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PROF. DR. WAQAR AL-KUBAISY

DISEASE PREVENTION AND CONTROL

General Principle of Prevention, Control, Elimination and Eradication of Communicable Diseases

Part 2

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PROF. DR. WAQAR AL-KUBAISY

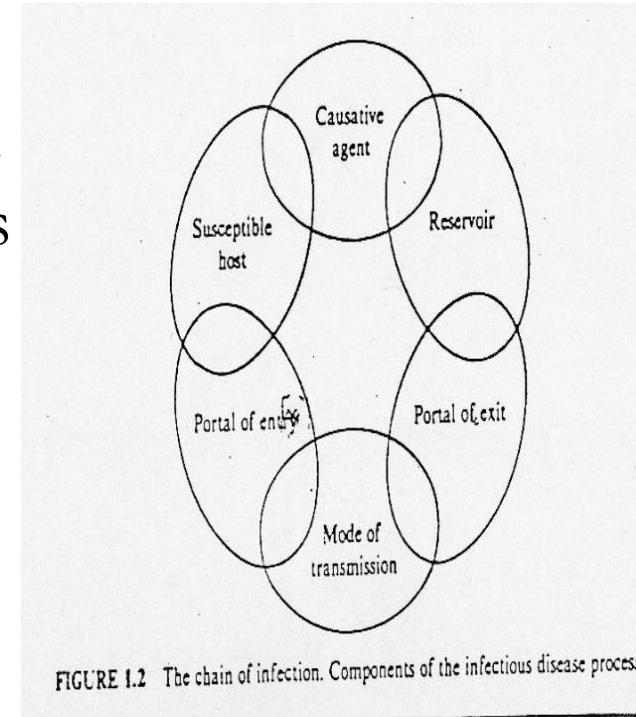
DISEASE PREVENTION AND CONTROL

Every disease has certain **weak points** susceptible to attack.

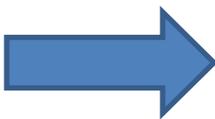
- ✓ The basic approach in controlling disease is
- ✓ **to identify these weak points** and break the weakest links in the chain of transmission

- ❖ **This requires sound epidemiological**
- ✓ knowledge of the disease - that is its
 - magnitude,
 - distribution in time,
 - place and person,
 - multifactorial causation,
 - sources of infection and
 - dynamics of transmission.

- ❖ **Frequently** it may be **necessary** to **institute**
- ❖ more than **one method of control simultaneously.**



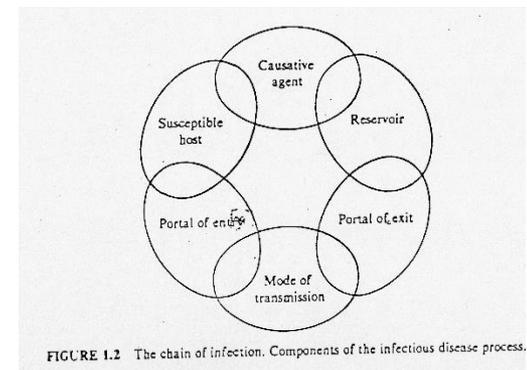
- ❖ The **choice of methods** will **depend** upon **factors** such as
 - **Availability** of proper **tools and techniques**,
 - **Efficiency**
 - **Relative cost effectiveness**,
 - **Acceptability.**
- ❖ Although effective control of a disease requires
 - ✓ **knowledge** of its **multifactorial causation**,
 - ❖ Removal or elimination of a **single known essential link** or the **weakest link may** be sufficient to control a disease,
 - ❖ even if complete knowledge about the aetiology of the disease in question is lacking. *example is that of John Snow controlling the cholera epidemic in London, by removing the handle of the incriminated water pump.*
- ❖ **Control measures should not be delayed** because of incomplete or **lack** of accurate knowledge of the aetiological agent



- ❑ **Disease control** involves all the measures designed to **prevent or reduce** as much as possible the
 - Incidence,
 - Prevalence and
 - Consequences of disease
- ❑ **Prevention** and control activities of disease required
 - Community Participation
 - Political Support and
 - Intersectoral Coordination.
- ❑ **Broadly** these are measures related to epidemiologic investigation

