



Dear State Refugee Health Coordinators and Refugee Health Partners:

We hope you are doing well. This message is intended to provide an update on the health screening of refugees from South Africa (Afrikaners) that arrived in the United States during May 2025.

As you likely are aware, 68 Afrikaners arrived in the U.S. in two groups. The first group, which included 59 persons, arrived on May 12, and the second group, which included 9 persons, arrived on May 30. These newcomers resettled in 11 U.S. states, and more than one-third of the cohort resettled in the Midwest (Table 1). These newcomers were predominately female (55.9%, n= 38) and ranged in age from <1 year to 67 years (Table 2). However, most newcomers (64.7%, n= 44) were adults 18 years of age or older.

**Table 1: Newcomers from South Africa by Region of Resettlement, May 2025**

Region	Number	Percent
Northeast (NY)	4	6%
Southeast (AL, NC)	19	28%
Midwest (KS, IA, MI, MN)	25	37%
West (CA, ID, MT, NV)	20	29%

**Table 2: Newcomers from South Africa by Age, May 2025**

Age	Number	Percent
0 - <18 years	24	35%
18 - <45 years	31	46%
45 years+	13	19%

Like all refugees, the Afrikaners received an overseas health screening evaluation by a panel physician prior to traveling to the U.S. None of the Afrikaners had Class A conditions (physical or mental disorder) that rendered them ineligible for a visa. However, during the overseas examination, three of the Afrikaners received a class B2 tuberculosis classification indicating latent tuberculosis infection (LTBI).

Health concerns were common among these newcomers; 31 (45.6%) of the 68 newcomers reported having at least one health condition and some newcomers reported multiple health concerns (Table 3). Twenty (29.4%) newcomers reported a history of tobacco use, which is known to increase the risk for development and severity of numerous health conditions. Reported current medications were consistent with the reported health conditions, and no significant medical conditions were identified that required medical escorts.



**Table 3: Health Conditions reported by Newcomers from South Africa during the Overseas Exam, May 2025**

Health Condition	Number	Percent
Obesity: BMI $\geq$ 30 (evaluated during overseas exam)	23	34%
Hypertension	5	7%
Asthma	4	6%
Diabetes	3	4%
Thyroid Disease	3	4%
Anemia	1	1%

During the overseas examination, most Afrikaners who were eligible received presumptive treatment according to [CDC supplemental guidance to the technical instructions](#). Panel physicians administered albendazole (92.4% received treatment, n = 66 persons eligible) for soil-transmitted helminths and ivermectin (67.2% received treatment, n= 61 persons eligible) for *Strongyloides*. During the overseas examination, panel physicians follow [CDC technical instructions](#) and offer age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices (ACIP), to refugees. The Afrikaners received multiple immunizations, and for many, the administered vaccinations represented the first dose of a series (Table 4).

**Table 4: Vaccines Administered to Newcomers from South Africa during the Overseas Exam, May 2025**

Vaccine	Number of doses administered	Percent of newcomers from South Africa who received vaccination	Dose administered was the first dose of a series
Hepatitis A	54	79%	53
Hepatitis B (HBV)	50	74%	46
Influenza	42	62%	N/A
Meningococcal (MenACWY)	4	6%	4*
Tetanus-containing (Tdap, DTP, DTaP) <sup>†</sup>	47	69%	47
Measles-containing (Measles, Mumps, Rubella vaccine)	55	81%	52‡
Polio (Inactivated polio vaccine)	47	69%	47
Varicella	13	19%	13§

\*Some adolescents and adults are recommended to receive only a single dose of meningococcal vaccine. See CDC/ACIP [child/adolescent immunization](#) and [adult immunization](#) schedule notes for meningococcal vaccination.



†Tetanus-containing vaccines include: Tdap (Tetanus, Diphtheria, Pertussis), DTP, or DTaP (Diphtheria, Tetanus, and Pertussis).

‡ Most adults (who lack evidence of immunity to measles, mumps, or rubella) are recommended to receive only a single dose of measles, mumps, and rubella vaccination (MMR). See [adult immunization](#) schedule notes for MMR vaccination.

§Adults (who lack evidence of immunity to varicella) are recommended to receive either one or two doses of varicella. See CDC/ACIP [adult immunization](#) schedule notes for varicella vaccination.

State refugee health coordinators (SRHCs) and domestic healthcare providers will have several considerations during [domestic medical examination \(DME\) screening](#) for this cohort, and medical records in the electronic disease notification (EDN) system should be reviewed carefully to ensure all health concerns are addressed. Many individuals in this cohort have chronic health concerns or risk factors for the development of chronic health concerns, and domestic healthcare providers should consider prioritizing chronic disease management. Healthcare providers should also consider providing education on chronic disease risk factors and prevention, including encouraging smoking cessation. During the overseas examination, panel physicians noted that Afrikaners had limited supplies of prescription medications for chronic conditions, and SRHCs should consider scheduling DME screening visits to avoid lapses in treatment.

Studies suggest that populations from South Africa can experience high rates of tuberculosis (TB). While active pulmonary TB disease was not identified in this cohort, domestic healthcare providers should review tuberculosis screening records carefully to ensure all newcomers with B2 LTBI tuberculosis classification are identified and offered LTBI treatment. SRHCs should consider offering support services, when available, to facilitate seamless LTBI treatment.

Vaccination records for these newcomers will be available in EDN and through the Refugee Immunization Information Systems Exchange (RIISE) project for participating states. SRHCs and domestic providers should remember that many in this cohort will be eligible for additional vaccine doses during the DME or in the near term, and SRHCs should consider scheduling DME screening and follow-up visits to ensure additional doses are provided in a timely manner. Healthcare providers should also be aware that many of these newcomers were vaccinated for influenza during the overseas examination because the influenza season in the southern hemisphere typically occurs between April and September. However, to ensure optimal protection from infection, these newcomers should be encouraged to receive influenza vaccination in the fall when 2025-2026 vaccines are available in the U.S.

Over the coming months, the CDC Division of Global Migration Health (DGMH) will continue working closely with partners, including the Office of Refugee Resettlement and Department of State (DOS)



Bureau of Population, Refugees, and Migration (PRM) to ensure resettlement of additional Afrikaners is safe and efficient. If there are any changes related to the health screening guidance for new arrivals, we will notify you immediately.

CDC continues to value our partnerships, and we are happy to address any questions about this update or domestic screening in this cohort. SRHCs and domestic healthcare providers can contact the CDC Immigrant and Refugee Health Branch Domestic Team at [IRHBdomestic@cdc.gov](mailto:IRHBdomestic@cdc.gov).

Sincerely,

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Centers for Disease Control and Prevention

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