



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

Sincerely,

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