

Unexpectedly low Incidence of COVID-19 among Refugees of War from Ukraine to Slovakia in First Month of Conflict (Original Research)

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Original Article

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Abstract:

Several armed conflicts and military troop interventions have been associated with minor pandemics, however, not always, and with the extent varied. e.g. during the most catastrophic loss of lives in the Bosnian Conflict in 1993-95 where 160,000 civilians and soldiers fell into mass graves, only one small epidemic of Hepatitis A was reported to the European branch of WHO.

In contrast, epidemics of cholera in Haiti, not related to war but associated with troop deployment (UN battalion from Nepal) in 2014, led to a devastating epidemic of cholera in the Artibonite River District with 1,000s of deaths. The same was reported during civil war and genocide in Rwanda in 1988-98 where hundreds died, and refugees of war-related exodus from Rwanda to the DRC in Goma. Finally, pipeline and water supply devastation during war in Yemen, led to the largest cholera outbreak in Yemen (1-3). Therefore, fear of epidemics, especially during COVID-19 Omicron wave is of concern mainly when the numbers of positive cases in Austria and other EU countries are increasing.

The aim of this study was to report the results of COVID-19 antigen testing in those escaping from war in Ukraine.

Methods and patients

Antigen testing for COVID-19 was performed by Standard Q Covid 19 Ag manufactured by Biosensor SD, var 3 Dusseldorf FRG, sampling by Shenzhen Miraclean Technology, was voluntarily offered to those entering the border at Vysne Nemecke - Uzhorod checkpoint before entering buses, because bus transport companies required all adults be freshly tested by Ag test before the journey to CZ, AT or FRG was started. The test was not required by Slovak authorities for transit up to 8 hours nonstop but by bus companies and drivers to avoid the spread to other co-passengers during travel longer than 6 hours. This first group, (GI) tested at the border were 101 individuals tested for this reason on days 10-13; a second group (GII) tested at point of entry of St. Elizabeth University Center for Refugees 5 minutes from the main Bratislava Rail Station. The building is used as a temporary shelter for transit up to 48 hours, to avoid transmission to other persons sleeping in the same room or admitted to a student guest house, where positively tested families can be quarantined in same room for those who planned to stay at the guest house for temporary residence for days, weeks or months.

Those who test positive and symptomatic are offered antipyretic novalgin and an antibiotic Azithromycin with oxygen less than 90 minutes,

and supported with immunoglobulin pleuran or/and Zn, Se, Dvit tablets and quarantined until symptoms disappear plus 5 days. Those who are asymptomatic and positive were offered only compulsory isolation for 5 days, and a mask wearing regimen according to the *General Hygienist* bill valid in Slovakia until March 31. 155 of those from Group II were tested from day 5-30 after the conflict related crisis started.

Results and discussion

From the 101 refugees of war crossing the border in days 10-13 (on average about 9,500 crossing per day) requiring a test due to bus transport to FRG and CZ, nobody reported covid related symptoms; also because most of them reported to be vaccinated and primary health population transited (children and mothers, all aged below 40 apart with 4 seniors or less-minimum per day). Males younger than 60 were not allowed to leave Ukraine so 99%, were children and mothers on day 4-5. About 500 in total, foreign students from UA universities crossed the border. Zero test positivity was reported, however the limitation of the study is that only a small part of crossings were willing or had medical reason to be tested, and probably some of them denied having it for fear that they may be deported back or isolated.

However, concerning Group II, among 155 tested, 6 tested positive entering Bratislava by Rail Station and being sheltered in a University Building or Guest House. (4%) all being asymptomatic, requiring just 5 days isolation. 4% is less than the average number of Antigen tested positive in Slovakia in March (5.2% in average by Ag test and 51.8% among PCR RT test). All positives were adults: however only 2 were of Ukrainian nationality; one of Egyptian citizenship, being students leaving immediately to Vienna; 5 were Slovak humanitarian workers being infected possibly among all passengers (UA, Slovak, Czech, Hungarian, Austrian) crossing the Rail Station or counseling the refugees at information checkpoint.

Conclusion

In the first 4 weeks, positivity of Antigen testing for Covid 19 was minimal and represented zero cases at the UA, SK border checkpoint; 4% at the Bratislava Rail Station checkpoint and those transiting or staying at the University Guest House or Main University building where everybody is tested. The explanation of zero positivity at the border is due either to a primary healthy population (young mothers with children); and/or also due to those denying any symptoms being afraid of deportation or isolation.

However, during Antigen testing after 8 hours travel and crossing at least 2 major rail stations, about 4% were detected. However, only a minority were UA refugees: and to a majority of humanitarian staff due to high exposure when assisting or counseling at railway station checkpoints. No symptomatic cases were detected.

For the future, we recommend increasing the testing capacity not only for those who require test for travel (bus train) but for all reporting any RTI symptoms explaining to them that tests cannot cause their deportation or isolation or any repression but only serves them to report this for next 5 days to their new housing sites (hotels, houses, guestrooms, shelters etc.) requiring separate management (isolation, or cohabitation with other positive refugees). In addition everyone should be compulsory tested: that means refugees; migrants, displaced, homeless; as well as humanitarian staff each day before service to avoid transmission to permanent housing facilities.

References

1. WHO ANNUAL REPORT (2020) WHO Genève, 2022. pp. 155.
2. HYGIENIST GENERAL (2011) Lex corona. *National Institute of Public Health Bratislava* 2011. pp. 25
3. HAMAROVA A. *et al.* (2022) First week of mission and humanitarian assistance at the Ukrainian border. *Acta Missiologica*, 12. 2022. 1. 12-13.
4. SUVADA J, PALENIKOVA M, *et al.* (2021) Post trauma stress syndrome is the commonest diagnosis in migrants to Greece. *Clinical Social Work and Health Intervention*, 11.2021. 2. pp. 98-99.
5. TOPOLSKA A *et al.* (2020) Spectrum of humanitarian assistance in war affected South Yemen, *Med Horizon*. 59. 2020. pp 266-270.
6. COSTELLO M, DRGOVA J, BOZIK J, MURGOVA A, GALLOVA, A., BUJDOVA N (2020) Vaccine refusal *Clinical Social Work & Health Intervention*, 11 2020, 2, pp. 9-12.
7. OTRUBOVA J, KALATOVA D, KILIKOVA M, MURGOVA A, KOZON V, *et al.* (2019) Education on nursing and social work. *Clinical Social Work & Health Intervention*, 2019, 2, pp 10-11.
8. KHALED I, HAJ ALI PERI, KALATOVA D, GALLOVA A, BAK T, MURGOVA A, ZOLLER K, GIERTLIVOVA D, *et al.* (2018) Spectrum of infections in physiotherapy and rehabilitation ward for war victims. *Clinical Social Work Health Intervention*. 8, 2018, 2, 26-28.
9. BELOVICOVA M, MURGOVA A, VANSAC P, POPOVICOVA M (2019) Hepatitis C screening in Selected Social Rescue group facilities in Eastern Slovakia. *Clinical Social Work & Health Intervention* 10. 2019, 2, 5-28.