Deadly Synergy: between Postcovid & Posttrauma Stress Syndrome in Areas of Armed Conflicts in COVID-19 Era (Note)

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Original Article

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Abstract:

Postcovid syndrome affects 5-20% of all patients with symptomatic Covid-I9 infection, resulting in temporary or permanent disability for next weeks or months. The commonest syndromes after long Covid-I9, (or chronic fatigue syndrome after Covid, or as synonymum postcovid syndrome) are psychic or psychosomatic disorders known under the name Depression and Anxiety Syndrome.

After the unrest and armed conflicts during the Covid era, clients or patients, mainly migrants of war, are also exposed to chronic post trauma syndrome related to previous or recent destruction of infrastructure, temporary homelesness and escape from affected regions/country. Cumulation of those 2 syndromes may have devastating consequences to both, individual health and economic losses due to permanent working and economy disabilities and consumption of health and social funds.

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Introduction

The commonest syndromes after long Covid-I9, (or chronic fatigue syndrome after Covid, or as synonymum postcovid syndrome) are psychic or psychosomatic disorders known under the name of Depression and Anxiety Syndrome.

The aim of this note is to describe synergy in symptoms and prevention of both consequences of those mental health cumulative disorders and psychodramas within the last 3 years.

Areas of cumuation of posttrauma and postcovid syndromes

Within the last 3 years, at least 4 countries were affected both with armed conflict resulting from post trauma stress syndrome, and also af-

fected by global epidemics due to Covid-I9 and sometimes also another epidemic: e.g. Afghanistan, was covid replaced with armed coup and change of civil government with military forces of the Taliban; a worsening week in HC system after mild Covid, with emergence of TB; in Yemen destruction of water pipelines due to shelling resulted to cholera the largest since WWII outbreak: in Ukraine "underreported weakness of TB control after war started in late February 2O22, and postcovid syndrome were augmented by post trauma stress syndrome, and cholera infection threatened Mariupil as well. In 4th place where cumulation of those risk factors for mental health, in Karabakh, the border state between Armenia and Azerbaijan, where war started just after the 2nd Covid- I9 wave in Stepanakert. Finally, everlasting armed mainly tribal conflicts in North Ethiopia (Tigray) and currently in Myanmar, as reported by Lancet ID in September, another with landmines fortunately with less covid, but more war and additional famine.

All those areas have weak health infrastructure, and are unable to serve with ambulatory first aid or later mental health services for the future, as a number not only of specialists but of basic medicine and nursing shortages.

Potential Solutions and phases of action

I. The first imminent and causal solution is to stop the war or reduce the active conflict to smoldering or stable, whoch was successful temporararily in Karabakh but unfortunately with reemergence, and in Yemen. However, the health sector has not been improved due to destruction of infrastructure (water pipelines, food road supply chain) and emigration of HCW (e.g. Afghanistan, Myanmar).

Individuals and volunteers with practical skills from MSFG Tropicteam, on individual basis or heroism, is the only solution during the acute period of recent conflict/war. Military acute medicine, with no preventive or short term strategies is sometimes possible.

2. The second, in the immediate postwar period, is the help of international HCW (Healthcare workers) bodies inclusive of MSF and UN Committee for Refugees. However, they work only during ceasefire and in reemergence or during ,,smoldering,, pseudo peace leave the country (Ethiopia, Somalia, Yemen). The only preventive action can be landmines removal (good practice in Bosnia, Kosovo, Cambodia, Vietnam etc.) and water supply reconstitution is imminent to prevent another cholera outbreaks.

3. The third, after definite peace is established, rehabilitation of the country and infrastructure, seen after ISIS/DASH has been removed from Iraq and Syria, by international community. permanent peace is a „*conditio sine qua non*„

4. Massive acute support to healthcare establishing internal bodies: e.g. regional WHO offices, purchasing vaccines, medication, donations by church charities and donations from states or world bank (purchasing 95% of all vaccines, antimalarials, antiuTB, and HIV medications);

e.g. YF vaccine campaign in DRC Angola after 3O years of civil wars. Medical Nursing Schools re-establishment and support is very effective, if peace is expected for at least 3-6 years.

5. Permanent chronic support by donors, pharmaceutical companies, philanthropic organisations and individuals (BMGates Foundation, GSK deworming program in Western Africa, SAFE program from Pfizer against Trachoma, in postwar Liberia, Sierra Leone, Cote d'Ivoire etc.).

