



News/Updates: Operation Allies Welcome (OAW): Medical Records, Specific Notifications, Domestic Medical Examinations, and Resources for Afghanistan Evacuees

October 29, 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 \(OAW\)](#). 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 for them to receive medical processing and resettlement services, before traveling to their final destinations in the United States. The medical processing done at the bases has been described previously in the notification sent September 9, 2021. This notification summarizes notification of some selected health conditions identified at the federally approved evacuation centers/Safe Havens to the state tuberculosis (TB) programs and state refugee health programs at the evacuees' final destinations.

Afghan Evacuee Medical Forms (SF-600/I-693)

Afghan evacuees who complete medical processing at the federally approved evacuation centers will receive a copy of their medical forms (SF-600/[I-693](#)) with health messaging in Dari, Pashto, and English **advising them to carry their paper medical records to their final destination, to bring these records to all appointments, and to take pictures of their forms as a back-up.** States, resettlement agencies, and clinicians at the final destinations should remind evacuees to bring physical forms (or photographs of the forms) to medical appointments at their final destinations.

There is a possibility that some Afghan evacuees will present to resettlement agencies or refugee health clinics without their medical forms (SF-600/I-693). This may be due to several reasons, including but not limited to having never stayed at a U.S. Safe Haven military base; leaving the base before completing medical screening; or, completing the screening on base, but losing their forms during transit to their final destination.

At present, CDC has limited capacity to identify whether Afghan evacuees have been medically screened and provide information on what vaccinations/screening were completed. Records of screening completion and outcomes are being collected by U.S. Citizenship and Immigration Services (USCIS) and Department of State (DOS).

Project ARMS

CDC is working with federal partners to enter vaccination records and TB screening results from the Safe Havens to refugee health partners at the final destinations, in an initiative called Project ARMS—Afghan Resettlement Medical Screening data entry. The electronic transmission of the vaccination records and the TB screening results from the SF-600 and I-693 into the CDC DGMQ Newcomer Health SDX state sites should start by the beginning of November. However, there is a backlog, so forms will likely not be shared before many Afghan evacuees arrive at their final destinations. We are also evaluating how this information can be added to EDN. Those who

have access to Epi-X via the **CDC Secure Access Management Services (SAMS)** will see this exchange listed in their portal **under “DGMQ Newcomer Health.”** To request information about registering for access to the CDC DGMQ Newcomer Health SDX or the CDC DGMQ Refugee Health Epi-X Forum, please contact the IRMH Domestic Team (irmhdomestic@cdc.gov)

Interim Notifications Regarding Specific Health Conditions

Afghan evacuees who are identified with [Class A TB or B1 TB, Pulmonary classifications](#) during their medical processing at the U.S. Safe Haven military bases should receive public health follow up at their final destination. The TB program in the state where the Safe Haven is located will notify the TB program in the final destination through the interjurisdictional transfer system for all those with Class A TB disease.

Contacts of known active TB cases will be tested with IGRAs and possibly a CXR if still located on a Safe Haven at the time of identification. If results of the IGRA and CXR (if taken) are negative, these contacts will be recommended to have a follow-up IGRA test based on last known exposure to the person with active TB. If contacts have already been resettled, partners will be notified so that they can provide any additional testing if needed. Notifications of those who are contacts of those Class A TB disease will either be made by CDC or the TB program in the state where the Safe Haven is located.

For those individuals classified as Class B1, TB, Pulmonary, partners at the final destination will be notified of these individuals who were found to have abnormal CXR findings during their TB screening but who have been cleared for travel by the medical teams at the Safe Haven. Some of these individuals will have negative sputum smears but were allowed to travel while sputum cultures were still pending. Notifications to state health partners at the final destinations of individuals with Class B1, TB, Pulmonary classifications will be made by CDC, through the CDC DGMQ Refugee Health Epi-X forum and the TB program in the state where the Safe Haven is located may also notify the health department at the final destination. When available, any relevant health information, such as a pending sputum smear or culture result, pertaining to this determination will be shared with refugee health partners and the relevant state TB controllers. It may be beneficial for state refugee health coordinators and state TB controllers to provide updates and confirm receipt of this health information in their respective offices.

For syphilis class conditions, state refugee health partners will be notified of persons with a laboratory-confirmed diagnosis of syphilis (both positive non-treponemal and treponemal tests), who are being treated for latent syphilis of unknown duration or late latent syphilis. Some of these individuals may not have finished full courses of treatment prior to resettlement. Additionally, state refugee health partners will also be notified of those diagnosed and treated for gonorrhea while at the Safe Haven, as they may need additional follow up as well. These notifications will be sent through the CDC DGMQ Refugee Health Epi-X forum.

Domestic Medical Screening Examinations

CDC recommends that OAW Afghan evacuees (both parolees and special immigrant visa holders) visit a health care provider after arrival at their final destination for a [domestic medical screening examination](#). The medical processes done at the Safe Havens, although helpful in addressing initial vaccination and TB screening, did not provide a comprehensive medical exam. Afghan evacuees may need to receive additional vaccines (such as second COVID-19 vaccinations), may need additional screening (e.g., lead screening for children, complete blood counts), and will need to be linked to a clinician in their new community. These screenings usually occur 30-90 days after the refugee arrives in the United States. Per the Department of State Afghan Placement and Assistance (APA) Program, resettlement agencies are required to assist program beneficiaries in obtaining a health screening within ninety (90) days of arrival, to the extent possible, and other health care services, as needed and eligible, during the APA period.

Please see two policy letters (PL22-01 and PL22-02) on the Office of Refugee Resettlement’s (ORR) authority to serve Afghan-Humanitarian Parolees and on additional eligibility categories and documentation requirements for

Afghan nationals. These two letters are available on the ORR webpage: <https://www.acf.hhs.gov/orr/policy-guidance/policy-letters>

Resources

The Minnesota and Colorado Centers of Excellence (COE) in Newcomer Health have issued guidance and resources regarding Afghan new arrivals.

The Minnesota COE in Afghan Clinical Workgroup has issued a brief overview for clinicians caring for Afghan new arrivals: [Afghan Clinical Guidance Workgroup Center of Excellence in Newcomer Health](#). This [brief overview](#) highlights cultural and language considerations, potential health concerns, prior health screenings, and access to healthcare at their final destination.

The Colorado COE, in partnership with CDC, has released an online [set of infographics](#), which are available for print. Each set contains an infographic on arrivals from Afghanistan from 2009-2019. The web versions are smaller in size, making them easy to share online. Please note, web versions, require the user to click the arrow in the top right corner of the image preview for them to display. The print versions are larger in size, making them suitable for posting or distributing as handouts.

In addition, the Colorado COE has developed a [health education resource repository](#) for Afghan newcomers containing patient-focused health education materials in English, Dari, Farsi, Pashto, and Urdu. The majority of these resources have been obtained from CDC and the National Resource Center for Refugee, Immigrant, and Migrant communities (NRC-RIM). Additional resources will be added as they become available. Providers and stakeholders are encouraged to contribute additional materials (email content to: [CDPHE COCOE Newcomer Health@state.co.us](mailto:CDPHE_COCOE_Newcomer_Health@state.co.us)).

Clinicians providing healthcare for newcomers and/or conducting the domestic medical screening, should continue to utilize [CareRef](#), an interactive clinical tool for customized screening recommendations based on the [Guidance for the Domestic Medical Screening for Newly Arrived Refugees](#).

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

Sincerely,

Domestic Team
Immigrant, Refugee, and Migrant Health Branch
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention
irmhdomestic@cdc.gov