1. Agent

1. Reservoir or source of infection
2. Route(s) of transmission
3. Susceptible host (people at risk).

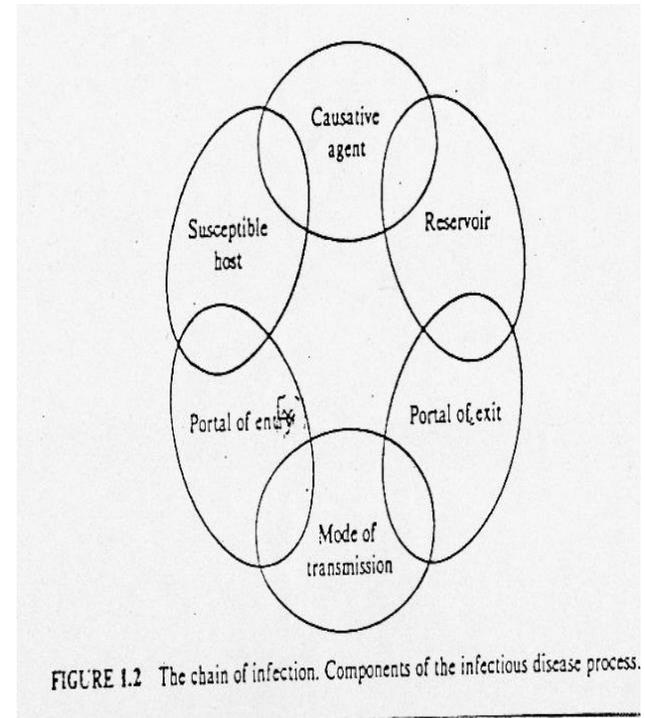


1. Measures Applied to The Agent

II. Controlling the reservoir

III. Interruption of transmission

IV. The Susceptible Host



General principles of prevention and control of communicable diseases

Agents

Reservoirs

Contact
s

Environment

Host

Sterilization

Disinfection

Concurrent

Terminal

❑ Sterilization : 1.Measures Applied to The Agent

- ❖ Validated process used to render a product **free** from **all forms of viable microorganisms** including bacterial spores.
- ❖ **killing all forms of living organisms**,
- ❖ it is used for medical and surgical instruments **by** direct exposure to the sterilizing agent.

❑ Disinfection :

- ❖ Disinfection is **less lethal** than sterilization because it
- ❖ **destroys** most recognized **pathogenic** microorganisms but
- ❖ **not necessarily all microbial forms** (e.g., bacterial spores).
- ❖ **killing** the infectious agents outside the body
- ❖ by direct exposure to chemical or physical agents.

(a) Concurrent disinfection

(b) Terminal disinfection

(c) Precurrent (prophylactic) disinfection

Types of Disinfection

1 Concurrent disinfection

2 Terminal disinfection

(a) concurrent Disinfection

- ❖ application of disinfective measures **as soon as possible**
- **after the discharge** of infectious material **from the body** of an infected person,
- **or after the soiling of articles** with such infectious discharges
 - In other words, the **disease agent is destroyed as soon**
 - **as it is released** from the body, and in this way
- ❖ **further spread** of the agent is **stopped**.
- ☐ **Concurrent disinfection**
- ❖ consists of usually disinfection of
 - ✓ **urine, faeces, vomit, contaminated linen, clothes, hands,** dressings, gloves, etc
- ❖ **throughout the course** of an illness.

(b) Terminal disinfection :

□ Application of disinfective measures **after the patient has been removed by death or**

to a hospital or

has ceased to be a source of infection (by treatment). or
after other hospital isolation

(c) Precurrent (prophylactic) disinfection :

➤ **Disinfection of water by chlorine,**

➤ **pasteurization of milk** and

➤ **hand washing** may be cited as examples of precurrent

General principles of prevention and control of communicable diseases

Agents

Reservoirs

Contacts

Environment

Host

Cases

Carriers

Animal
reservoir

II. Controlling the reservoir

- ❖ If the first link in the chain of causation (i.e., the disease agent) is considered to be **the weakest link**,
- ❖ logically, the **most desirable** control measure **would be to eliminate the reservoir or source**, if that could be possible.
- ❑ Elimination of the reservoir may be easy with the **animal reservoir** (e.g., bovine tuberculosis, brucellosis),
- but is not possible in humans in whom the

General measures of Reservoir control comprise :

- Early Diagnosis
- Notification,
- Isolation
- Treatment,
- Quarantine
- Surveillance and
- Disinfection

all directed to reduce the quantity of the **agent** available for dissemination.

(1) Early Diagnosis and Case finding:

❖ **Rapid identification is the first step** in the control of a communicable disease.

➤ It is the **cornerstone** on which the organization of disease control

➤ **laboratory** procedures may be required **to confirm the** diagnosis.

