



Public Health
England

Protecting and improving the nation's health

Afghan relocation and resettlement schemes

Advice for primary care

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Advice for primary care

Introduction

Soon after individuals and their families arrive into the UK under the **Afghan Relocations and Assistance Policy (ARAP) scheme** or **Afghan citizens' resettlement scheme (ACRS)**, they should be supported to register with a GP practice and attend a New Patient Health Check. This resource is intended to help primary care professionals to assess and address the health needs of individuals relocated through the ARAP or ACRS.

Main messages

Conduct an initial health check.

Explain to individuals how the NHS works and that they are entitled to the same free NHS services as UK residents. Some services still incur charges (for example, prescriptions, dentistry and optometry) and individuals may be eligible for help with these costs.

Ensure immunisations are up to date, particularly for measles and polio.

Refer pregnant women to antenatal care.

Check whether individuals have been screened for active pulmonary tuberculosis (TB). Offer both active and latent TB screening as soon as possible.

Check an individual's COVID-19 vaccination status. Support individuals to access vaccination as soon as possible.

Work with a professional interpreter where language barriers are present.

Consider the impacts of culture, religion and gender on health.

Assess for mental health conditions.

Access to NHS care

Individuals relocated under the ARAP scheme have the same entitlements to NHS care as England residents. However, individuals may not know how the NHS works.

Explain to individuals:

- how the NHS works, and that individuals relocated under the ARAP scheme are entitled the same free NHS services as England residents
- some services still incur charges, like prescriptions, dentistry and optometry. Individuals may be eligible for **reduced charges or free care** for these services, and **information about this is available in other languages**
- they do not need proof of identity or address to register with GP practices
- how and when to access NHS111, urgent care and A&E
- the capacity of dental services will vary, and support them to **find an NHS dentist** to attend regular dental check-ups (rather than waiting until dental issues appear)
- how to access **vision and hearing services**, and support them to access these services where needed
- how to access **NHS screening programmes**

Provide individuals with **translated COVID-19 testing, vaccination, treatment and public health restrictions guidance in their preferred language**.

Language

Offer a professional interpreter to all individuals who experience language barriers.

The main languages in Afghanistan are Afghan Persian or Dari (majority), Pashto, Uzbek, Turkmen, Urdu, Pashayi, Nuristani, Arabic and Balochi.

A person with good conversational fluency in English may not be able to understand, discuss or read health-related information proficiently in English. They may be reluctant to request or accept professional interpreting and translation services due to fear of costs, inconvenience, or concerns about confidentiality.

Always work with professional interpreters. It is inappropriate to use family members or friends as interpreters as there is high risk of misinterpretation, breach of confidentiality, and **safeguarding** concerns. Friends and family are not likely to have the skills to accurately interpret health-related information, are less likely to maintain impartiality, and should be given the opportunity to support the patient (emotionally and with decision-making) without the added pressure of needing to interpret. It is inappropriate to use children as interpreters. Children are not likely to have the language competency and health literacy in English or any other languages to discuss complex health concerns. They may also experience vicarious trauma

through listening to and relaying sensitive and distressing information concerning their family member's health.

Where possible, work with interpreters of the same gender as the individual, particularly when addressing gender-specific concerns.

Contact local commissioning teams if you are unsure about the availability of interpreting and translation services in your area, or how to access them.

Offer translated health information where appropriate. The literacy rate in Afghanistan is low, particularly for women. Check whether individuals can read health information in English and their main language. You can find a range of existing translated resources listed in the **written translations section of the language translating and interpreting Migrant Health Guide page** and in the **COVID-19 translated advice and guidance section of the COVID-19 Migrant Health Guide page**.

Culture, spirituality and religion

Consider the impact of **culture, spirituality and religion**. Health beliefs and values vary between and within cultures and religions. This can impact on health behaviour and attitudes towards health services. Strict **gender roles** in Afghanistan (for example, men as income-earners, women as homemakers) and gender dynamics (for example, women requiring male accompaniment to leave the house) may also impact health and wellbeing, particularly when integrating into UK society with different gender norms. Men may also be the decision-makers about family members' health. As general information about cultural, religious and gender norms in Afghanistan do not necessarily apply to all families, it is important to understand each individual's situation.

