



Safer Refugee Resettlement: Public Health Recommendations

Updated 03 February 2021

Background

The UK operates refugee resettlement schemes in partnership with the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM). These focus on refugees “greatest in need of assistance, including people requiring urgent medical treatment, survivors of violence and torture, and women and children at risk”¹.

IOM and UNHCR announced a temporary suspension of refugee travel in March 2020 due to travel disruptions caused by the COVID-19 pandemic. Resettlement arrivals to the UK restarted in December 2020.

Refugees who are resettled to the UK undergo a health assessment before travelling, undertaken by IOM doctors. The guidance for this health assessment is available here: <https://www.gov.uk/government/publications/pre-entry-health-assessments-guidance-for-uk-refugees>.

In addition, refugees with serious medical conditions for which treatment is required before travel/on arrival in the UK, or who require special travel arrangements, go through a pre-departure medical screening (PDMS) approximately 3 weeks before departure to the UK. Every refugee undergoes a pre-embarkation check (PEC) 72-24 hours before departure.

This document outlines public health recommendations for safely resuming refugee resettlement in light of current restrictions in place related to COVID-19. These must be seen to complement the pre-entry health assessments guidance for UK refugees.

¹ <https://www.gov.uk/government/publications/uk-resettlement-programmes-funding-instruction-2020-to-2021>

General principles

- This guidance aims to support the Home Office (HO) in reducing the risk of COVID-19 infection among refugees resettled to the UK and any potential risk of importation of COVID-19 into the UK associated with refugee resettlement. Risk cannot be eliminated, but it can be mitigated.
- These risks will depend on factors such as the epidemiology of the infection in the resettlement country and in the UK, the living conditions in the resettlement country and travel conditions.
- Risks associated with COVID-19 in the country that refugees are travelling from should be balanced against risks related to other factors, such as access to clean water, sanitation facilities, secure, dignified living space, basic necessities (such as food, medication and toiletries) and risks from other diseases (infectious and non-infectious, including risk of poor mental health and suicide); all of these factors, alongside the current situation regarding COVID-19 prevalence in the UK, should inform the timing of any decision to resettle refugees to the UK.
- Refugees should not be moved from low to high COVID-19 prevalence settings unless remaining in their current location for longer than anticipated poses other more significant risks to their health and safety.
- Refugees who fall into the category of clinically extremely vulnerable (outlined in appendix 1) should be identified before travelling to the UK.
- The advice outlined in this document should be reviewed if the COVID-19 risk level changes significantly in either the UK or the countries/locations from which refugees are departing.

Pre-departure measures

Health assessment

All future health assessments of refugees (including PEC and PDMS) should be complemented by:

- Identification of refugees who fall into the category of clinically extremely vulnerable (outlined in appendix 1) before travelling to the UK. Those identified should be notified to the HO so that any additional risk mitigations can be put into place. This is additional to the existing risk assessments required for refugees with any other medical conditions which might require support on arrival to the UK.
- Checking for signs or symptoms of COVID-19. These include:
 - a high temperature
 - a new, continuous cough
 - a loss of, or change to, sense of smell or taste

- Asking about close contact with confirmed cases in previous 14 days (see appendix 2)

The length of time refugees spend in clinical facilities should be minimised and social distancing should be observed between separate household groups. Any decision to reduce contact with clinical facilities should also take into account the refugee's mental health and wellbeing.

If a refugee receives a COVID-19 vaccine prior to departure to the UK this should be clearly recorded in their medical record and communicated to the Local Authority. Records should include which vaccine was given, date, batch number and dose.

Pre-departure testing

Refugees must have proof of a negative COVID-19 test to travel to the UK. Children aged under 11 do not need to take a test. The test must be taken in the 3 days before the start of the journey.

