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WARS AND THE BURDEN OF INFECTIOUS DISEASES

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Military conflicts are an additional predictor of the occurrence and spread of infections both among the civilian population and in the military. In a military situation, the combined impact of natural, social and biological factors contributes to the formation of favorable conditions for the emergence and development of epidemic outbreaks and epidemics accompanied by severe and complicated cases of infectious diseases.

The military medical service constantly faced the problem of the emergence and development of epidemics in the troops during military conflicts. As a result, since the end of the XIX century, military specialists have made a great contribution to the formation of passive immunization and the development of vaccine prevention in general. Moreover, many of the vaccines created in the XX-XXI century were undergoing clinical trials in the Armed Forces, since preliminary screening, the availability of follow-up and the special way of military life made it possible to consider military personnel as an ideal cohort for further study of the safety and effectiveness of the developed vaccines.

Historical reviews given in literary sources confirm a direct link between military conflicts and newly emerging infectious diseases. For example, the end of the 1990 was marked by an epidemic of yellow fever in African countries associated with military operations, population migration and interruptions in vaccination programs. At that time, cases of the disease mainly occurred in countries affected by armed conflicts: Angola, Liberia, Sierra Leone, Ivory Coast, Guinea and Sudan. The paradigm of the impact of military actions on the development of infectious diseases is the situation with the elimination of polio. Thus, in Syria, the incidence of polio has not been recorded for 18 years, but in 2013 there were cases of infection due to the aggravation of the military situation and the outbreak of civil war. A similar development occurred with the incidence of measles, when the disease has been absent in the country since 1999, but the consequences of military actions contributed to the emergence of cases of diseases in 2017 and 2018 in northern Syria, including Aleppo. In Yemen, which has been suffering from civil war since 2014, an outbreak of cholera in 2017 caused more than 20 thousand cases of diseases and 3868 deaths, despite the fact that there were no cases of this infection in the country before the war. Assessments of epidemiological situations for infections of military epidemiological significance in armed conflicts have shown that a significant proportion of non-combat sanitary losses are associated with endemic diseases of an infectious nature. For example, in the course of providing medical care to infectious patients during the war in the Republic of Afghanistan (1979-1989), the share of infectious diseases in the total morbidity structure of servicemen of a limited contingent of Soviet troops in different years was 53,3-68,7%.

Thus, the experience of past military conflicts convincingly shows that hostilities in geographic regions endemic for certain infectious diseases are usually accompanied by complications of epidemiological situations, and in some cases, epidemics arising in the troops significantly affect the course of combat operations. In these conditions, the success of anti-epidemic protection of troops is determined by knowledge of the epidemiological geography of the upcoming theater of military operations, reliable data of sanitary and epidemiological intelligence, timely vaccination of military personnel. The new calendars of preventive vaccinations being developed in the Armed Forces will ensure the maintenance of sanitary and epidemiological well-being in the troops and the preservation of the health of servicemen.