

Afghan Health Profile and Screening Guidance: ADULTS



With the increase in individuals arriving from Afghanistan under Operation Allies Welcome, the Maryland Department of Health Center for Global Migration and Immigrant Health and the Washington State Department of Health Refugee and Immigrant Health Program are providing this combined summary of health outcomes observed among humanitarian entrants from Afghanistan arriving from 10/1/15 to 9/3/21. The information is intended to support clinicians caring for Afghan humanitarian entrants and ensure that individuals receive appropriate screening and follow-up care.

This profile summarizes adult health outcomes routinely screened for during the domestic medical exam that refugees receive within 30 to 90 days of arrival. For information on cultural considerations to best support health care please see the [Afghan Culture and Health Screening Considerations](#) webinar recording.


Demographics

Adults 18 years or older comprised **49%** of the 6,608 arrivals of all ages from Afghanistan.

Majority are young adults and families.
1.5% of individuals were **≥50 years old**.

73% of adults spoke **Dari**
20% of adults spoke **Pashto**.

Pregnancy and Blood Lead Levels



16% of women were pregnant

18% of pregnant women had **elevated blood lead levels**

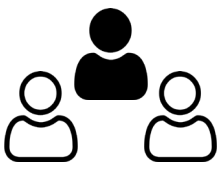
ACTIONS:

- Screen for blood lead levels among pregnant Afghan women. For women with elevated blood lead levels, conduct management per CDC guidance.
- Screen for pregnancy among women of childbearing age.

CDC Guidance:

- [Screening for Lead](#)
- [Sexual and Reproductive Health Screening](#)

Emotional Wellness



1 in 3 adults screened **positive for emotional distress**

37% accepted a mental health services referral

ACTIONS:

- Perform mental health screening using the Refugee Health Screener 15 (RHS-15) per [Pathways to Wellness guidelines](#).
- Refer for follow-up based on screening exam findings using CDC referral best practices cited below.

CDC Guidance: [Mental Health Screening](#)

Immunizations

9 in 10 adults were protected against measles, mumps, rubella, and varicella at arrival

65% initiated COVID-19 vaccine post-arrival

ACTIONS:

- Evaluate overseas immunization records to assess needed updates for all adults.
- Initiate or complete vaccinations per [ACIP guidelines](#).
- Offer COVID-19 vaccination to all eligible adults at arrival.

CDC Guidance: [Evaluating and Updating Immunizations](#)

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Latent Tuberculosis

18%
positive TB screening test (IGRA)

<1%
had active TB disease

ACTIONS:

- Screen all adults for tuberculosis (TB) using interferon-gamma release assay (IGRA).
- Ensure chest x-ray and sputum testing are performed as indicated to rule out active TB.

CDC Guidance: [Screening for Tuberculosis Infection and Disease](#)

Hepatitis B Infection

2.2%
had a chronic hepatitis B infection

50%
Susceptible to infection

ACTIONS:

- Test for hepatitis B surface antigen (HBsAg), regardless of vaccine history. Consider anti-HBc and anti-HBs testing to learn immune status.
- People who have not been previously infected or immunized are susceptible to hepatitis B infection.
- Test women who are susceptible during each pregnancy.
- Refer individuals with a hepatitis B infection for follow-up. Report cases to the local health department.
- Initiate or complete hepatitis B vaccination series per [ACIP guidelines](#) for all HBsAg negative individuals.

CDC Guidance: [Screening for Viral Hepatitis](#)

Hepatitis C Infection

<1%
had a chronic hepatitis C infection*

ACTIONS:

- Screen all adults for hepatitis C virus (HCV) including pregnant women during each pregnancy.
- People who have a positive HCV antibody test should be tested for HCV RNA.
- For persons with chronic infection, offer or refer the patient for treatment and report cases to local health department.

CDC Guidance: [Screening for Viral Hepatitis](#)

*WA data only

HIV and STI's

0 to <1%
were infected with HIV, gonorrhea,
syphilis or chlamydia

ACTIONS:

- Screen all adults for HIV.
- If no overseas results are available, screen for STDs including gonorrhea, syphilis and chlamydia, if no overseas results are available.

CDC Guidance: [Sexual and Reproductive Health Screening](#)

Parasitic Infections

1 in 2 adults
had one or more **parasites**
identified*

ACTIONS:

- Provide presumptive treatment or screening for soil-transmitted helminths (STH) or strongyloides per CDC guidance.
- Pathogenic parasites are historically common in refugee arrivals. Individuals may need further evaluation for appropriate treatment.

CDC guidance: [Intestinal Parasites](#)

NOTE: Non-falciparum (*P. vivax*) is present in Afghanistan and should be considered for individuals with clinically compatible symptoms. See [Malaria Risk, Diagnosis, and Treatment in Afghan Evacuees](#).

*MD data only

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Refugee and Immigrant Health Program

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