



Brief Overview for Clinicians Caring for Afghan New Arrivals

Context

In August 2021, over 100,000 Afghan nationals were evacuated from Afghanistan to transit locations overseas and to eight military bases in the US. Evacuees included people who worked alongside the U.S. in Afghanistan, as well as other vulnerable groups. Most people were evacuated with their families. As part of [DHS: Operation Allies Welcome \(OAW\) \(www.dhs.gov/allieswelcome\)](https://www.dhs.gov/allieswelcome), evacuees have been housed on military bases in temporary, communal living facilities called Safe Havens while awaiting medical and immigration screening and processing for relocation and resettlement in communities.

Proper use of a medical interpreter is essential

Preferred languages include Dari, Farsi, or Pashto (unrelated to Dari and Farsi). Less common languages include English, Hazaragi (related to Farsi), Uzbek, and others. Dari and Farsi are dialects of the same language; patients who speak Dari may or may not understand Farsi, depending on education and region of origin. Refer to the [Translators Without Borders: Farsi and Dari Language Factsheet \(https://translatorswithoutborders.org/wp-content/uploads/2017/07/Farsi-and-Dari-Factsheet-English.pdf\)](https://translatorswithoutborders.org/wp-content/uploads/2017/07/Farsi-and-Dari-Factsheet-English.pdf).

Additional cultural background is shared by the [Afghan Health Initiative \(https://afghanhealth.org/\)](https://afghanhealth.org/). More information is also available in the Afghan Culture and Health Screening Consideration recorded webinar at [Center of Excellence in Newcomer Health: Webinars \(www.health.state.mn.us/communities/rih/about/coe.html#webinar\)](http://www.health.state.mn.us/communities/rih/about/coe.html#webinar).

Potential health conditions

Health concerns to date have included pregnancy/prenatal and newborn care, diabetes and other non-communicable chronic diseases, dental disease, traumatic injuries in various stages of treatment and healing, respiratory infections, skin infections (e.g., scabies, cellulitis), gastrointestinal infections, chronic malnutrition, and stress.

Clinicians should be alert for vaccine-preventable infections (e.g., pertussis, measles, diphtheria, varicella, hepatitis A, and paralytic polio), especially among evacuees ineligible for vaccination due to age (e.g., measles in infants <6 months) or other contraindication (e.g., measles in pregnant women). Learn more at [CDC HAN: Guidance for Clinicians Caring for Individuals Recently Evacuated from Afghanistan \(https://emergency.cdc.gov/han/2021/han00452.asp\)](https://emergency.cdc.gov/han/2021/han00452.asp).

After measles cases among Afghan evacuees were identified in early September 2021 at the Safe Havens, vaccination for several vaccine-preventable conditions and quarantine and isolation measures were introduced at overseas and U.S. military facilities to decrease the likelihood of infection and transmission. However, U.S. clinicians should still remain vigilant for these conditions given that some Afghan evacuees may arrive directly to their final destination and not go through a Safe Haven, may be ineligible for some vaccines, or may have contraindications or receive exemptions for some vaccinations.

Clinicians should also consider infections endemic to Afghanistan such as malaria and cutaneous leishmaniasis.

Afghan Evacuees Health Resources:

- [Malaria FAQs for Health Care Providers](https://sites.google.com/umn.edu/afghanevacueeresources/medical-faqs/infectious-diseases/malaria)
(<https://sites.google.com/umn.edu/afghanevacueeresources/medical-faqs/infectious-diseases/malaria>)
- [Leishmaniasis FAQs for Health Care Providers](https://sites.google.com/umn.edu/afghanevacueeresources/medical-faqs/infectious-diseases/leishmaniasis)
(<https://sites.google.com/umn.edu/afghanevacueeresources/medical-faqs/infectious-diseases/leishmaniasis>)

Latent tuberculosis infection (LTBI) and elevated blood lead (up to 60% of children 0-16 years noted to have levels ≥ 5 mcg/dL, and pregnant/ breast feeding females are also at risk) are also common. Learn more at [PLOS Medicine: 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](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003083) (<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003083>).

