

Zero COVID 19 Occurrence among 206 of 1023 Migrants of War from Syria at the Czech Border (Rapid Research Note)

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Abstract:

Recent war conflicts in Europe and Middle East generate new refugee waves and possible dissemination of Covid I9 variants from countries with low vaccination activity due to armed

events. Therefore we have tested all migrants of war (206) coming via Hungarian Slovak Czech Border, within one week among 1023 refugees of war, who had symptoms of respiratory infection. None of tested symptomatic individuals was positive by rapid antigen test. Therefore the risk of COVID 19 dissemination was not confirmed.

Introduction

At least 4 new armed conflicts have been observed within last year in the region of Eastern Europe and Middle East—one in Karabakh Region between Armenia and Azerbaijan, one between Russian Federation and Ukraine and recently resurgence of an older conflict in Syria. There were several cases of cholera in Mariupol in the second, none in the first and an outbreak of cholera in Syria, within the third conflict, due to disrupted infrastructure, water supply and health services. The risk of new wave of COVID 19 due to Omicron and other Variants-of-concerns has been communicated among health authorities in EU due to the last conflict. (12)

The goal of this research note was to test all symptomatic refugees and migrants of war, stocked at the Czech-Slovak-Hungarian space in the 1st week of November 2022 arriving from HU by train via Slovakia or Czech Republic, approaching FRG, arrested by Czech authorities and possibly illegally extradited back to Slovakia, within an acute overnight refugee camp at the SK/CZ Border at Kutý.

Methods

All symptomatic cases arriving into the refugee and migrant camp of Slovak Migration Office, Boundary Police in border train checkpoint Kutý was performed within seven consecutive days, were tested and evaluated. With the goal, separate positive cases to a special tent for quarantine, therapy and isolation. Rapid Ag PCR type assay Cosmos Hong Kong PRC ST was used for testing of oropharyngeal swabs, in cases of positivity confirmation swab from nasopharynx from different provider was planned, however as seen below not needed.

All symptomatic cases independently from potential positivity respiratory etiquette as recommended by WHO was offered to each individual, because tents with the capacity of 16 (20 tents, 320 maximum capacity of checkpoint

camp) may be an environment for case to case transmission.

Results

None of 206 symptomatic individuals among 1023 (9.9 percent) migrant of war (1022 Syrian and 1 Yemeni citizens), in the age of 8 to 52 years of age (median 23.5) was tested positively for COVID 19, therefore confirmation PCR testing was not necessary. The reason for negativity, what was for us somewhat surprising, specially after the experience from Ukrainian Border, is not fully clear. First (i) rapid antigen testing by this type of test is false negative as provided due to data from the Manufacturer 18-20 percent, and repeated testing for confirmation by PCR is indicated only in typically symptomatic cases which was not our case except of 5 cases, who however quickly responded to antibiotic antibacterial therapy with amoxicillin, therefore unlikely viral origin. Therefore, due to lower sensitivity despite of high specificity, tests could not catch possibly 20 percent of cases. Second (ii) refugees due to anamnesis given, were camping in nature outside more than 60 days transiting from Turkey to Bulgaria or Greece and or Serbia to Hungary, taking later trains from Hungary to Czech Republic, and outside natural environment prevents transmission of viral infections. Third, migrants were traveling in small groups maximum 10 with no closer contact to infected population in CEE countries. Fourth reason (iv) for caution and weakness of the surprising results may be the age of migrants, where only 3 of more than a thousand, were older than 50 years, so primary health population was escaping before war, including children. Fifth reason (v) of zero occurrence is that most of them used the camp just for one night continuing via the green borders to Germany or Scandinavia, so the time for transmission was short, and the camp was never overcrowded. and sanitary conditions were acceptable (clean water, food *ter per diem*, daily health care, Sixth (vi) reason was that all but one symptomatic cases have received in

Turkey or Syria at least two doses of covid I9 vaccine.(3)

Apart of testing,the migrant and refugee health and social work team, to prevent potential transmission,did(i)radical treatment of symptomatic RTI(i) distribution of masks(ii) according to the WHO guidelines(cohorting and isolation of symptomatic cases into quarantine tents(iii) and active surveillance.

Conclusion

The occurrence of Covid I9 in the real life „one week,,at the acute migrant and refugee camp was within the first week of transit , minimal.Therefore migrants and refugees of war did not represent epidemic or public health danger for the police officials at the border or surrounding population.Thre reason for minimal occurrence of COVID I9 may include,primary young and healthypúopulation,outside natural camping,travelling in small groups by hiking no-tusing public transport,not mixing with other population and vaccinated status.of migrants of war, and acceptable sanitary conditions in the checkpoint camp.,including food,water,sanitation, toilettes and health care.

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