should not be delayed because of incomplete information or lack of confirmation; they can be updated as more information becomes available.

Other Vaccine-Preventable Diseases

Clinicians should maintain a high index of suspicion for the possibility of other vaccine-preventable diseases (e.g., varicella, pertussis, mumps) among evacuees with compatible signs and symptoms and notify health departments if appropriate.

Cholera

Two evacuees from Afghanistan who arrived in Doha Qatar from Kabul between the 26th and 28th of August displayed symptoms of acute watery diarrhea (AWD). The patient who arrived on August 26th was 22 years old and tested positive for *Vibrio cholerae* and Enteropathogenic *E. coli* (EPEC). The patient who arrived on August 28th was 3 years old and tested positive for *Vibrio cholerae*, EPEC and Giardia. Dates of symptom onset are unknown. Both patients were treated by the medical team in Doha and have fully recovered. The cases did not appear to be linked to each other.

The laboratory test used (BioFire FilmArray PCR platform using a gastrointestinal panel), was a PCR-based assay which can detect *V. cholerae*, but it does not identify the specific serogroups O1 or O139. Therefore, these are not considered ‘laboratory-confirmed’ cholera cases per the U.S. national case definition.

While these cases did not meet the U.S. laboratory-confirmed case definition of *V. cholerae*, clinicians should maintain a high index of suspicion for cholera in patients with [compatible symptoms](#) (including profuse watery diarrhea or “rice-water” stools), ensure appropriate [rehydration therapy](#), and report IMMEDIATELY to their local or state health department.

Recommendations for Vaccination

Persons arriving from Afghanistan who have received age-appropriate vaccines as described above will receive an official copy of their vaccination record. However, if clinicians encounter arrivals from Afghanistan who do not have documentation of these vaccines, they should offer MMR and IPV vaccinations as follows:

- One dose of MMR vaccine for all persons aged ≥ 6 months to 64 years (born in or after 1957, and unless medically contraindicated), ideally within 7 days of U.S. entry. A first MMR dose administered between 6-11 months should be followed by the standard ACIP schedule with doses at 12-15 months and 4-6 years.
- One dose of IPV for all persons aged ≥ 6 weeks of age (including adults), ideally within 7 days of U.S. entry (unless medically contraindicated). For children, this initial dose should be followed by the [standard](#)

[ACIP schedule](#) with doses at 2, 4, and 6-18 months, and 4-6 years. Adults do not need to receive another dose after the initial dose.

- Children who start the MMR or IPV series late can follow the [catch-up immunization schedule](#).
- Provide all other age-appropriate vaccinations as recommended by the ACIP routine or catch-up schedules.

Arrivals *with* official documentation should continue with the recommended ACIP routine or catch-up schedules.

CDC will provide additional information pertaining to infection control measures and the medical examination as it becomes available.

Additional Resources

- [MedlinePlus](#)
- COVID-19 Resources
 - [Communication Toolkit for Migrants, Refugees, and Other Limited-English-Proficient Populations](#)
 - [National Resource Center for Refugees, Immigrants, and Migrants \(NRC-RIM\)](#)
- For general health information on newly arrived SIV holders please see the following publications:
 - Kumar GS, Pezzi C, Wien S, et al. [Health of Special Immigrant Visa holders from Iraq and Afghanistan after arrival into the United States using Domestic Medical Examination data, 2014-2016: A cross-sectional analysis](#). PLoS Med. 2020;17(3):e1003083. Published 2020 Mar 31.
 - Kumar GS, Wien SS, Phares CR, Slim W, Burke HM, Jentes ES. [Health profile of adult special immigrant visa holders arriving from Iraq and Afghanistan to the United States, 2009-2017: A cross-sectional analysis](#). PLoS Med. 2020;17(5):e1003118. Published 2020 May 13. doi:10.1371/journal.pmed.1003118
 - Wien SS, Kumar GS, Bilukha OO, Slim W, Burke HM, Jentes ES. [Health profile of pediatric Special Immigrant Visa holders arriving from Iraq and Afghanistan to the United States, 2009-2017: A cross-sectional analysis](#). PLoS Med. 2020;17(3):e1003069. Published 2020 Mar 17. doi:10.1371/journal.pmed.1003069

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