New patient health check additional considerations

Guidance is available on **assessing new patients from overseas**, which contains a checklist for assessing new migrant patients, including supplemental checklists about **children's health**, about **oral and dental health**, and information about **women's health**.

Communicable diseases

Vaccination

Ensure individuals are aligned with the **UK vaccination schedule**, particularly **polio** (endemic in Afghanistan) and measles (outbreaks in Afghanistan in 2021, and poor childhood immunisation programme).

Tuberculosis (TB)

The incidence of TB is high in Afghanistan. Most arrivals will not have been screened and so should be offered screening for active and latent TB as soon as possible to prevent the negative health consequences of uncontrolled active TB disease to the individual and to public health.

The initial priority should be to detect active disease, so check with the individual if they have been screened for active pulmonary TB since arriving in the UK. See [Appendix 1](#) for more information on active and latent TB testing. Individuals on the first flight were screened for active TB while in the managed quarantine facility in the UK. For these individuals, please contact Al Story (al.story@nhs.net) and Brendan Scott (brendan.scott2@nhs.net) for TB screening results.

COVID-19

Afghanistan is currently a 'red' list country for coronavirus (COVID-19) risk. Individuals will have completed at least 10 days in a managed quarantine facility and should have been tested for COVID-19 at days 2 and 8. Some individuals were also tested for COVID-19 before travel to the UK. Ensure individuals are offered COVID-19 vaccination as appropriate. Some individuals were offered the first dose of COVID-19 vaccination on arrival to the UK.

Hepatitis B

As incidence is intermediate in Afghanistan, consider [Hepatitis B screening](#). Offer screening to pregnant women and ensure [post-exposure immunisation is provided to infants born to hepatitis B infected mothers](#). Hepatitis B vaccine should be offered to family members and close contacts of confirmed cases.

Hepatitis C

As incidence in Afghanistan is higher than the UK, consider screening for [Hepatitis C](#) if other risk factors apply.

Typhoid

Consider enteric fever in the differential diagnosis of any illness following arrival into the UK. Severity of disease is variable, although most individuals experience fever and headache. Young children may experience a mild illness. Following recovery, convalescing patients may continue to excrete *S. Typhi* in their faeces and chronic carriers require prolonged courses of antibiotics to clear the organism.

Malaria

[Risk varies based on altitude](#). For the main populated areas, the risk is low. For mountainous areas above 2,000 metres, there is no risk. Test individuals who are unwell and from [affected areas of Afghanistan](#).

Helminths

Consider requesting Strongyloides serology and refer to [further guidance for testing](#).

Antimicrobial resistance

Particularly in individuals who have had considerable healthcare exposure in Afghanistan, colonisation with multi-drug resistant organisms is likely to be more prevalent than that seen within the UK. Consider sending microbiological specimens early before initiating antimicrobial treatment, for example, for urinary tract infections, particularly where first-line empiric treatment has already been given and has failed.

Mental health

Assess individuals' [mental health and wellbeing](#) as those affected by war and conflict are at higher risk of mental disorders, including Post Traumatic Stress Disorder (PTSD).

Use [trauma-informed approaches](#) to care provision.

Where appropriate, refer to specialist services through the Improving Access to Psychological Therapies (IAPT) service or local voluntary-sector service providers.

Nutritional and metabolic concerns

There is a high risk of [anaemia](#) in preschool-aged children and moderate risk of anaemia in adults from Afghanistan; investigation should be done as clinically indicated.

There is a high risk of [vitamin A deficiency](#) in Afghanistan. If you suspect vitamin A deficiency, seek advice on appropriate diagnosis and treatment from the local endocrinology or paediatric team.

[Vitamin D deficiency](#) may also be possible, particularly for individuals who cover their body for cultural or religious reasons, or have darker skin colour. Refer to [NICE guidelines](#) to determine which individuals should be tested.

