

Letter to the Editor

Arboviral diseases among internally displaced people of Neiva, Colombia, 2015–2017

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Multiple studies of arboviral diseases during recent epidemics of chikungunya and Zika have described their impact on different populations in the Americas (adults, pregnant women, children), but, so far, none of them have described their occurrence among internally displaced populations (IDPs).^{1,2} United Nations estimate that over 65 million people worldwide are currently displaced by war, armed conflict or persecution.¹ Colombia has been identified as a country in Latin America, with one of the highest numbers of IDPs.³

For these reasons, we obtained and analysed data from the passive surveillance system of Neiva, Huila, Colombia, for the years 2015–2017 (SIVIGILA, <https://www.ins.gov.co/Paginas/sistemas-de-informacion.aspx>). Our aim was to explore the incidence of dengue, chikungunya and Zika among the general population versus IDPs. We calculated the incidence as cases per 100 000 population. IDPs proceeded from Caquetá, Putumayo, Meta, Guaviare, Nariño, Chocó, Valle del Cauca and La Guajira departments (first territory level).

Neiva is a city with a population of 691 612 and also has 45 527 IDPs. In the years 2015–2017, there were 30 441 cases of arboviral diseases among the general population. Table 1 shows the distribution of those three arboviral diseases over time stratified by host population and IDPs. In 2015 dengue incidence was the highest compared to the other diseases (250.1 cases/100 000 pop.). In addition to chikungunya, Zika incidence was high in 2016. These arboviral diseases occurred in a significant incidence among IDPs, with 184.5 cases/100 000 pop. for dengue in 2015 and 46.1 cases/100 000 pop. for Zika in 2015

and 2016. Chikungunya cases were also recorded among IDPs for a cumulated incidence of 15.4 cases/100 000 pop. in the study period (Table 1).

Dengue had affected Neiva for decades, but chikungunya and Zika begun to be reported in 2015. Since then, transmission has occurred, including affecting IDPs. These populations have been usually neglected in terms of attention as well in research of health-care and infectious diseases.^{1,4,5} These health issues are manifold and challenging to physicians. Awareness of these conditions is mandatory to ensure good clinical practice for this patient population, including the impact of arboviral diseases.

This preliminary report of arboviral diseases among IDPs probably represents the tip of the iceberg of their occurrence in other areas of the country where a high number of IDPs are located and living.¹ There is a lack of similar studies on arboviral diseases among IDPs in Latin America. Furthermore, more effort should be made to include IDPs in programmes aiming to eradicate neglected tropical diseases, including arboviral diseases.⁶

In addition, political commitment is necessary in order to decrease the number of populations considered IDPs in the country.¹ Also, improvement in the healthcare for those populations should be considered in this context, including an appropriate health coverage as well as equity in the health system. An additional challenge to overcome came in 2018 with the significant increase in forced migration from Venezuela (refugees) to Colombia, probably also affecting Neiva and other cities, where IDPs due to the armed conflict are already living.⁷

Table 1. Occurrence of arboviral diseases among general population and IDPs of Neiva, Huila, Colombia, 2015–2017

	Arboviral disease	2015		2016		2017		2015–2017	
		Cases	Rate ^a	Cases	Rate ^a	Cases	Rate ^a	Total cases	Cumulated rate ^a
General population	Dengue	1711	250.1	1136	165.1	540	78.1	3387	489.7
	Chikungunya	168	24.6	23 259	3380.4	7	1.0	23 434	3388.3
	Zika	614	89.7	3001	436.2	5	0.7	3620	523.4
Internally displaced population	Dengue	84	184.5	15	32.9	13	28.6	112	246.0
	Chikungunya	4	8.8	3	6.6	0	0.0	7	15.4
	Zika	21	46.1	21	46.1	1	2.2	43	94.4
Difference between both populations ^b	Dengue		1.4		5.0		2.7		2.0
	Chikungunya		2.8		512.2		–		220.0
	Zika		1.9		9.5		0.3		5.5

^aCases/100 000 pop. (estimated using official population data).

^bRates ratio between general population and IDPs.

Finally, this would represent a sub-record, requiring enhanced surveillance (including community based) for these and other tropical and infectious diseases in IDPs in Neiva and other areas of Colombia, which would allow effective measures of prevention and control including inter-sectorial strategies as well as preparedness for the similar challenge of forced migration proceeding from Venezuela.⁸

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