Absence of war or terrorist attacts for a minimum 10 years is required.

Conclusion

In conclusion, the number one solution is a direct investment of diplomacy or military alliances negotiation to mortality and acute life savings. Military and field groups and mobile hospitals are welcome in Phase 1 and 2, and international solidarity in phase 3 or/and 4. For upgrade from acute emergency medicine to secondary or even primary prevention years or decades are necessary, with devastating consequence for median life survival, childhood and maternal mortality, which are key indicators for long term support for the destroyed healthcare system and HCW education. Cumulation of posttrauma and postcovid syndromes does not unfortunately give us a lot of hope in recent war.

References

1. MURGOVA A, POPOVICOVA M *et al* (2022) Among refugees of war, acute Posttrauma Stress syndrom and chronic PTS are leading. *CSWHI* vol 12.2022 vol 3.p 33.
2. BAKOS M *et al* (2022) Influence of antican-

cer treatement to the quality of life in cancer PTS. Clinical Social Work and Health Intervention. 2022.3.44.33.
3. PAVELKOVA J, SCHAVEL M, SKORCOVA J (2022) The issue of homelessness in young people. *Clinical Social Work and Health Intervention*. 12.2022.3.
4. DRGOVA J, BAKOS M, MURGOVA A, GALLOVA A *et al* (2022) Minimal occurence of TBC among migrants of war. *Clinical Social Work and Health Intervention*. 12.2022.1.14.
5. MASAN J, HAMAROVA M, LICHNER M, SMIDOVA M, TREBSKI K (2022) Specificities in the guidance of refugees from Ukraine. *Clinical Social Work and Health Intervention*, No.4, Vol 13, 2022.
6. ZAVIS M, OLAH M (2022) Ethical Challenge of Discerning Refugees from Economic Migrants: Critical Observations and Conclusions Regarding Slovak Capital Facing Huge Tide of Ukrainian Citizens Nowadays (Case Study), *Clinical Social Work and Health Intervention*, No.4, Vol 13, 2022.
7. KHAN N, HUSSAIN N, NAZ A (2022) Awareness, Social Media, Ethnicity and Religion: are they Resposible for Vaccination Hesitancy? A systematic Review with Annotated Bibliography, Clinical Social Work and Health Intervention, No.4, Vol 13, 2022.
8. BUNDZELOVA K, HAMAROVA M, MURGOVA A, POPOVICOVA M, KRCMERY V, OLAH M, BRICHTA G, JACKULIKOVA M, KMIT I, HUNADYOVA S, VALLOVA J, VLADAROVA M, ROMAN L, BOZIK J, FRITSCH T, TORAN A (2022) Low occurence of Tuberculosis and HIV among Ukrainian immigrants of war at the border post in Uzhorod - Vysne Nemecke at point prevalence testing (note), *Clinical Social Work And Health Intervention*, No.4, Vol 13, 2022.
9. VALLOVA J, OLAH M, BUNDZELOVA K, HOCHMAN R, HUNADYOVA S, LACA P, VLADAROVA M, BERKA M, CZARNECKI P, KRCMERY V, KMIT I, BUTZ M, DINKEL J (2022) Weakness period in food assistance as part of social work for Ukrainian migrants of war conflicts, *Clinical Social Work and Health Intervention*, No.4, Vol 13, 2022.
10. BUNDZELOVA K, VSELICHOVA M, VALLOVA J, VLADAROVA M, HUNADYOVA S, KRCMERY V, FARKAS M, ROMAN L, BUJDOVA N, KMIT I, ZAKHARIAN M, DIXON J, KIANN J (2022) Social Work and Health Intervention in the Karabakh Region of Armenia during the war in 2019, *Clinical Social Work and Health Intervention*, No.4, Vol 13, 2022
11. VLADAROVA M, VALLOVA J, HUNADYOVA S, KRCMERY V, KMIT I, BUNDZELOVA K, BYDZOVSKY J, BOZIK J, ROMAN L, BUJDOVA N, MIRWALD A, MUSCHIK A (2022) Destruction of socioeconomic, educational and health infrastructure including pipelines may led to cholera outbreaks in Mariupol and pother damaged towns in Ukraine, *Clinical Social Work and Health Intervention*, No.4, Vol 13, 2022.
12. BALUCHOVA B M (2022) The role of media in humanitarian interventions and relief campaigns on the example of Slovak nonprofits response to the conflict in Ethiopia, Clinical Social Work and Health Intervention, No.4, Vol 13, 2022.