The test must:

- meet performance standards of $\geq 97\%$ specificity, $\geq 80\%$ sensitivity at viral loads above 100,000 copies/ml
- this could include tests such as:
 - a nucleic acid test, including a polymerase chain reaction (PCR) test or derivative technologies, including loop-mediated isothermal amplification (LAMP) tests
 - an antigen test, such as a test from a lateral flow device

The test result must be in either English, French or Spanish. Translations will not be accepted, and the original test result certificate must be provided. It must include the following information:

- your name, which should match the name on your travel documents
- your date of birth or age
- the result of the test
- the date the test sample was collected or received by the test provider
- the name of the test provider and their contact details
- the name of the test device

If the test result is positive, travel should be rescheduled. The refugee should initiate a period of self-isolation for 10 days from the date of testing and local rules and guidance for positive cases must be followed. If the result is inconclusive, the refugee must take another test.

Even if the pre-departure test result is negative, the refugee should still self-isolate for 10 days on arrival to the UK if travelling from a non-exempt country.

Refugees who are clinically extremely vulnerable

Those refugees identified as clinically extremely vulnerable should be notified to the HO so that any additional risk mitigations can be put into place during their journey and on arrival in the UK.

Refugees with signs or symptoms of COVID-19

If a refugee has signs or symptoms of COVID-19, they should self-isolate as per national guidelines of the country in which they are currently resident. This should include, as a minimum, self-isolation for 10 days from the onset of symptoms. People in the same household should self-isolate for 10 days from the onset of the first household member's symptoms. Any other (non-household) close contacts should self-isolate for a minimum of 10 days from the date of last contact with the symptomatic person. If a contact develops symptoms, they should begin a new 10-day period of self-isolation from the date their symptoms started.

Those with symptoms of COVID-19 should be tested with a WHO-approved PCR test². Self-isolation should continue whilst awaiting results. If the result of a WHO-approved PCR test is negative, the person tested and their close contacts can stop isolating, provided that they are not symptomatic. Anyone who tests positive should continue their 10-day period of self-isolation. Self-isolation should begin from the date of symptom onset. If this cannot be reliably determined (i.e. a range of dates are reported) then self-isolation should begin from the most recent date provided. If no date is provided then self-isolation should begin from the date of testing. After 10 days, if the person still has a high temperature they should continue to self-isolate until their temperature is normal. If cough or anosmia (change or loss of sense of smell) persists after 10 days, they can still leave self-isolation.

Reassurances should be given to refugees who show symptoms before travelling that they will still be supported to travel to the UK once they have completed the recommended period of self-isolation.

For more detail, see:

² PHE does not in any way recommend any particular COVID-19 diagnostic assay or extraction platform; PHE shall not be responsible for any choice of COVID-19 diagnostic assay or extraction platform, and it is the testing laboratory's responsibility to ensure that any such assay or platform implemented has undergone the necessary verification and validation.

England: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Wales: <https://gov.wales/self-isolation-stay-home-guidance-households-possible-coronavirus>

Scotland: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-households-with-possible-coronavirus-infection>

Northern Ireland: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-staying-home-and-self-isolation>

Refugees who have had close contact with a confirmed case

If a refugee has been in close contact with a confirmed case in the previous 14 days, they should self-isolate as per national guidelines of the country in which they are currently resident. As a minimum, this should include self-isolation for 10 days from the last known contact with a confirmed case. The definition of close contact is listed in appendix 2.

Other pre-departure measures

Refugees should receive translated information in their preferred language about COVID-19 transmission; how to reduce transmission risk, current COVID-19 control measures in the UK and key details about the NHS Track & Trace programme, including contact details. This information should be provided at the pre-embarkation check and at the airport, ensuring that the information remains up to date. Information should be given in a format that facilitates understanding, ensuring that key details are clear to the refugee.

A Public Health Passenger Locator Form is required for all people travelling to the UK and will need to be completed for all refugees. This online form (available at <https://www.gov.uk/provide-journey-contact-details-before-travel-uk>) requires email registration and can be completed on behalf of someone else. The form must be completed within 48 hours of arrival in the UK and printed out for review by UK Border Force officers on arrival. The following individual information is required for completion of the online form:

- Email address
- Relationship between person completing the form and the individual it refers to (if done on their behalf)
- Contact details – telephone number for phone call or text message (SMS)
- Passport details of the person travelling

- Name of the airline they are travelling with
- Booking reference
- Flight number
- Name of the airport they are arriving into
- Date of arrival
- Address they will be staying at in the UK
- Details of someone who can be contacted if they become ill while in the UK

Those under 18 years old can be included in a family/household member's PHE passenger locator form if they are travelling to the UK together and will live at the same UK address.

