Situation analysis in 3,503 refugees from Mosul to Dohuk and Healthcare in an UNHCR refugee camp in Dohuk

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Original Articles

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Abstract:

Introduction: The aim of this situation analysis was to compare two phases, acute and post-acute, of disease epidemiology among refugees in the first 6 months (i) and a second 6 months post-acute (ii) period after displacement to an UNNCR camp within the Slovak Field Clinic. **Patients and Methods:** All together, 3,503 refugees appeared before an humanitarian team at a Mobile Clinic in Dohuk and Sinjar close to the transit border in Northwestern Kurdistan where about 1 million people were displaced after ISIS took over Mosul with its 3 million inhabitants.

Results: In the post-acute period, only 18 cases of diarrhea in four camps is a sign of safe water and high health food standard safety in the designated (UNHCR) camps.

Conclusion: Typical infectious in overcrowded camp populations such gastroenteritis, diarrhea, Hepatitis A, were absent in our group of refugees and migrants.

Introduction

The aim of this situation analysis was to compare two phases, acute and post-acute, of disease epidemiology among refugees in the first 6 months (i) and a second 6 months post-acute (ii) period after displacement to an UNNCR camp within the Slovak Field Clinic.

Patients and Methods

The 3,503 visits appeared before a three person humanitarian team at a Mobile Clinic in Dohuk and Sinjar close to a transit border in Northwestern Kurdistan. There are about 1 million people displaced after ISIS took over of Mosul with its 3 million inhabitants. The spectrum of disease was compared in acute and post-acute periods with a **chi-square**-test (EpiInfo, CDC) in a univariate analysis.

Results and Discussion

In the post-acute period, that only 18 cases of diarrhea were found in four designated UNHCR camps in Sinjar is a sign of safe weather and food safety and high public health standards in the camps. Pneumonia (40 vs. 32 cases $P < 0,07$) was more commonly represented, less than 5% in both periods; as well as upper RTI despite seasonal weather (242 vs. 110 cases). This difference was significant ($P < 0,01$) showing surprisingly more RTI in winter (post-acute) versus the autumn (acute) period. From other infectious diseases only scabies was represented in several cases in both periods. Of interest was that vaccination status for all patients was complete and well documented. Therefore, after the first case of diphtheria only a surveillance alert was given; in the second period (2 of 1,798 vs. 1 of 1,705, $P = \text{NS}$) with no severe emergency clinical course, no health alert (8-10) was necessary to declare.

Conclusions

Due to good sanitary infrastructure supply and safe water (i) and food safety (ii), diarrheal diseases are surprisingly sporadic. The majority of visits were due to upper respiratory tract infections. Scabies from ectoparasitosis, was the commonest in this group of displaced refugees in North Kurdistan.

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