Outbreak Notification: COVID-19

March 13, 2020

Dear State Refugee Health Coordinator:

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the resulting illness has been named “coronavirus disease 2019” (abbreviated “COVID-19”). On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic.

As of March 13, 2020, 1,629 cases and 41 deaths have been reported from 47 jurisdictions in the United States. The number of cases continues to change rapidly as state and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

Refugee Movement
Refugee movement has been postponed for refugees coming from China. No refugees are resettling to the United States from South Korea, Iran, or Italy (other countries with widespread sustained transmission of COVID-19); CDC has advised the International Organization for Migration (IOM) to book refugees on flights that do not transit through these locations, if possible. At this time, refugees continue to receive pre-departure screening as usual. CDC has also reinforced the practice of infection control measures during transit (e.g., hand washing, hand sanitizers, avoiding those who are ill). As per usual, refugees with any illness that may have developed during transit are evaluated on arrival at the port of entry by a Quarantine Public Health Officer for diseases of public health concern, and if required, are evaluated at a local hospital. The Immigrant, Refugee, and Migrant Health Branch’s (IRMH) Domestic Team routinely notifies state refugee health coordinators of all illnesses reported during travel. At this time, no refugees have been found to meet the definition of a person under investigation for COVID-19.

Domestic Medical Screening Guidelines and Examination
The domestic medical screening guidelines are provided for state public health departments and healthcare providers in the United States who conduct the initial medical screening for refugees. These screenings usually occur 30-90 days after the refugee arrives in the United States. CareRef is an interactive tool for US clinicians, which customizes screening guidelines for individual refugees based on age, sex, and country of origin.

These guidelines should be used in parallel with the current COVID-19 guidance, available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html.
During this time, routine domestic medical screening examinations of refugees with acute or chronic conditions requiring follow-up should be prioritized. In addition, state and local health departments may have additional recommendations for newly arriving refugees due to concerns over COVID-19; we encourage resettlement agencies and state refugee health coordinators to be actively engaged with their health departments to assure good communication and integration of any state and local recommendations.

Recognizing that domestic screening may be delayed, IOM has been asked to provide 90 days of medication to refugees before departure. It should be noted that local conditions may impact the ability of any particular sending mission to fulfill a 12-week medication supply due to limited availability of a specific medicine and/or due to cost. Please feel free to contact the IOM New York Medical Movement Coordinator at nymedical@iom.int with questions about any travel plans for medical cases and their medical follow up, including medical supplies and/or medication for a particular case.

**Continued Healthcare for Refugees**
All healthcare facilities can take steps now to prepare for a possible COVID-19 outbreak and protect both their patients (including recently arrived refugees) and staff. In addition to this guidance, clinicians should discuss *who is at higher risk*, *what to do if symptoms appear*, *how to prepare individuals and families*, and *how to prepare households* for community transmission among recently arrived refugees.

**Resources**
CDC has translated select print materials into Simplified Chinese and Spanish. These resources can be found [here](#). CDC also has [Simplified Chinese](#) and [Spanish](#) homepages for COVID-19. We will update state refugee health coordinators if additional translations become available. Please note that some materials have been circulating with CDC’s logo, but they have not been translated by CDC. Some of these documents contain errors. For official government-translated CDC materials, please visit the CDC website.

Further, there is a new weekly COVID-19 newsletter which provides the most recent updates from CDC (including new resources available). You can sign up for that newsletter [here](#). The 2019 Novel Coronavirus webpage is also updated regularly, as the situation is rapidly evolving. This website will provide the most updated and relevant data for the public and healthcare providers. Please also visit your state and local health department websites for current local guidance.

CDC, in partnership with domestic, in-country, and international partners, will continue to monitor the situation, and will follow up with additional information and/or recommendations as they become available.

Any further questions can be directed to the IRMH Domestic Inbox at irmhdomestic@cdc.gov.

Sincerely,

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