

The coronavirus knows no borders

LEDER

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In an overcrowded refugee camp, following the WHO's recommendations will be impossible. The international community must help provide medical assistance to vulnerable groups during this ongoing pandemic.

As of mid-March 2020, more than 200 000 people have been confirmed as infected in the coronavirus pandemic, and 8 000 have died (1). Reports from different countries show wide variations in mortality. In China, approximately 4 % of those infected have died, in South Korea 1 %. Major differences can also be seen in Europe; in Italy, approximately 9 % of patients that tested positive have died, while the corresponding figure in Germany is 0.2 % (2). To date, the World Health Organization (WHO) has received reports of only very few cases in Africa, but the number is increasing, and 25 countries have so far reported infections (2).

The registered figures depend on factors such as the number of those tested and how the incidence is recorded. The real magnitude of the differences is unknown. What appears certain is that COVID-19 is highly contagious. Therefore, it came as no surprise when the WHO on 11 March declared the ongoing outbreak to be a pandemic (3).

In influenza outbreaks we have seen that low and middle-income countries are less well equipped than high-income countries to handle epidemics. During the outbreak of swine flu in 2009, influenza-related mortality was found to be higher in Mexico than in the United States, Europe and Australia (4). Therefore, there are reasons for concern about how this epidemic will affect the most vulnerable groups around the world. These include the populations of low and middle-income countries, and people living under difficult conditions, for example in refugee camps.

Outbreaks of serious infectious diseases are not uncommon in these vulnerable groups. In such situations, a significant effort by the countries concerned and the international community has saved many lives. It has also been important in the effort to establish systems for dealing with infectious diseases. Mass vaccination of population groups, infection tracing, testing, treatment and not least good public information are examples of interventions that have been effective. In the Democratic Republic of Congo there has been an outbreak of Ebola since 2018, resulting in more than 2 200 deaths (5). The outbreak now appears to be almost at an end, and the system that has been established to deal with this disease could be used in a potential outbreak of the coronavirus in the country (6).

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The present situation is extremely worrisome for those who are living in refugee camps. People with poor nutritional status live in cramped conditions, the sanitary conditions are poor and there is limited access to health services. A major factor behind the rapid spread of COVID-19 is the fact that we are travelling a lot and thereby spreading the infection widely. Their isolation in the refugee camp may theoretically help protect the refugees. Most likely, however, the pandemic will strike there as well.

Once the infection has entered the camps, the consequences may be dire. When more than 700 000 people arrived in the Kutupalong refugee camp in eastern Bangladesh from Myanmar in the autumn of 2017, there were outbreaks of both measles and diphtheria (7, 8). Many children died before the outbreak could be brought under control through mass vaccinations and humanitarian assistance. This time, no vaccines are available.

The WHO has recently granted USD 15 million through UNICEF to combat the coronavirus in low and middle-income countries (9). These funds will be used to monitor the spread of the virus and to establish laboratories for testing. Additional funds have been granted for protective equipment. It's a start, but far from sufficient.

In an overcrowded refugee camp, the WHO's recommendation will be close to impossible to follow up. The spread of COVID-19 may rapidly spiral out of control, and the consequences could be disastrous. The international community is now required to help provide necessary medical assistance to these vulnerable groups. Norway is already contributing to the essential work to develop a vaccine. We should also help reduce the risk of infection in the regions that are most exposed to risk, such as refugee camps. No country can do it all, but most countries can do something. One measure that has the added benefit of being very simple is to accept more refugees to relieve the cramped conditions in the camps. In addition, it is also crucial to start laying the foundation for research that can provide knowledge about the spread of disease in such closed populations. History has shown that this will repeat itself.

REFERENCES:

1. 2020. Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html> Accessed 18.3.2020.
2. WHO. Coronavirus disease 2019 (COVID-19). Situation Report – 57. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_4 Accessed 17.3.2020.
3. WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-11-march-2020> Accessed 13.3.2020.
4. Charu V, Chowell G, Palacio Mejia LS et al. Mortality burden of the A/H1N1 pandemic in Mexico: a comparison of deaths and years of life lost to seasonal influenza. *Clin Infect Dis* 2011; 53: 985–93. [PubMed][CrossRef]
5. UNICEF. The Democratic Republic of the Congo's last Ebola patient discharged. <https://www.unicef.org/drcongo/en/what-we-do/emergency-response/ebola-outbreak> Accessed 13.3.2020.
6. News UNDR. Congo: With Ebola on the wane, UN agencies prepare to combat coronavirus. <https://news.un.org/en/story/2020/03/1058551> Accessed 13.3.2020.
7. WHO. Diphtheria – Cox's Bazar in Bangladesh. <https://www.who.int/csr/don/13-december-2017-diphtheria-bangladesh/en/> Accessed 13.3.2020.
8. WHO. More than 1.5 million children vaccinated against measles in Sylhet Division and Cox's Bazar District.

<https://www.who.int/bangladesh/news/detail/17-09-2017-more-than-1.5-million-children-vaccinated-against-measles-in-sylhet-division-and-cox-sbazar-district> Accessed 13.3.2020.

9. WHO. UN releases US\$15 million to help vulnerable countries battle the spread of the coronavirus.
<https://www.who.int/newsroom/detail/01-03-2020-un-releases-us-15-million-to-help-vulnerable-countries-battle-the-spread-of-the-coronavirus> Accessed 13.3.2020.

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