Dear State Refugee Health Coordinators (SRHCs) and Refugee Health Partners:

We hope you are doing well. This message is intended to provide an update on the health screening of refugees that arrived from South Africa (Afrikaners) from May 12, 2025, through June 8, 2026, and to provide clinical considerations for healthcare providers who conduct the domestic refugee health medical examination (DME).

Between May 12, 2025, and June 8, 2026, a total of 7,200 Afrikaners arrived in the U.S. These newcomers resettled in 49 states and the District of Columbia, but more than half have resettled in only 10 states (Table 1). The newcomers ranged in age from <1 year to 89 years of age (Table 2); approximately half (51.6%) were male.

Table 1: Top Ten States for Resettlement of Afrikaners in U.S., May 12, 2025 – June 8, 2026

State	Number of Arrivals	Percent
Texas	1,046	14.5%
Florida	520	7.2%
California	429	6.0%
North Carolina	311	4.3%
Michigan	279	3.9%
Ohio	274	3.8%
New York	266	3.7%
Iowa	244	3.4%
Colorado	221	3.1%
Oklahoma	218	3.0%
Total	3,808	52.9%

Table 2: Afrikaners Resettled in the U.S. by Age, May 12, 2025 – June 8, 2026

Age	Number	Percent
0 - <18 years	2,186	30.4%
18 - < 65 years	4,800	66.6%
65+ years	214	3.0%

All Afrikaners received an overseas health screening evaluation prior to traveling to the U.S., and none of them had Class A conditions (physical or mental disorders) that rendered them ineligible for resettlement. However, 146 (2.0%) of the Afrikaners received a class B1 tuberculosis (TB) (pulmonary) classification; and 419 (5.8%) received a class B2 TB classification indicating latent TB infection (LTBI) (Table 3). 864 (12.0%) of the Afrikaners received a class B mental health classification (Table 3).

Chronic health conditions were common among these newcomers (Table 3). Tobacco use, which increases risk for heart disease, lung disease, diabetes, and other chronic conditions, was also prevalent

among these newcomers. 1,655 (23.0%) reported current tobacco use and 2,256 (31.3%) reported a history of tobacco use.

Table 3: Health Conditions of Afrikaners Resettled in the U.S., May 12, 2025 – June 8, 2026

Health Condition	Number	Percent
Obesity (Body mass index ≥ 30)	2,203	30.6%
Mental Health Condition (Class B)	864	12.0%
Hypertension	819	11.4%
Latent Tuberculosis Infection (LTBI) (Class B2 TB)	419	5.8%
Asthma	278	3.9%
Diabetes	249	3.5%
Thyroid Disease	157	2.2%

Many Afrikaners received vaccinations during the overseas examination, and for some, the administered vaccinations represented the first dose of a series (Table 4). Vaccine shortages that recently prevented administration of measles containing vaccines have now resolved.

Table 4: Vaccines Administered to Afrikaners during the Overseas Examination, May 12, 2025 – June 8, 2026

Vaccine	Dose administered was the first dose of a series	Total number of doses provided
MMR	3,878	4,445
DTaP, DTP	44	164
Tdap	4,627	4,715
Varicella	1,122	1,165

SRHCs and domestic healthcare providers will have many considerations during domestic medical examination 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. Domestic healthcare providers should pay particular attention to B2 LTBI tuberculosis classification for all newcomers to ensure those with LTBI are identified and offered treatment.

Domestic providers should also pay attention to the Catch-up Immunization Schedule for Children and Adolescents, as many Afrikaners experienced delays in receiving vaccinations and received first doses in a series during the overseas examination.

SRHCs and domestic healthcare providers should be aware that several infectious disease outbreaks are ongoing in South Africa (see South Africa's National Institute for Communicable Diseases (NICD) weekly diphtheria report and the South Africa NICD weekly measles and rubella report). If cases are detected

among newcomers, the state/jurisdictional department of health should be notified promptly, and close contacts should be evaluated.

Presumptive treatment for intestinal parasites and malaria is not currently being offered to Afrikaners during the overseas examination, as there is insufficient opportunity to administer treatment within the recommended 72-hour window prior to departure.

Many newcomers 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 and counseling on tobacco use cessation.

Over the coming months, the CDC's Division of Global Migration Health (DGMH) will continue working closely with partners to ensure resettlement is safe and efficient. If there are any changes related to the health screening guidance for new arrivals, we will notify you immediately.

Please address any questions about this update or domestic screening in this cohort to the DGMH Immigrant and Refugee Health Branch Domestic Team at IRHBdomestic@cdc.gov.

Sincerely,

Domestic Team, Immigrant and Refugee Health Branch