Non-communicable diseases

The burden of [non-communicable diseases](#) is rising in Afghanistan, including cardiovascular disease, diabetes, respiratory disease and cancer.

While data is limited, there is evidence suggesting [smoking is prevalent in Afghanistan](#). Consider signposting new arrivals to stop smoking services where applicable. Where applicable, provide information about the [risks of other tobacco products like pann \(betel\)](#).

Maternal health

Access to antenatal care in Afghanistan is often limited. Pregnant women and women of childbearing age from Afghanistan may not be aware of the importance of antenatal care and how antenatal services work in England. Explain these services to women, refer them to [useful women's health resources](#), and link them in with antenatal and postnatal services where appropriate.

Explain how [Continuity of Carer](#) services work.

Other health concerns

Consider the possibility of [female genital mutilation](#) which is [practiced in Afghanistan](#). As male circumcision is highly prevalent in Afghanistan, ensure individuals know how to seek advice and understand the appropriate procedures for [men](#) and [boys](#) in the UK.

The [Afghanistan page](#) of the [Migrant Health Guide](#) provides more information about these topics, reproductive health indicators and other country profile information.

Safeguarding

Assess for any safeguarding concerns and take appropriate actions to prevent harm. Refer to the [NHS safeguarding policy](#) and the [NHS safeguarding app](#) for more information.

Further information

Visit the [Migrant Health Guide](#) for more information on a range of migrant health topics.

For any queries about this resource, please contact the Public Health England Incident Management Team at PHE.NICC42@phe.gov.uk

Appendix 1: Advice on TB screening

Afghanistan has a high incidence of TB incidence (189 per 100,000). Individuals entering the UK from Afghanistan would usually be screened for active TB disease prior to travel via the pre-entry process (if coming to UK for 6 months or more) and require evidence of negative tests for active disease, or completion of treatment, prior to UK entry. This pre-entry screening process has not taken place for the majority of individuals from the ARAP scheme.

Individuals on the first ARAP flight will have been screened for active TB disease while in the managed quarantine facility in the UK. For these individuals, please contact Al Story (al.story@nhs.net) and Brendan Scott for (brendan.scott2@nhs.net) for TB screening results.

However, the majority of arrivals will not have been screened and so should be offered screening for active and latent TB as soon as possible to prevent the negative health consequences of uncontrolled active TB disease to the individual and to the health of the public. The initial priority should be to detect active disease.

Screening for active TB disease

Adults and children over 11 years old

Screening of adults and children over 11 years will include all of the following:

- a symptom screen (cough, haemoptysis, weight loss, night sweats, history of previous TB)
- a history of contact in the last 2 years with a case of active pulmonary TB (shared the same enclosed air space or household or other enclosed environment for a prolonged period)
- a physical examination where clinically indicated
- chest x-ray (CXR)

Pregnant women

Screening of pregnant women will include all of the following:

- a symptom screen (cough, haemoptysis, weight loss, night sweats, history of previous TB)
- a history of contact in the last 2 years with a case of active pulmonary TB (shared the same enclosed air space or household or other enclosed environment for a prolonged period for days or weeks)
- a physical examination where clinically indicated
- a CXR in the second or third trimester if felt clinically indicated and if the applicant consents, with appropriate shielding

Children under 11 years old

Screening of children will include all of the following:

- a symptom screen (cough, haemoptysis, weight loss, night sweats, fever, history of previous TB)
- a history of contact in the last 2 years with a case of active pulmonary TB (shared the same enclosed air space or household or other enclosed environment for a prolonged period for days or weeks)
- a physical examination

Further investigations, including microbiological sampling, should be guided by clinical and radiological findings and local protocols.

Screening, testing and treating for latent TB infection

Testing and treatment for latent TB infection (LTBI) should also be offered to all these individuals as Afghanistan is a high incidence country for TB. Note that NICE guidance recommends testing and, if indicated, treating of all high-risk individuals regardless of whether the CCG is part of the programmatic LTBI scheme or not.

Refer to [PHE guidance on latent TB testing and treatment](#) for further information.

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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