Prior health screening

Typically, prior to U.S. arrival and through a planned migration process, refugees receive a medical screening for diseases of public health concern (e.g. tuberculosis and syphilis), have other acute health issues identified and treated, and are eligible for certain vaccinations. For more information, visit [CDC: Overseas Refugee Health Guidance](http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas-guidelines.html) (www.cdc.gov/immigrantrefugeehealth/guidelines/overseas-guidelines.html). Due to the need for rapid evacuation, most current OAW Afghan arrivals relocated from Afghanistan to the U.S. without receiving an overseas medical screening examination. Starting in mid-September 2021, Afghan evacuees at transit locations overseas began receiving MMR vaccines prior to travel to the U.S. Some transit locations also administered varicella and COVID-19 vaccines prior to U.S. travel.

In addition, after arrival to the Safe Havens in the U.S., all evacuees receive:

1. Vaccination with MMR (age 6 months to 64 years), IPV (age 6 weeks+), Varicella, and other age-appropriate vaccinations as available per [CDC's Vaccination Technical Instructions for Civil Surgeons: Table 1](http://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/vaccinations.html#anchor_1506449934815) (www.cdc.gov/immigrantrefugeehealth/civil-surgeons/vaccinations.html#anchor_1506449934815);
2. Age-appropriate COVID-19 vaccination; and

3. Screening for tuberculosis (with either interferon gamma-release assay [IGRA] for all individuals ≥ 2 years of age or CXR ≥ 15 years, if IGRA is not available).

Applicants for SIV status would additionally receive testing for syphilis and gonorrhea in order to meet the requirements for the immigration medical examination (documented on the USCIS I-693 form). Individuals are given a paper copy of these records and asked to bring all of their records to their doctors after arrival to their final destination.

Safe Havens also implemented intake and serial testing for COVID-19 and took appropriate public health actions for isolation and quarantine after identification of individuals who were COVID-19 positive or close contacts, respectively. If other infectious disease conditions were identified (e.g., measles or varicella), individuals were isolated and treated, if needed, and appropriate public health actions were taken for prevention or spread of the disease among close contacts (e.g., MMR vaccination and quarantine). Evacuees may also have received care at civilian medical facilities proximal to military temporary housing for emergent issues.

Some OAW Afghan arrivals left bases before measles cases were identified and a mass vaccination campaign began, and those who arrived early in the evacuation and resettlement process were transported to locations other than the current eight bases for temporary housing. These individuals will need medical evaluations for acute issues, vaccines (including MMR) and TB screening as soon as possible. Some may also need documentation of age-appropriate vaccines (including COVID-19) and screening for tuberculosis to satisfy the conditions of humanitarian parole and attestation of completing these requirements to [USCIS: Afghan Parole Vaccination Status \(www.uscis.gov/vaccination-status\)](https://uscis.gov/vaccination-status).

Access to care

As of September 20, 2021, all OAW Afghan arrivals are eligible for resettlement assistance and other benefits available to refugees, including public health insurance. [HHS: Benefits for Afghan Humanitarian Parolees \(www.acf.hhs.gov/sites/default/files/documents/orr/Benefits-for-Afghan-Humanitarian-Parolees.pdf\)](https://www.acf.hhs.gov/sites/default/files/documents/orr/Benefits-for-Afghan-Humanitarian-Parolees.pdf). These patients are also eligible for refugee resettlement services delivered by nonprofit resettlement agencies. However, not all individuals will travel through the resettlement process; some may present for health care without the support of a resettlement case manager and prior to enrollment in health insurance. Further, many evacuees will be unfamiliar with the U.S. health system. For these individuals, orientation to the health system (e.g., using an insurance card, right to an interpreter, obtaining prescriptions for medication, calling 911) will be important.

References

For more information and resources, visit [Afghan Clinical Guidance Workgroup \(www.health.state.mn.us/communities/rih/about/afghan.html\)](https://www.health.state.mn.us/communities/rih/about/afghan.html).

Lead authors: Elizabeth Dawson-Hahn, Katherine Yun, Janine Young, Shoshana Aleinikoff, Jasmine Matheson, Mahri Haider, Ellen Frerich, Blain Mamo.

BRIEF OVERVIEW FOR CLINICIANS CARING FOR AFGHAN NEW ARRIVALS

Contributors include members of the Minnesota Department of Health Center of Excellence in Newcomer Health's Afghan Clinical Guidance Workgroup and the Washington State Department of Health Refugee and Immigrant Health Program.

Minnesota Department of Health
Center of Excellence in Newcomer Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
health.refugee@state.mn.us
www.health.state.mn.us

10/22/21

To obtain this information in a different format, call: 651-201-5414.