

P1314 Infectious diseases during the European Training Mission Mali (EUTM MLI) - a retrospective assessment of a European military mission in tropical Western Africa

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Background: In the spring of 2013, the military training mission “European Union Training Mission Mali (EUTM MLI)” started in Western African Mali. In connection with this mission, tropical infectious diseases were considered as a likely risk scenario. Since the beginning of the mission, a structured collection of health-related events has been carried out by NATO MilMedCoE / DHSC (Military Medicine Center of Excellence / Deployment Health Surveillance Capability), which now allows a review over several years.

Materials/methods: Health-related events in the context of EUTM MLI between 2013 and 2017 were retrospectively analyzed and evaluated based on the records of the database of NATO MilMedCoE / DHSC. The data was collected using the EpiNATO-2 software - since January 2017 with the new version 2 - based on the revised NATO STANAG (standardization agreement) 2535, AmedP-(Allied Medical Publication)-4.1 "Deployment Health Surveillance".

Results: A total of 112,279 person-weeks were recorded with 9,805 new consultations due to health-related events. Among the registered infectious diseases, there was a high prevalence of gastrointestinal infections (Fig. 1) and upper respiratory tract infections without pulmonary or systemic complications. A tangible seasonal variance, associated with the change of dry season and rainy season, could be observed with emphasis for these infectious diseases only. The number of 723 lost working days due to the illnesses proved disproportionately lower than the actual number of cases, indicating a high prevalence of low severity infections.

Conclusions: The challenge for the general practitioners in medical field camps in tropical Mali is to identify the more severe and acute treatment-requiring cases with constant vigilance among the large number of predominantly mild infections. There is also no hint that the frequency of serious tropical infectious diseases would increase to a relevant extent in the rainy season, which requires a continuously high level of attention. Despite the apparently low severity of frequently detected gastrointestinal and respiratory infections, their calculated therapy is hampered by a broad differential diagnosis of potential pathogens and insufficient knowledge of the local resistance situation.

Figure 1: Poor hygiene conditions in the kitchen of the military headquarters as a likely reason for gastrointestinal infections.

