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of Hepatitis B, Hepatitis C and TB among Internally
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Abstract

The migration crisis has emerged as a new agenda to table the international dialogues after Syria and Myanmar war and violence in recent decade. In 2015 the global migration crisis hit the toll of over 40 million people displaced as a result of wars and violence. The recent development of global interest in migration phenomena is influenced by main push factors of economic or social stability for population movement across the international border or within the international boundary. There are estimated 28 million people globally that are called internally displaced Persons (IDPs) and they moved within the country of origin. The burden of disease due to population movement may exert pressure on available resources of the host community that in turn can pose significant threat to the scarcity of healthcare services. In Pakistan the IDPs crisis originated at a larger scale after military operation against terrorist groups in 2009. A large number of IDPs moved from conflict affected zone of Khyber Pakhtoon Khwa to settled urban areas of Pakistan including Lahore. This study has assessed the proportion of burden of communicable disease caused by influx of migratory population within the urban area in Lahore. The study to assess the burden of communicable diseases is conducted in Khan Colony, Lahore where IDP community is residing. The study is cross sectional prospective survey conducted by collection of data through semi structured questionnaire and taking blood samples for detection of sero-positivity of anti bodies for detection of Hepatitis B virus (HBV), Hepatitis C virus (HCV) and sputum samples for detection of tuberculosis (TB). The sampling technique used for this study is non random convenient sampling with sample size of 53 participants. The author finds that (22.6%) of the IDP population out of total sample of 53 participants is infected with anti HCV virus. The large majority of the studied population comprised of female (73.6%) participants. There is another coincidence observed in the prevalence rate of HCV that out of

total infected population about (75%) population consisted of female. The IDP population residing in Khan Colony, Lahore is mainly originated from Peshawar (42%) and Mardan (34%) divisions of Khyber Pakhtun Khwa Province. The author found that the studied population is deprived of standardized healthcare facilities within their community and the community is prone to bear the burden of epidemic of communicable disease due to poverty with unemployment (79%) and over crowdedness (83%) sharing of room with more than three persons. The studied population is observed to be living in low socio-economic conditions as evidenced from population living in mud houses (15%), unemployment (89.4%) and high illiteracy (68%) rate. The most important recommendation from this study is to initiate the aggressive measures to interrupt HCV infection by implementation of social mobilization methods for better awareness of the community.

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LIST OF ACRONYMS

| | |
|--------------------|---|
| <i>IDP</i> | <i>Internally displaced persons</i> |
| <i>HBV</i> | <i>Hepatitis B virus</i> |
| <i>HCV</i> | <i>Hepatitis C virus</i> |
| <i>HIV</i> | <i>Human immunodeficiency virus</i> |
| <i>TB</i> | <i>Tuberculosis</i> |
| <i>NTP</i> | <i>National TB control program</i> |
| <i>KP</i> | <i>Khyber Pakhtunkhwa</i> |
| <i>WHO</i> | <i>World Health Organization</i> |
| <i>GOVT</i> | <i>Government</i> |
| <i>TV</i> | <i>Television</i> |
| <i>MTB</i> | <i>Mycobacterium Tuberculosis</i> |
| <i>NRL</i> | <i>National Reference Laboratory</i> |

1. INTRODUCTION

The migration crisis whether it is due to conflict or disaster is devastated by the influx of population movement on large scale that may become potential threat to tackle with in limited time scale. The migratory population if remains displaced within the international boundary of country of origin give rise to internally displaced population (IDPs). The global estimate indicates that this type of internal displacement is on the rise since 2003 (Owoaje, Uchendu, Ajayi, & Cadmus, 2016). The population movement and settlement at new destination exert pressure on available resources of the host community to meet the basic requirements of life including quality healthcare services for new arrivals of IDPs. The depletion of resources or unfavorable conditions raises the significant threat of spread of communicable diseases that is disseminated with human contacts. This study is an attempt to assess the burden of communicable diseases among IDPs population residing in urban areas of Pakistan to highlight the hidden