



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# Epidemiology

L I

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السلام عليكم ورحمة الله وبركاته

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**Principles of Epidemiology  
and  
Epidemiologic Methods or Studies**

**Epidemiology** is derived from the word Epidemic  
epi=among,  
demos = people,  
Logos= study),

which is a <sup>many definitions</sup> very old word dating back to **the 3rd century B.C**

many definitions 

There appears to be almost as many definitions of epidemiology as there are authors who have written on the subject, ranging from Hippocrates to those of the present day.

A short list is given below

1. That branch of medical science which treats epidemics (Parkin, 1873).
2. The science of the mass phenomena of **infectious diseases** (Frost, 1927).
3. The study of disease, **any disease**, as a mass **phenomenon** (Greenwood, 1934),
4. The study of the **distribution** and **determinants of disease frequency** in man (MacMahon, 1960).

□ **Epidemiology** has been defined by **John M. Last in 1988** as:-  
"The study of the, **Distribution** and **determinants of health-related states** or **events in specified populations**, and the **application** of this study to the **control of health problem**



# Epidemiology:

is the basic science of **preventive** and **social medicine**.

Although it is an old science , **it made only slow progress up to the start of 20th century.**

❖ Epidemiology has **evolved rapidly** during the **past few decades.**

Modern epidemiology

❖ Its ramifications cover **not only study of disease** distribution and causation and thereby prevention , **but also health and health-related events** occurring in human population.

Therefore modern epidemiology 

- ❖ Modern epidemiology has entered the **most exciting phase of its evolution**.
- ❖ By identifying risk factors of chronic disease,
- ❖ evaluating treatment modalities and
- ❖ health services
  
- **it has provided new opportunities for**
- ❖ prevention,
- ❖ treatment,
- ❖ planning
  
- and
- **improving** the effectiveness and efficiency of **health services**

❑ The **current** interest of **medical sciences** in epidemiology has given rise to newer **off-shoots( branches )** such as

➤ infectious disease epidemiology

➤ chronic disease epidemiology

➤ clinical epidemiology

➤ serological epidemiology

➤ cancer epidemiology

➤ malaria epidemiology

➤ neuro epidemiology

➤ genetic epidemiology

➤ Molecular Epidemiology

➤ Occupational epidemiology

➤ psychosocial epidemiology,

and so on.

❑ **This trend** is bound to increase in view of the increasing importance given to the **pursuit** of epidemiological studies.

□ Although there is no single definition to which all epidemiologists subscribe,

❖ Three components are common to most of them.

First, studies of disease frequency

Second, studies of the distribution and

Third, studies of the determinants.

□ Each of these components confers (يمنح) an important message

# Epidemiology and clinical medicine

The basic difference between epidemiology and clinical medicine is that :

- ❖ **in epidemiology**, the unit of study is a "defined population" or "population at-risk";
- ❖ **in clinical medicine**, the unit of study is a "case" or "cases".  
In **clinical medicine**, the physician is concerned with disease in the individual patient,
- ❖ **whereas** the **epidemiologist** is concerned with disease patterns in the entire population.
- ❖ **Epidemiology** is thus **concerned with both the sick and healthy**.



- ❖ It has been stated that **clinicians** are interested in cases with the disease, the statistician with the population from which the cases are derived, and
- ❖ **the epidemiologist** is interested in the **relationship between cases and the population** in the form of **a rate**
- ❖ **In clinical medicine**, the physician seeks a diagnosis from which he derives a prognosis and prescribes specific treatment.
- ❖ **In epidemiology**, an analogous(same)situation exists
- ❖ **The epidemiologist** is confronted(challenge) with relevant data derived from a particular epidemiological study.
- ❖ **He seeks to identify**
- ❖ **a particular source of infection,**
- ❖ **a mode of spread or**
- ❖ **an aetiological factor**
- ❖ **in order** to determine a future trend and
- ❖ **recommend** specific control measures

Cont. .... Epidemiology and clinical medicine

- ❖ **The epidemiologist** also **evaluates the outcome of preventive and therapeutic measures instituted** which provides the necessary guidance and **feed-back** to the **health care administrator** for effective management of public health programmes.
- ❖ **In clinical medicine**, **the** patient comes to the doctor;
- ❖ **in epidemiology**, **the investigator goes out into the community to find persons who have the disease or experience of the suspected causal factor in question.**
- ❖ **Clinical medicine** is based on **biomedical concepts** with an **ever-increasing concern for refining the technique of diagnosis and treatment at the individual level.**

The subject matter of clinical medicine is easily "perceived" by such techniques as clinical and laboratory examinations including post-mortem reports.

