

Low occurrence of Tuberculosis and HIV among Ukrainian Immigrants of War at the Border post in Uzhorod – Vysne Nemecke at point prevalence testing (note)

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Abstract:

Point prevalence studies bring us approximate situations in border emergency settings where longitudinal or comparative studies are not realistic from logistic safety points of view. The one day point prevalence study performed at most frequently used checkpoints between Ukraine (UA) and Slovakia (SK). No case of TB screened by the WHO recommended questionnaire, or HIV performed by rapid test has been noted on day 7 after the war was declared.

Introduction

All war conflicts in Europe and Middle East (E,ME) within recent years has been associated with migration a trans-border escape of refugees of war (Bosna 1995, Kosovo 2000, Iraq 2013, Syria 2014, Karabakh 2019, Ukraine 2022). Among Afro European migration within last 20 years from conflicts in Somalia, Eritrea, Congo, Sudan, to Italy, Malta and Greece, migrants are checked at entry in Italy, Malta, Greece for main 3 blood borne or airborne ID, such as HBV or/and HCV, HIV and TB, sometimes chronic malaria. The aim of this study is to assess the healthcare and public health risk of refugees of war entering the EU from UA, Belarus and RF within one pilot day on day 7 of war conflict.

Patients and Methods

On day 7 of the war was declared, we asked all entering people (all women and children, less than 5 per seniors, no male from 18-60 years of age due to military mobilization), from 12,556 people entering in one day: 1,225 stopped at the health post of Maltese Order; 255 asked for assistance; 42 were willing to fill out the WHO-adapted Tuberculosis questionnaire; 23 agreed with rapid testing (Abbott blood stripe HIV test).

Results and discussion

Surprisingly, none of the persons had neither positive HIV testing, nor even one positive answer to questions related to TB (anamnesis of positive cough for 2; unexpected wasting; lymphadenopathy; fever; or contact or household company with TB positive person). Similar results has been reported not only from refugees of war from Syria, Iraq or homeless. (1-4). The reason may be in dissimulation, since the fear of deportation in case anybody will put positive answer, or report health problems or anamnesis of HIV TB positive test in past (i), second, that tested population were health young mothers

with children, where especially in children TB and HIV is still rare, and (ii), third, that patents with active HIV and or TB would not survive 2-5 days travel and 16 hours lining up and waiting for border and passport check. Therefore the results have only limited value.

Conclusions

Despite zero occurrence of HIV and TB in war migrants (women and children) passing the checkpoint of the intervention team at Uzhorod - Vysne Nemecke from U to EU, repeated point prevalence studies are warranted, including at least one day massive testing for all entries to the EU. Feedback from OPD doctors and primary care nurses of those who stayed and seeking for continuous ambulatory healthcare may be helpful; how point prevalence testing studies when correlated with the future health development will correlate or not.

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