# Comparison of the Spectrum of Outpatient visits before and after Fire in the Moria Camp after Arrival of Covid-19 Positive Refugees

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**Original Article** 

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#### **Abstract:**

Comparison of diagnoses of migrants and refugees arriving to Moria camps before and after a fire destroying the original sheltering facilities on Lesbos Island, after arrival of the first group of Covid-19 positive individuals; upheavals and unrest is discussed in this research pilot note.

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Change of the spectrum was caused by fire related psychotrauma and absence of housing for a week, until complementary sheltering facilities were arranged.

## Introduction

Moria Refugee Camp for Syrian, Iraqi, Afghan and other Middle East refugees of war and economic migrants has been operating for 12 years with an original capacity of 2,000 migrants and refugees. However, since 2018, this capacity was exceeded 6-7 times. Arrival of the first Covid-19 positive individuals was reported on Sept. 2<sup>nd</sup> followed by a forced quarantine of about 20 recently arrived migrants which caused unrest followed by fire destroying the original campus. Comparison of diagnoses of migrants and refugees arriving to the Moria Camps before and after fire destroying the original sheltering facilities on Lesbos Island. Upheavals and unrest after arrival of the first group of Covid 19 positive individuals discussed in this research pilot note.

## **Methods**

This is a single setting single cohort study of the vulnerable refugee and migrant populations with the majority of Afghani Tajik Persian origin followed by Ethiopia and Sub-Saharan Africa nationals. This spectrum is very different from those arriving from Turkey in 2015-2018 where Iraqi and Syrian nationals were prevalent in 80% of arrivals. Two periods are compared concerning the spectrum of diagnosis-before the camp destroying fire (June to Sept.) and after the fire (Oct to Nov), causing 12,000 unsheltered and camping migrants including mothers, seniors and children for at least 5 days.

# **Results and Discussion**

Table I analyses the spectrum of OPD admissions in our Outpatient Department inside the Moria UNHCR Camp and after the fire in mobile and sheltered OPD. In the first period until the fire outbreak, wounds and travel related injuries were commonest followed by: upper RTI due to overcrowding; with scabies as well due to lack of access to proper hygiene in the over populated camp.

After the devastating fire, psychosomatic related civilization diseases decompensated such as hypertension, diabetes and asthma, neurotic gastritis. Camping in nature for next 5 days led to outbreaks of RTI, wound and scabies related infections as a logic consequence of limited housing shelters.

### **Conclusions**

The only positive feature of the devastating fire was a rapid transfer of unaccompanied minors to mainland Greece and other EU destina-

**Table 1** Comparison of major diagnoses before and after the destroying fire in Lesbos Island UNHCR Camp Moria

| Weekly admissions in OPD average 255500 approx |  |
|--|--|
| Before the destroying fire                     | after the event (Oct - Nov)  |
| Wounds 51%                                     | hypertension<br>diabetes decomp<br>asthma<br>psychomotoric gastritis |
| Upper RTI 21%                                  | upper respiratory tract inf  |
| Scabies lice 19%                               | covid 19<br>cabies, dental infection                                 |
| Gastritis 9%                                   |  |
| Dental infection 5%                            |  |
| Two dg at once 5%                              |  |

tions. The rest of the refugees were placed in provisional shelters and before winter shall be partially dispersed to the mainland to get better health care. The number of visits increased after the fire from 250 to 500 so the demand for health services increased by 100% due to non-communicable diseases related to stress such as coronary heart and neurologic diseases, psychoses, insomnia, depression, which may aggravate diabetes hypertension and asthma.

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