A nominated individual should complete this form on behalf of refugees and ensure that the form is available to UK Border Force officers on arrival in the UK. If refugees are asked to complete this form, they should be advised on the necessary travel details and UK contact details to be provided.

High risk departure countries

Refugees travelling from countries without a "travel corridor" exemption³ will need to self-isolate for 10 days on arrival in the UK, as would any other person from that country. The list of travel corridors can be found here:

England: <https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors>

Wales: <https://gov.wales/exemptions-self-isolation-coronavirus-covid-19-html#section-48360>

Scotland: <https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/pages/exemptions/>

Northern Ireland: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-countries-and-territories-exemptions>

In some circumstances, additional measures may be required for refugees departing from "high risk" countries. As this categorisation is constantly updated, PHE will need to receive the following information about resettlement plans from the Home Office, in order to advise on any additional measures required.

³ As of February 2021, all travel corridors had been suspended from 18 January 2021.

1. During the first week of each month, the Home Office will inform PHE, the Welsh Local Government Association (WLGA) and The Convention of Scottish Local Authorities (COSLA) which countries refugees are due to be resettled from in the following month. The Home Office will inform The Belfast Trust which countries refugees are due to be resettled from in the following three months.

2. PHE, the WLGA, The Belfast Trust and COSLA will use this information to establish, within one week, whether any additional measures should be taken prior to departure to England, Wales, Northern Ireland and Scotland respectively.

Additional checks within 24 hours of departure

All refugees should receive the following checks within 24 hours of departure:

- Checking for signs or symptoms of COVID-19. These include:
 - a high temperature (temperature should be measured)
 - a new, continuous cough
 - a loss of, or change to, sense of smell or taste
- Asking about close contact with a confirmed case in the previous 10 days

Anyone who develops symptoms of COVID-19 or becomes unwell *after the above check has taken place* should not travel.

Those who have signs or symptoms of COVID-19 should self-isolate for a minimum of 10 days from their onset of symptoms and until they no longer have a high temperature. All of their household contacts should be advised to self-isolate for a minimum of 10 days from the onset of symptoms. Any other (non-household) close contacts should self-isolate for a minimum of 10 days from the date of last contact with the symptomatic person. If a contact develops symptoms, they should begin a new 10-day period of self-isolation from the date their symptoms started.

If WHO-approved PCR testing is available, only those with symptoms of COVID-19 should be offered a test². Self-isolation should continue whilst awaiting results. Those who test positive should complete their period of self-isolation which can end after a minimum of 10 days and until they no longer have a high temperature. Self-isolation should begin from the date of symptom onset. If this cannot be reliably determined (i.e. a range of dates are reported) then self-isolation should begin from the most recent date provided. If no date is provided then self-isolation should begin from the date of testing.

Those who test negative, and their contacts, can discontinue self-isolation if they are not symptomatic. If a refugee tests negative but remains symptomatic, they should not travel until they have recovered.

Anyone who has previously received a positive COVID-19 PCR test result should not be re-tested within 90 days of that test, unless they develop any new symptoms of COVID-19. The main aim of these measures is to minimise opportunity for transmission of

COVID-19 before, during and after travel. The risk of transmission can be reduced by minimising the number of contacts between refugees and people outside of their household group prior to and during travel – e.g. ensuring only *essential* visits or transfers are made and social distancing between different household groups is observed at all times.

