



French Reinforced Forces Personnel were Medically Evacuated during International Operations Because of Infectious Illnesses

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Abstract

Objects: Medical evacuations from foreign settings are a major health and strategic problem for the fortified forces. This work aimed to study the characteristics of French military evacuations due to contagious conditions.

Material and Methods: We performed a retrospective study grounded on the registers of the French functional service staff for health to assess the characteristics of the strategic medical evacuation of French fortified forces members on operations abroad between January 1, 2011 and December 31, 2016.

Results: Out of 4633 included cases, 301 medical evacuations (6.5) were carried out due to contagious situations. further than half of cases were repatriated to surgical wards(162 cases, 54), 108 cases(36) to medical wards, 21 cases(7) to ferocious care units, six cases(2) to an fortified forces medical center, and four lines(1) were deficient. Among contagious extremities, malaria led to 30 evacuations (10) including 11 to ferocious care units and one death

French functional service staff for health (French acronym EMO- S).

All requests for strategic medical evacuations of French fortified forces labor force are consolidated at the M3/ MEDEVAC unit of the EMO- S. A regulating croaker is in charge of organizing the evacuation. Data of the medical evacuation is proved in a specific database. The present study is grounded on the analysis of this database. Collected data included the case, the theatre of operations, and the contagious complaint taking evacuation, the transportation characteristics, and the destination [5].

Within the French center for epidemiology and public health of the fortified forces (French acronym CESP), the functional unit known as "Epidemiological surveillance and intervention" monitors the health of fortified forces labor force. The surveillance is grounded on monitoring roughly 60 diseases or conditions declared through daily epidemiological dispatches by the unit's croakers. We assessed the data from this epidemiological surveillance and compared it with strategic medical evacuations of French fortified forces labor force for contagious conditions over the same period of time.

All French fortified forces labor force repatriated from a geographical area outside of metropolitan France via strategic medical evacuation organized by the EMO- S between January 1, 2011 and December 31, 2016 were included in the analysis. Lines with missing data similar as the date of birth, nation, opinion, and country of origin were barred from the analysis. Cases who failed before being vacated were also barred [6].

Surveillance of similar medical evacuations should contribute to assessing the effectiveness of contagious threat forestalment strategies during military operations, as well as treatment effectiveness within the healthcare chain on the field.

Over the study period 6.5 of strategic medical evacuations were decided because of contagious situations. One should add the 13.6 of medical evacuations for potentially contagious situations that haven't been assessed for lack of data. Similar results are analogous to those published in other studies reporting that contagious conditions were responsible for 10 to 20 of medical evacuations of French fortified forces members in operations abroad. It is data confirms that infections are a major threat for members of the fortified forces transferred abroad. Infections are associated with high morbidity in theatres of operations, and may compromise the military charge. Contagious conditions contracted by members of the fortified forces depend on the functional environment, and our study results feel to confirm the increased threat of contagious conditions in theatres with high functional involvement, especially at the launch of a new charge. This may be explained by living conditions and precarious hygiene at the launch of a new charge, which are latterly bettered once architectures and living areas have been set up. Changes in functional operations as well as their variety may also have dropped the fortified forces' experience related to country living in tropical areas [7, 8].

Contagious conditions contracted in operations by French fortified forces members and medical evacuations decided for similar reasons are major epidemiological pointers that should be covered. Similar pointers help acclimatize forestalment measures, training, and remedial and individual tools used by frontal-line military croakers.

Prevention and operation of contagious conditions in military operations are still grueling. The Ebola outbreak lately reminded the scientific community that extradition of largely contagious cases is still problematic. The emergence and presence of multidrug-resistant bacteria in countries where French fortified forces are being transferred, and the high frequency of carriage of multidrug-resistant bacteria among members of the fortified forces also raise issues of evacuation conditions, insulation measures, and choice of antibiotic remedy [9, 10].

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The authors declare that they've no contending interest.

References

1. Rahi M, Gupte MD, Bhargava A, Varghese GM, Arora R (2016) DHR-ICMR guidelines for diagnosis and management of rickettsial diseases in India. *Indian J Med Res* 417-422.
2. Paris DH, Blacksell SD, Nawtaisong P, Jenjaroen K, Teeraratkul A, et al. (2011) Diagnostic accuracy of a loop-mediated isothermal PCR assay for detection of *Orientia tsutsugamushi* during acute scrub typhus infection. *PLoS Negl Trop Dis* 5: e1307.
3. Lim C, Paris DH, Blacksell SD, Laongnualpanich A, Kantipong P, et al. (2015) How to determine the accuracy of an alternative diagnostic test when it is actually better than the reference tests: A Re-evaluation of diagnostic tests for scrub typhus using Bayesian LCMs. *PLoS One* 10: e0114930.
4. Sriwongpan P, Krittigamas P, Tantipong H, Patumanond J, Tawichasri C (2014) Clinical risk-scoring algorithm to forecast scrub typhus severity. *Risk Manag Healthc Policy* 7: 11-7.
5. Pote K, Narang R, Deshmukh P (2018) Diagnostic performance of serological tests to detect antibodies against acute scrub typhus infection in central India. *Indian J Med Microbiol* 36:108-112.
6. Lee KD, Moon C, Oh WS, Sohn KM, Kim BN (2014) Diagnosis of scrub typhus: Introduction of the immune chromatographic test in Korea. *Korean J Intern Med* 29: 253-255.
7. Rathi N, Kulkarni A, Yewale V (2017) IAP Guidelines on Rickettsial Diseases in Children. *Indian Pediatr* 54: 223-229.
8. Pathak S, Chaudhary N, Dhakal P, Shakya D, Dhungel P, et al. (2019) Clinical profile, complications and outcome of scrub typhus in children: A hospital based observational study in central Nepal