

Psychosocial and Medical Intervention before Emergency Travel in Humanitarian Workers – How early is not too late?

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Abstract:

A number of humanitarian and health care workers have to start their mission immediately, especially if professionals on-call, or members of international health and/or social intervention bodies such as UNHCR, MSF, WHO. This communication focus on questions seeking possible answers on preparation including psychosocial orientation and vaccination before an emergency travel of humanitarian staff to conflict areas.

To the editors:

In last Issues of Med. Horizon journal and CSW several papers on preparation of international staff of social workers and health care volunteers have been published mainly from the area of mediterranean refugee crisis.(1-4) Here we describe our experience in preparation of humanitari staff travelling after short advice(acute humanitarian travel), as a complex holistic psychosocial and mediactal as well as logistic issue.

As first step we do imediate travel and pre travel advice, when announcing emergency travel, just after the logistic information and after the preliminary agreemant of the potential traveller, who is either volunteer or professional health care or social worker. This is not necessary in routine humanitarian staff operating years and in persons who do not travel first time.Itis important to give

a structured advice, sometimes necessary partially through skype or phone)just giving a balanced overview of risks and benefits, and should be performed by psychologist or experienced social worker.(1-2)

Second phase ,day 2-3(until short notice travel)medical advice and logistic pre travel conucellig is necessary , however should be done by experienced nurse or doctor, or public health petrsonell,ideally by those have been in this area previously, or working in similar team.This advice should be focused on emergence vaccination,analysis of comorbidities of traveller including their medical history, which is in young or student volunteers fortunmately short and simple(90 percent are previously healthy individuals, however dissimulation on psychotic disorders or type I diabetes may ocure in psychological dialogue)

Table 1 Experience and reccomendations on emergency Vaccination/infection prophylaxis for humanitarian social workers or health care staff for short term noticed travel Infectious

Disease	Areas of concern	Intervention
Cholera endemicity	Yemen, Haiti	Oral cholera Vaccine, effective in 48-72h
Ebola hemorrhagic fever	DR Congo	VSV Vaccine partially active in 72h
Yellow Fever	Angola, DR Congo	YF Vaccine, single dose part, active in 96h
Hepatitis AB	All subsaharan Africa, SE Asia	3 doses, 1st dose in 2w
Falciparum malaria	Subsaharan Africa, SE Asia	No vaccine avaiable, only chemo, prophylaxis, Doxycycline 100 m 1 day before travel. Have ready Co Artem (or other artemisin-comb) for standby therapy

Third phase is financial and logistic orientation (information on airtravel details, luggage limitations, information on sanitation water and housing specially during catastrophes)

Finally we present a simple table on possibilities or indications for emergency or short notice travel vaccinations/ID prophylaxis, usually used by our humanitarian staff within last years

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