To: Regional Medical Directors
Regional Heads of EPRR
Regional Directors of Nursing
Regional IPC leads
Regional Directors of Primary Care and Public Health
ICS leaders
Trust Medical Directors
Trust Chief Nurses
Trust IPC leads
Trust EPRR leads
CCG Chief Executives
CCG Accountable Officers
CCG Directors of Primary Care

CC: Department of Health and Social Care
Home Office
Public Health England
Local authorities

NHS England and NHS Improvement
Skipton House
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Dear Colleagues

You will be acutely aware of the conditions in Afghanistan. The UK is supporting under its Afghan Relocations and Assistance Policy (ARAP) programme, the relocation of Afghan workers and their families. The government has also confirmed it will relocate vulnerable Afghan citizens.

Arrivals from Afghanistan will initially be cared for in Managed Quarantine Services and following this, local authorities will lead on their resettlement throughout the country. Many of their immediate healthcare needs are being addressed on arrival, though individuals may present to healthcare facilities anywhere in the country.

Many NHS organisations, staff and partners are already contributing to this programme directly and that work is appreciated. This letter provides a further briefing along with specific advice should individuals need to access healthcare.

Meeting the health needs of Afghan families relocated under ARAP into temporary accommodation (bridging hotels).

CCGs will be aware of bridging hotels currently in place or in the Home Office's pipeline, though some of these are subject to confirmation and change.

Permanent residency and integration support will be provided by volunteering local authorities participating in the ARAP programme. However, with government's relocation plans having significantly accelerated, central government has confirmed:

- Several thousand people are likely to arrive under ARAP in the UK this summer according to the latest government estimates. The majority of these are expected to be pre-school and primary school age children.
- People arriving to the UK will spend the first 10 days in managed quarantine services (MQS) with access to healthcare for acute health care needs.
- A first dose of COVID-19 vaccination is being offered in some MQS hotels to eligible individuals, meaning a second dose may fall while in bridging accommodation.
- The NHS is working with the Home Office and MQS partners to support the onward transfer of appropriate information from MQS.
- Bridging hotels are being used following managed quarantine stay.
- Local government has said that the length of stay in bridging hotels is uncertain, therefore health services should plan on the basis of months rather than weeks.
- The bridging hotels are unlikely to be in the local authority areas where families will be permanently relocated but LAs are to provide wrap-around support.

All families and individuals relocated under ARAP are legally entitled to access all NHS healthcare services under their 5 years 'Leave to Enter the UK' immigration status.

CCG expectations and further support

CCGs are strongly recommended to work with wider system partners, such as the Local Authorities (LAs) and Voluntary, Community and Social Enterprises (VCSEs), at a place based and wider ICS footprint to meet the health, wellbeing, and safeguarding needs of this vulnerable population.

The NHS has secured £3m funding from central government in support and are currently working through the details of how this will flow to support an enhanced healthcare offer for people and their families on arrival in bridging hotels. This will include:

- **Facilitating GP registration for all individuals**. As families will have newly arrived with no health record and given the uncertainty on length of stay, permanent GP registration is advised. No proof of ID, address documentation or confirmation of immigration status will be required by practices to register them.

- **Ensure a robust and enhanced health assessment.** Given the health needs of this vulnerable population and the traumatic circumstances of their arrival and there should be a robust approach to identifying and managing families' health and care requirements. This should include assessment of trauma/mental health needs, women's and children's health, long-term conditions, areas of public health concern (see below) and ensuring pathways to other services such as maternity, child health services, dental and eye care.

- **Assessment of any trauma and safeguarding concerns.** This will be a key priority alongside keeping people safe and taking appropriate actions to prevent harm and meet statutory requirements. People coming through the ARAP are likely to have experienced significant trauma and may need immediate safeguards to be put in place. They could also be at risk of victimisation and exploitation once in the UK.

CCGs may wish to arrange for a dedicated (e.g. health inclusion) provider to work alongside LA wrap-around support to ensure inclusive access to GP registration and

carry out health assessments on their behalf; or, arrange for GP practices to deliver this directly, for example, through a local incentive scheme. To support local commissioning, example specifications (drawn from equivalent offers for asylum seekers) are in a separate annex which will be circulated to CCGs separately.

Managing the risk of multi drug-resistant organisms

The widespread use of antibiotics in many countries, including Afghanistan, results in a high prevalence of multi drug-resistant organisms (MDROs).

