Afghan Health Profile and Screening Guidance: PEDIATRICS

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 a 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 pediatric health outcomes during routine domestic medical exams 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

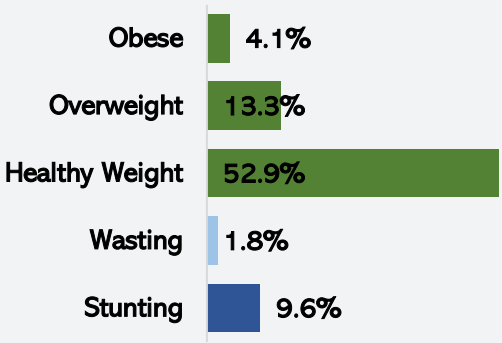
51% of individuals who underwent a full health screening were 17 years old or younger.

57% are school aged, between 5 to 17 years.

54% are Male.

The majority speak **Dari, 71%** followed by Pashto, 26.9%.

Nutritional Status

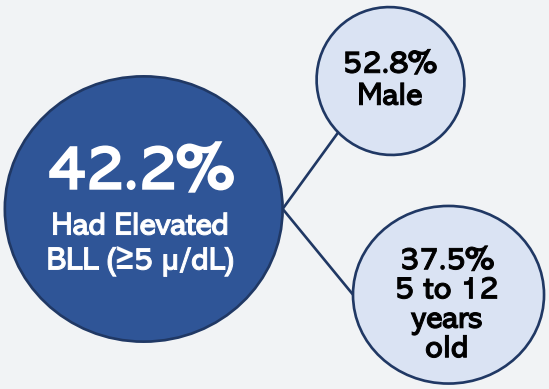


ACTIONS:

- A body mass index (BMI) should be calculated for all arrivals older than 2 years and a weight-for-length for children < 2 years.
- Malnutrition includes wasting and overweight and obesity, which are both measured by weight-for-length for <2-year-olds and BMI if >2; and stunting (chronic malnutrition) measured by height-for-age.
- Children who are <2 with a weight-for-length <2nd% on a growth chart or children >2 years with a BMI <5th% on a growth chart are identified as having severe acute malnutrition.
- For children with stunting, consider etiologies of repeated bouts of intestinal illness, hypothyroidism, low dietary diversity, and stunted growth in parents.

CDC Guidance: Evaluating Nutritional Status and Growth

Blood Lead Level (BLL)



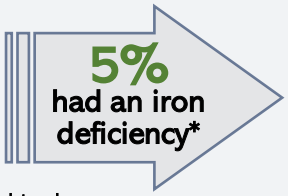
ACTIONS:

- Evaluate for lead exposure with a blood lead test (capillary or venous).
- Elevated capillary screening results should be confirmed with blood drawn by venipuncture.
- A blood lead test should be repeated within 3-6 months of initial testing for all infants and children ≤6 years of age, regardless of the initial screening result.
- Screen for common sources of lead exposure include leaded fuel, munitions, pressure cookers, spices, kohl, and pottery.

CDC Guidance:

- Screening for Lead
- ACIP Recommendations: Managing Elevated Blood Lead Levels Among Young Children
- Recommendations for Follow-up and Case Management

Iron Deficiency



Of those, **65%** are 2-4 years old*

*MD data only

ACTIONS:

- Screen all children for iron deficiency with a hemoglobin blood test.
- Moderate-to-severe iron deficiency leads to anemia, which can cause long-term impacts, particularly among children.

CDC Guidance: Anemia in Refugee Populations

Afghan Health Profile and Screening Guidance: Pediatrics

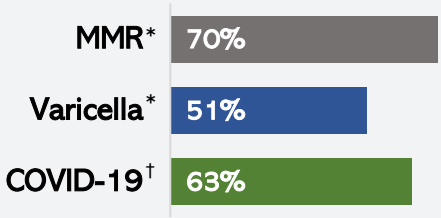
Emotional Wellness

14%
of children 14 to 17 years of age screened positive for emotional distress

ACTIONS:
- Review overseas records for documentation of any mental health-related medical history and ask directly about symptomology, functionality, and suicidal ideation as part of an integrated history and physical examination, helping to minimize stigmatization.
- For children ages 14 and older, perform a mental health screening using the Refugee Health Screener 15 (RHS-15) per the Pathways to Wellness guidelines.
- Refer for follow-up based on screening exam findings using CDC referral best practices.

CDC Guidance: Mental Health Screening, specifically Pediatrics

Immunizations



* Protected at arrival † Initiated post-arrival

ACTIONS:
- Review medical history and vaccination records as available.
- Assess the applicant's needs, if any, for laboratory confirmation of immunity.
- Determine the vaccines the applicant needs based on their age, records, and documented immunity.
- Initiate or complete vaccinations per ACIP guidelines.
- Offer COVID-19 vaccination to all eligible children.

CDC Guidance: Evaluating and Updating Immunizations

Latent Tuberculosis

4.4%
positive TB screening test (IGRA or TST)

<1% had active TB disease

ACTIONS:
- Screen for tuberculosis using a tuberculin skin (TST) or interferon-gamma release assay (IGRA).
  - IGRA is the preferred test for children ages 2 and older.
  - TST should be performed in children <2 years.
- Perform chest x-ray and sputum testing, as indicated, to rule out active TB.

CDC Guidance: Screening for Tuberculosis Infection and Disease

Hepatitis B Infection

<1%
Had chronic Hep B infection

9%
Susceptible to Infection

ACTIONS:
- Test for hepatitis B surface antigen (HBsAg), regardless of immunization history.
- People who have not been previously infected or immunized are susceptible to hepatitis B infection.
- Initiate or complete hepatitis B vaccination series per ACIP guidelines for all HBsAg negative individuals.
- Refer individuals with a hepatitis B infection for follow-up and notify the local health department.

CDC Guidance: Hepatitis Screening Guidelines

Parasitic Infections

47%
Were identified with one or more parasites*

*MD data only

ACTIONS:
- Provide presumptive treatment or screening for soil-transmitted helminths (STH) or strongyloides.
- Clinicians should be aware that pathogenic parasites are historically common in refugee populations, arrivals may need further evaluation for appropriate treatment.
- Consider parasitic infections in children with elevated eosinophils, anorexia, GI symptoms, or poor growth.
- Presumptive treatment for STH is albendazole and ivermectin for strongyloides.

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.

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