Measures during travel

Guidance and requirements issued by the airline / sending country should be observed. In addition, the recommendations below should be followed:

- All refugees and escorts should be given a face covering and hand sanitiser and encouraged to use them. Face coverings are mandatory on public transport in the UK and on many airlines
- All refugees should be offered translated/interpreted information on COVID-19 risk and measures to reduce transmission during travel, including hand cleansing (preferably by handwashing but by sanitiser if handwashing facilities are unavailable), respiratory/cough hygiene, social distancing and the use of face coverings
- Social distancing between different household groups should be maintained
- If a refugee develops any illness during travel, they should alert the crew and receive assessment on arrival in the UK. Standard IOM protocols and travel airline protocols apply.
- If a refugee develops symptoms of COVID-19, the HO / Local Authority (LA) worker should be immediately informed on arrival

Reassurances should be given to refugees who show symptoms before travelling that they will still be supported to travel to the UK once they have completed the recommended period of self-isolation.

If any refugee requires a medical escort, a specific risk assessment should be undertaken to determine any additional measures required during travel (e.g. PPE).

Measures to reduce the risk of transmission should be in place during travel between the airport and accommodation. Guidance for safer travel is available here: <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>

Post arrival measures

For all refugees, the LA / Community Sponsor should:

- Ensure every refugee is registered with a GP and is provided written instruction translated or interpreted into their first language about how to access routine

health services, social care and voluntary services as well as COVID-19 specific Test & Trace services. It should be emphasized that NHS treatment is free. Where available, refugees should be provided a 'right to health' card to assist with any primary care registration processes⁴

- Ensure any immediate medical needs are met (such as requirements for ongoing medication)
- Ensure every refugee knows what to do if they develop COVID-19 symptoms
- Ensure refugees receive information about COVID-19 transmission and how to reduce transmission risk
- Ensure refugees are informed about current COVID-19 control measures in the UK

General COVID information available at:

England: <https://www.gov.uk/coronavirus>

Scotland: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19> [includes other languages]

Wales: <https://gov.wales/coronavirus>

Northern Ireland: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-information-videos>

Refugees travelling from countries without travel corridor exemption

Refugees travelling from countries without a travel corridor exemption in place need to self-isolate for 10 days, the same way as other travellers. The LA / Community Sponsor (CS) must have arrangements in place that allow the refugees to self-isolate safely, including:

- Provision of food and other basic needs, such as medication, baby formula, bottles, nappies, etc.
- Provision of separate bathroom and kitchen facilities for single refugees not living in a household group
- Provision of information about the requirement to self-isolate
- Provision of information about what to do if the refugee develops symptoms or has any other medical need
- PPE for any care/social support workers requiring close contact with their clients, as per relevant guidelines

⁴ <http://www.healthliteracyplace.org.uk/tools-and-techniques/access-to-healthcare-gp-registration-cards/>

If the refugee develops signs or symptoms of COVID-19 the LA / CS should ensure they have access to testing and advice on self-isolation for themselves and their household (translated into their preferred language).

Additional risk considerations

Recent analysis demonstrates higher risk of COVID-19 associated with several factors including Black, Asian and Minority Ethnicities, older age, male sex and place of birth outside the UK and Ireland. Those who are identified as extremely clinically vulnerable, as per appendix 1, are advised to take additional precautions in the UK.

Refugees who are clinically extremely vulnerable

Refugees who fall into the category of clinically extremely vulnerable, as outlined in appendix 1, should be identified before traveling to the UK. The LA and CS should be made aware of this for any refugee they are expected to support. Upon arrival, refugees who are clinically extremely vulnerable should be given the support to follow appropriate guidance in place in the UK. Advice is available here:

England: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Wales: <https://gov.wales/guidance-shielding-and-protecting-people-defined-medical-grounds-extremely-vulnerable-coronavirus-0>

Scotland: <https://www.gov.scot/publications/covid-shielding/>

Northern Ireland: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people>

Appendix 1: Definition of clinically extremely vulnerable people

These definitions might change and will be updated here:

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

Doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group. Clinically extremely vulnerable people may include:

- solid organ transplant recipients
- people with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Appendix 2: Definition of close contact

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 10 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- People who spend significant time in the same household as a person who has tested positive for COVID-19
- Sexual partners
- A person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
 - being coughed on
 - having a face-to-face conversation within one metre
 - having skin-to-skin physical contact, or
 - contact within one metre for one minute or longer without face-to-face contact
- A person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- A person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

The above guidance is available at:

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>