

Original Article

Intestinal helminthes and protozoan infections among children of Chechen refugees in Poland

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ABSTRACT

Objective

This article investigates the prevalence of intestinal parasitic diseases occurring among children of Chechen refugees residing in Poland.

Material and Methods

The material subjected to analysis was fecal specimens collected from May to July 2005, 426 patients of Chechen nationality aged 1 to 18, residing in 14 temporary centers located in the territory of 4 Polish provinces. Stool specimens were collected at three consequent times and were analyzed for the detection of parasitic diseases. The testing methods applied were direct preparation in Lugol's solution, sedimentation procedures, decantation procedures in distilled water and also flotation procedures.

Results

*In total 160 cases of infestations with parasites of the digestive tract were diagnosed in 144 patients of all the examined Chechen children (percentage of the infected 33.8%). In most cases there were simple infestations (128, 30%). Complex infestations were diagnosed in 16 cases (3.8%). *Giardia intestinalis* was the prevailing causative factor (97 cases, 22.8% of the examined population). Also, cosmopolitan helminthiasis were diagnosed: *Strongyloides stercoralis* (29 cases, 6.8%), *Ascaris lumbricoides* (24 cases, 5.6%), *Enterobius vermicularis* (6 cases, 1.4%). Moreover, 2 cases of *Entamoeba histolytica* (0.5%) and *Hymenolepis nana* (0.5%) each were diagnosed.*

Conclusions

Parasitic diseases occurring among refugees in temporary reception centers in Poland are not subjected to compulsory treatment. This is mainly due to the high rotation of refugees in the Polish settlements as well as the parents' unwillingness to agree to have their children treated, which undoubtedly results from their ignorance of existing health hazards. Owing to the frequent rotation of large refugee populations and the inevitable reality of unrestricted departures from temporary centers, there exists an increased risk for the occurrence of parasitic diseases with epidemic character among the local people.

Keywords: Intestinal diseases/parasitic, prevalence, refugee, child, health hazards, refugee camps, Poland.

Introduction

Poland is a transit, or infrequently, a destination country for a number of refugees from different parts of the world, mainly from East Europe or Asia. This is influenced by Poland's geographical position in Europe - it is the first European (EU) country on the way of refugees fleeing

from former autonomous and federate republics of the Soviet Union, where military operations still continue (the territory of Caucasus) as well as refugees emigrating from South-East Asia due to a difficult economic situation (Vietnam, Laos, Cambodia). Poland is the first country in the eastern parts of Europe where consolidated EU immigration regulations are in force. In case of being granted the refugee status in Poland it is easier for an emigrant to function in other EU member states. Persons who solicit the status of a displaced person in Poland are placed in temporary refugee centers located in 4 provinces: Lubelskie, Mazowieckie, Podlaskie, Śląskie. Their stay in such a center is voluntary; the only condition to obtain a temporary residence permit is to present appropriate documents at the Office for Foreigners.

Each resident of temporary reception centers is obliged to comply with the law which is in force in the territory of Poland and other EU member states as well as the regulations of residence enforced by virtue of a decree issued by the Ministry of Interior and Administration in 2003.¹ A diversity of nationalities, cultures, traditions and historical conditioning of refugees' home countries results in the fact that the Office for Foreigners is not merely responsible for ensuring suitable living conditions, but also arises issues concerning refugee security or respect for religion.

Refugees residing in temporary centers are provided with health care by medical staff employed in outpatient clinics set up on the premises of the centers. The range of medical services provided in the aforementioned centers is determined by the Health Minister's Decree of 2004 concerning medical examinations and sanitary procedures of the body and clothing of refugees applying for a refugee status.² Medical examination includes general assessment of a refugee's health condition, with particular attention being paid to possible occurrence of contagious diseases. In justified cases a refugee is subjected to diagnostic tests in the direction of HIV, syphilis, diphtheria, cholera, typhoid fever, paratyphoid A, B or C, salmonellosis, shigellosis, poliomyelitis, tuberculosis. As regards laboratory tests stated in the abovementioned decree it needs to be pointed out that diagnostic tests for parasitic diseases, which so commonly occur among refugees (people inhabiting areas where public utilities are in poor condition and where access to health service is considerably limited) are excluded from the list. The aim of this article is to discuss the prevalence and structure of parasitic diseases in the population of Chechen refugees' children residing in 14 temporary centers in the territory of Poland in 2005.