



Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30341-3724

**News/Update: Splenomegaly in Congolese Refugees from Uganda; request for additional investigation**  
*August 1, 2017*

Dear State Refugee Health Coordinator,

On September 10, 2015, the Centers for Disease Control and Prevention sent a notification to state refugee health coordinators about an unusually high number of splenomegaly (enlarged spleen) cases in Congolese refugee populations from Kyangwali Resettlement Camp near Hoima, Uganda. The purpose of that letter was to inform the refugee health coordinators of the overseas activities in response to these cases and to provide recommendations for additional testing and management after arrival. This investigation, done with collaboration of CDC and the University of Minnesota, published *Notes from the Field: Splenomegaly of Unknown Etiology in Congolese Refugees Applying for Resettlement from Uganda to the United States, 2015* in the Morbidity and Mortality Weekly Report (MMWR) Vol. 65 Issue 35 in September 2016. A notification of this report was sent to State Refugee Health Coordinators on September 7, 2016.

The MMWR report detailed a cohort of 145 Congolese refugees with splenomegaly originating from a refugee camp in Hoima, Uganda, who resettled to 22 states within the United States between May 2015 and January 2016. Refugees were presumptively diagnosed and treated for malaria-associated splenomegaly with the prospect that their condition would spontaneously resolve after malaria treatment and time spent living away from a malaria-endemic region. Follow-up clinical visits at 1-3 month intervals were recommended that specifically addressed malaria-associated causes of splenomegaly.

Over the last several months, CDC has received anecdotal reports from refugee health providers that spleen size among some of these refugees has not receded. The scope of this problem is not currently understood; therefore, we would like to further investigate this cohort of 145 refugees and other refugees identified as having splenomegaly during post-resettlement examinations to systematically characterize the long-term clinical course of this population. Based on our findings, clinical guidelines may need to be updated, which will be distributed to RHCs nationwide.

We will be requesting to collaborate with states to which affected refugees have been noted to resettle. This investigation will involve retrospective chart reviews of follow-up clinical visits for these 145 refugees, other splenomegaly-affected refugees at their clinics, and a selection of refugees not affected by splenomegaly so we can better understand the clinical course attributed to this condition.

CDC will continue to provide clinical support and updated information to health providers of affected refugees who have recently arrived from Uganda or who are of Congolese origin. If a clinician in your state identifies splenomegaly in a recently arrived refugee and is requesting clinical support, please contact our team at [splenomegalyinvestigation@cdc.gov](mailto:splenomegalyinvestigation@cdc.gov).

Please let us know if you have any additional questions.

Sincerely,

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Centers for Disease Control and Prevention

Enclosures

