

# Among Refugees of War from Ukraine, Yemen and Syria, Post Traumatic Stress Syndrome is the Commonest Diagnosis among Health CTR Visits

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## Original Article

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## Abstract:

War conflicts are not anymore located only to African and Asian subcontinent or to developing and less democratic countries, but after stopping the armed tensions: Zimbabwe in 2018; Ethiopia & Somalia in 2020; Libya in 2021; DRC in 2022, Middle east and Central Europe are surprisingly leading parts of the world with armed conflicts resulting to large numbers of internally displaced(l) war refugees (11) and subsequent unrest migrants(iii). The aim of this survey is to compare the commonest diseases reported by the migrants and refugees at Out-patient Departments (OPD) of clinics being served by SEUC tropic-team and migrant health teams at border spots within the last 6 years.

## Introduction

Within the last 7 years, armed conflicts have moved from the Middle East and Sub-Saharan Africa to Central and Eastern Europe. Bosnia and Kosovo conflict ended with approximately 160 thousand dead victims; in Karabach 2 years ago; Georgia between 7-8 years; currently Ukraine is facing the largest refugee crisis replacing the migration exodus from Middle East to Turkey, Greece and the Balkans in 2015-16. The current number of all 3 groups escaping from war may reach 8 million in a few months, currently presenting 4-5 million legal and illegal refugees and migrants to Poland, Hungary, Slovakia, Czech Republic, Moldova and Romania. We have been active in Middle East and Africa conflicts in outbreaks of infectious diseases such as cholera (Somalia, Yemen, Rwanda; Poliomyelitis (Syria, Afghanistan) were results of war and refugee crises.

Fortunately, Syrian and Iraqi refugees, were escaping from organized health care system with high proportions of vaccinated populations, did not resulted to any major outbreak during the last refugee crisis into Central Europe in 2015-2018 when 879,000 migrants crossed the Balkan EU borders. (1-5)

## Patients and Methods

Comparison of OPD visits and their spectrum of diseases in various hotspots is compared.

When low patient flow among refugees was detected, the diagnosis was easier (Lebanon, Lesbos), when large numbers of migrants appeared per day with a capacity of 2-20 HCW the diagnosis was comparable to time and to the acute situation (bombing shelling in Yemen, Syria, Iraq and Yemen) or peace (Balkan Crisis 2015-2018, Lesbos, etc.)

## Results and discussion

In contrast to our experience in Rwanda, Haiti, Yemen, where major Infectious diseases outbreaks due to disruption of water supply was present due to cholera; or polio (Afghanistan, Syria); respiratory diseases (Balkan); scabies and other skin and soft tissue infections (Bosna, Lesbos), the current situation at border hotspots in Ukraine shows similarly to Lebanon and Iraq; countries with acceptable healthcare and high immunization level) majority of war (bombing and shelling) related disorders not related to infectious diseases, such as Post-traumatic Stress Syndrome; Acute Stress Syndrome; Hypertension; Insomnia; Psychiatric Reactive Disorders; diabetes; asthma), similarly to entities related with chronic stress in highly developed EU countries. Also, the number of Covid-19 infected persons in first month of war was low. Tuberculosis, having 10 times higher annual incidence (70-75 per 100.000 in UA) and 6.5 times average in EU, has also not been frequently seen in first month of war (2 cases). The reason is that active TB cases and COVID-19 symptomatic patients are unable to survive 36 hour travel and subsequent 18 hour waiting time at the border as seen in first 10 days. In addition, fear of deportation or isolation prevents symptomatic TB cases and other RTI patients to start the suffering travel.

## Conclusions

The first month or war in Ukraine did not show any major outbreaks of infection historically related with war and refugees, such as cholera, shigella, pneumonia. Very few cases of TB and Covid-19 has been observed at the Slovak-Ukrainian border, however, the situation may be different in Romanian and Polish bound-

aries where many more refugees cross the border. Vigilant Covid-19, TB, measles surveillance and checking vaccination status may prevent the EU from entering or spread of classical „war” related pandemics, as seen in Yemen, Haiti, and Rwanda. Therefore, ECDC and WHO alert early warning systems shall be initiated ASAP mainly for early isolation of epidemic respiratory diseases (measles, Covid-19, TB) as well as waterborne infections in early summer.

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