- ❖ **In contrast**, the subject matter of **epidemiology is "conceptual"** and can only be symbolized in the form of tables and graphs



- ❑ Finally, it may be stated that clinical medicine and epidemiology are not antagonistic.
- ❑ Both **are closely related, co-existent and mutually helpful**
- ❑ .
- ❖ **Most epidemiological** enquiries (investigations) could never be established without appropriate clinical consideration as to how the disease in question can be identified among individuals comprising the group under scrutiny.
- ❖ **Likewise, a knowledge of prevalence, aetiology and prognosis derived from epidemiological research is important to the clinician for the diagnosis and management of individual patients and their families**

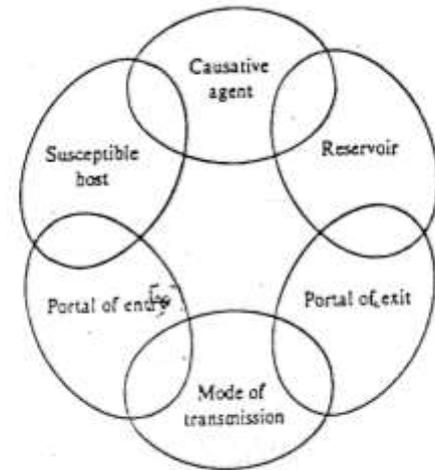


FIGURE 1.2 The chain of infection. Components of the infectious disease process.

# Infectious process

# Contents

- **Definitions related to infectious disease epidemiology**
- **Requisites for Perpetuation of Communicable Diseases**

# Diseases

```
graph TD; Diseases[Diseases] --> Infectious[Infectious]; Diseases --> NonInfectious[Non-infectious]; Infectious --- InfectiousDef[Infection, followed by manifestations (signs and symptoms)]; NonInfectious --- NonInfectiousDef[Disease not caused by microbiological agent (nutritional, allergic, endocrinal, psychogenic...etc)];
```

## Infectious

**Infection, followed by manifestations (signs and symptoms)**

## Non-infectious

**Disease not caused by microbiological agent (nutritional, allergic, endocrinal, psychogenic...etc)**

- ❖ Infectious disease epidemiology is a fundamental part of the whole of epidemiology.

### **Studying of communicable diseases??**

- (a) by the discovery of "new" infections, and
- (b) changes in the pattern of communicable diseases,
- (c) some chronic diseases may have an infective origin.??

- ❖ The development of vaccines and /or antibiotics was not followed, by the virtual (practical, functional), disappearance of infectious disease.

- ❖ Therefore it's prevention and control needs epidemiological knowledge and experience .

## ■ Definitions related to infectious disease epidemiology

- ✓ Health
- ✓ *Infection*
- ✓ Pathogenesis:
- ✓ *Contamination*
- ✓ Infestation
- ✓ Communicable Disease:  
(CD)
- ✓ Non- Communicable  
Disease (NCD)
- ✓ Contagious Disease
- ✓ *Host*

- ✓ *Epidemic*
- ✓ "Outbreak *Sporadic*
- ✓ *Endemic*
- ✓ *Pandemic*
- ✓ *Nosocomial Infection*
- ✓ *Opportunistic Infection*
- ✓ *Iatrogenic (Physician-  
induced) Disease*
- ✓ *Eradication*

# Health

Health  
*Infection*  
Pathogenesis:  
*Contamination*  
Infestation  
CD  
NCD  
Contagious Disease  
*Host*

(WHO definition)

It is the state of **complete** physical, mental and social well being, and not merely the absence of disease or infirmity. Any deviation from normal health is called **Disease**

## Infection

- ❖ The **entry** and **development** and/or **multiplication** of an **infectious agent** in the body of **man or animals**. Also
- ❖ It is the **body responds** to
- ❖ **defend itself against the invader**, either in the form of an
  - **immune response** or
  - **disease**.
- ❖ An infection does not always cause illness.



# The outcome of infection depends on:

1. Host resistance (immunity)
2. Microbiological agent characters (**invasiveness, toxicity & Virulence**)

## □ There are several levels of infection :

- Colonization (e.g., *S. aureus* in skin and normal nasopharynx)
- Subclinical or clinically **inapparent infection** (e.g. polio)
- Latent infection (e.g. TB)
- Clinical infection or manifest

## □ Pathogenesis is:

### ❖ End result of agent host interaction:

- Agent **fails to lodge**(inhabit ) resulting in **⇒ No Infection**
- Agent lodges **without causing illness** resulting in **⇒ subclinical infection** (silent or latent)
- Agent lodges with **frank illness** resulting in **⇒ Disease**

Health  
Infection  
**Pathogenesis:**  
Contamination  
Infestation  
CD  
NCD  
Contagious Disease  
Host

Thank You

*Thank You*

## Contamination

- ❖ The presence, multiplication and development
- ❖ of an **infectious agent** on a **body surface**; or an
- ❖ **inanimate article**. clothes, beddings, toys, surgical instruments or **water, milk and food**.

## Infestation

- ❖ **Lodgement, development and reproduction** of **arthropods** on the surface of the body of **persons** or **animals** or in the **clothing**, e.g., lice, itch mite.
- ❖ Also to describe invasion of the gut by parasitic worms, e.g., ascariasis.