❖ **Early diagnosis is needed for**

(a) the treatment of patients

(b) for epidemiological investigations, e.g. to

*trace the source of infection from the

*known of **index case** to the unknown or

*the **primary source** of infection

(c) to study the time, place and person distribution

(**descriptive epidemiology**) and



Cont. ..Early diagnosis is needed for

early diagnosis,
notification,
isolation,
treatment,
quarantine,
surveillance
disinfection

(d) for the **Establishment of prevention and control measures**

(2) Notification

Notification is an important source of epidemiological information

- **It enables** early detection of disease outbreaks, which
- permits immediate action to be taken by the **health authority to control** their spread.
- Once an infectious disease has been detected (or even suspected) **it should be notified to the:**



- ❑ **Local health authority**, whose responsibility is to **put into operation control measures**, including the provision of medical care to patients perhaps in a hospital.
- ❑ **The diseases to be notified vary from country to country and even within the same country.**
- ❖ **Usually, diseases which are considered to be serious Dangers to public health are included in the list of notifiable diseases.**
- **Notifiable diseases may also include non-communicable diseases**
- ❑ **Under the International Health Regulations (IHR), WHO.**

Reporting:

- diseases in man are reported to the **local health authority**
- in animals are reported to **veterinary or agricultural authority**
- Zoonotic diseases are reported to **both authorities.**
- Diseases under international regulations are reported to **WHO.**

□ The aim of reporting

- provide **information** to permit **appropriate control measures**
- **compare** the frequencies of diseases occurrence **between different countries**

(3) Isolation

Isolation is the oldest communicable disease control measure. It is **defined as**

"separation, for the period of communicability of infected persons or animals from others in such places and under such conditions, as

- **To prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible, or who may spread the agent to others"**

- ❖ In general, infections from human/animal can be **done by**
 - **Physical Isolation of the case or carrier**, and if necessary,
 - **treatment until free** from infection,
 - **provided cases and carriers can be easily** identified and
 - **carrier rates are low.**



The purpose of isolation is

To Protect the community by preventing transfer of infection from the reservoir to the possible susceptible hosts.

- ❑ Place of isolation:
 - ❖ Isolation in a **hospital or in separate quarter** is required for *cholera, plague*.
 - ❑ **Isolation at home:** if home is suitable for patients of *typhoid, meningitis, whooping cough, poliomyelitis and hepatitis*
 - ❑ **Hospital isolation, wherever possible, is better than**
 - Home isolation.
 - ❑ The duration of isolation
- Is determined by the duration of communicability of the disease **and** the effect of chemotherapy on infectivity

❑ Isolation is of limited value due to:

- ❖ Many diseases are **highly communicable** during the **early stage**.
- ❖ The **exact period of communicability** **is not known** in many diseases.
- ❖ **Carriers** of infective agents may go **undetected**.
- ❖ Many **mild cases of infection spread disease without being detected**

❑ **Today, isolation is recommended only when the risk of transmission of the infection is exceptionally serious.**

▪ In modern-day disease control, **isolation is in most cases**



- In modern-day disease control, **isolation** is in most cases
- **replaced by surveillance** because of improvements in epidemiological and disease control technologies.

□ **Surveillance**: it is the **collection, analysis, interpretation** and **dissemination** of **information** about a selected health event.

□ This information is **important** to **plan, implement** and **evaluate** a health program

(4) Treatment Chemoprophylaxis

early diagnosis,
notification,
isolation,
treatment,
quarantine,
surveillance
disinfection

❖ Many communicable diseases have been controlled by

❖ **effective drugs**

☐ **The use of drugs to**

• **Cure clinically** recognizable disease or **to**

• **limit its progress**

☐ **The object** of treatment is **to**

➤ **kill the infectious agent**

➤ **when it is still in the reservoir**, i.e.,

➤ **before it is disseminated**

➤ It is for the **sake of the patient** and

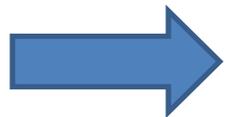
➤ to **reduce the** period of **communicability** and

➤ **to limit the transmission** to the contacts.

➤ cuts **short the duration** of illness and

➤ **prevents** development of **secondary cases**.

❖ Treatment is also extended **to carriers**.



- Treatment can take the form of
- ❖ **individual** treatment or
- ❖ **mass treatment**.
- ❖ In the latter category, **all the people in the community are administered** the drugs whether **they have the disease or not** (e.g., trachoma Azithromycin).

(5) Quarantine

Quarantine has been **defined as**

- ❖ "the **limitation of freedom of movement** of such **well persons** or domestic animals **exposed to communicable** disease for a **period of time not longer than the longest usual incubation period** of the disease, in such manner as **to prevent effective contact** with those **not so exposed**" .

early diagnosis,
notification,
isolation,
treatment,
quarantine,
surveillance disinfection



Cont. ..Quarantine

- ❑ Quarantine measures are also "**applied by a health authority to a ship**, an aircraft, a train, road vehicle, other means of transport or container, to
- ❑ **prevent the spread of disease reservoirs of disease or vectors of disease**"
- ❖ **In contrast to isolation, quarantine applies** to restrictions on the **healthy contacts** of an infectious disease.