While young and healthy individuals are unlikely to present a significant risk, treatment of infections caused by these bacteria can be difficult as standard antibiotics tend not to work. This has been an issue in the management of injured soldiers returning from Afghanistan and of injured civilians from Libya who were cared for by the NHS. The main concern will be people who have recently been in hospital and/or who have ongoing medical issues.

It is essential that infection prevention and control (IPC) measures are in place to prevent transmission of MDROs in healthcare settings.

Blood borne viral infection estimates suggest that undiagnosed hepatitis B is about 10 times more common and hepatitis C two times more common in Afghanistan than the UK. Tuberculosis (TB) is more prevalent in Afghanistan than the UK with higher rates of multi drug resistant TB.

Health screening is standard for people arriving from many countries, including Afghanistan and TB screening usually happens prior to entry into the UK. The urgency of the current situation means that the majority of those arriving will not have been screened for TB, therefore it is important that this happens after arrival.

Current situation in UK hospitals

NHS hospitals have established practice protocols for risk-assessing and screening individuals from a variety of backgrounds who may be at risk of carrying MDROs; management guidelines are available for this.

[1] The most common MDRO's of concern will be: methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococci (VRE), Carbapenemase Producing Enterobacterales (CPE), Multi-resistant Acinetobacter Baumannii (MRAB)

Patients admitted to an NHS hospital who have recently received care in a hospital outside of the UK should be routinely screened for MDROs; and additional IPC measures – including management in a single room – should be instigated until screen/swab results are negative.

Actions

All NHS organisations should remind clinical and laboratory staff of the current guidelines for managing patients with known/suspected MDRO infection or colonisation.

The normal IPC measures will apply to all patients from Afghanistan who have been in hospital (either in Afghanistan or in transit). In addition, it is recommended that as a minimum, all Afghans who have recently travelled to the UK who are admitted to hospital should have a risk assessment to determine the requirement for pathogen screening.

NHS organisations already have systems in place to manage patients with an active cough. In this situation, patients who are recent arrivals from Afghanistan with a cough should also be considered as at risk of active TB, as well as other respiratory pathogens like COVID-19 and should be managed in respiratory isolation while under investigation.

Communicable diseases screening

Public Health England is producing guidance to help primary care professionals to assess and address the health needs of relocated individuals. Latest PHE advice on screening is summarised below. Please work closely with your LA Directors of Public Health.

Vaccination: Ensure individuals are aligned with the UK vaccination schedule, particularly polio which is endemic in Afghanistan.

Tuberculosis: Afghanistan has a very high incidence of TB and all individuals should be screened for active pulmonary TB as soon as possible after arrival to the

UK. This includes a chest X-ray for non-pregnant individuals aged 11 years and above and TB symptom check as per pre entry visa requirements - Tuberculosis tests for visa applicants - GOV.UK (www.gov.uk).

Individuals should be screened for latent tuberculosis once registered in primary care as per NICE guidance (Tuberculosis (nice.org.uk)) and the national latent TB infection (LTBI) testing and treatment programme. Local provision of a latent TB test varies across the UK and advice can be sought from england.tbprogramme@nhs.net or tbsection@phe.gov.uk regarding local provision. Individuals who are positive for LTBI should be treated by the local TB service.

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COVID-19: Afghanistan is currently a 'red' list country for COVID-19 risk. Individuals should have completed at least 10 days in a managed quarantine hotel and been tested for COVID-19 at days 2 and 8. Ensure individuals are offered COVID-19 vaccination as appropriate.

Hepatitis B: Hepatitis B incidence is intermediate in Afghanistan and screening should be considered. Offer screening to pregnant women and ensure post-exposure immunisation is provided to infants born to hepatitis B infected mothers.

Typhoid: Enteric fever should be considered 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 and should be investigated with blood cultures, if suspected, clearly labelled to highlight travel history. 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 2,000m, there is no risk. Test individuals who are unwell and from affected areas of Afghanistan.

Helminths: Consider requesting Strongyloides serology and refer to guidance for testing.

[ENDS]

Further support

In response to this urgent agenda it is important that local partners in the NHS work closely in supporting the care of this group; primary care (including dental and eye care commissioners), community, mental health and acute services all have a part to play. Local authorities are leading this programme and Directors of Public Health along with colleagues in PHE will be important sources of advice and co-ordination. Further issues and queries can be raised via the national incident desk england.incident32@nhs.net.

We recognise that this is a busy time and thank you for your actions in support of this important work.

Yours sincerely

Dr Mike Prentice
National Strategic Incident Director, COVID-19