With better techniques of early diagnosis and treatment,
It has been replaced by active surveillance.



□ . Measures applied to the carriers

1. Detection
2. Exclusion from work
3. Treatment apply to

1. Detection: carrier

- detection of carriers is **important** in diseases in which carriers are an **important reservoir of** infection, e.g. **Enteric fever,**

□ The value of detection of carrier depends on:

- ❖ **Proportion** of carriers in the community.
- ❖ **Occupation of the carrier** and its closeness to contacts as **food handlers** and those **working in closed community** (*school or day care centers*)

2. Exclusion from work:

must be done if his occupation is a **food handlers** (e.g. Typhoid carrier) or a teacher (diphtheria carrier).

3. Treatment applied to the carrier state

III. Interruption of transmission

A major aspect of communicable disease control relates to "breaking the chain of transmission " or interruption of transmission

- ❖ This may mean changing some components of man's environment
- ✓ to prevent the infective agent from a patient or carrier from entering the body of susceptible person.

For example, water can be a medium for the transmission of many diseases such as typhoid, dysentery, hepatitis A, cholera and gastroenteritis.

➤ **Water treatment** will eliminate these diseases.

- ❖ Depending upon the level of pollution, this may vary from simple chlorination to complex treatment.

❖ Foodborne disease

is particularly prevalent in areas having **low standards of sanitation**.

Clean practices such as **hand washing**, **adequate cooking**, prompt **refrigeration** of prepared foods and withdrawal of contaminated **foods will prevent most food-borne illnesses** .

❖ In **disease is vector-borne**, control measures should be directed **primarily at the**

❖ **vector and its breeding places**.

➤ Vector control also includes

➤ **destruction of stray dogs**,
control of **cattle, pets and other animals**

to **minimize** spread of infection

among them,
and from them to man.

Interruption of transmission Cont. ..

- ❖ On the **droplets or droplet nuclei** infection are **not usually controlled effectively** by attempting to **interrupt their mode of spread**; **reliance is placed on**
- ❖ **early diagnosis and treatment** of patients,
- **personal hygiene and**
- **proper handling of secretions and excretions.**

Measures applied to environment

Chlorination of water.

Sanitary sewage and refuse disposal.

Rodent control.

Vector and food sanitation.

IV. The Susceptible Host

The **third** link in the chain of transmission is the **susceptible host** or **people at risk**.

may be **protected by one or more of the following** strategies.

A. Non-specific measures:

- health education,
- good nutrition,
- personal hygiene and
- protection against accidents.
- adequate housing,
- recreational facilities,
- suitable working conditions,
- periodic selective examination,
- **legislative measures** to formulate **integrated programme** and permit **effective programme implementation**.

B. Specific measures:

Use of specific
immunization
active
passive and
chemoprophylaxis.

(1) Active Immunization

- ❖ is one of the most powerful and cost-effective weapons of modern medicine
- ❖ One effective way of strengthen the host defences and controlling the spread of infection.
- ❖ There are some infectious diseases whose control is solely based on **active immunization**, *e.g.*,

- ❖ *polio*,

- ❖ *tetanus*,

- ❖ *diphtheria*

- ❖ *measles*.

Vaccination against these diseases is given as a routine

- during infancy & early childhood

- with **periodic boosters** to maintain adequate levels of immunity.

By reducing the number of susceptible in the community, it increase "**herd immunity**"

- ❖ Unfortunately we do not have vaccines for every infectious disease (*e.g.*, malaria, diarrhoeal diseases).



- ❖ there are **immunizations against certain diseases** {which are offered to **high risk groups** or
- ❖ restricted to **definite geographic areas** where the disease is **endemic or a public health problem** {e.g., yellow fever).

(2) Passive Immunization

Three types of preparations are available for passive immunity –

(a) Normal human immunoglobulin,

(b) Specific (hyperimmune) human immunoglobulin, and

(c) antisera or anti-toxins

- It is useful only when exposure to infection has just occurred
- **duration of immunity induced is short (1-6 weeks).**
- **Undesirable reactions may occur**, especially if antiserum is of non-human origin.
- **It has a limited value in the mass control of disease.**
- **It is recommended for non-immune persons under special circumstances.**

(3) Combined Passive and Active Immunization

In some diseases (e.g., tetanus, diphtheria, rabies)

passive immunization is often undertaken in conjunction with **inactivated** vaccine products, to provide both **mediate** (but temporary) **passive immunity** and slowly developing **active immunity**.

If the **injections are given at separate sites**, the immune response to the active agent, may or may not be impaired by immunoglobulin .

❑ But, according to current recommendations immunoglobulin should not be **given within 3 weeks before, or until 2 weeks after administration of a live attenuated vaccine**

For example, the antibody response to live attenuated measles vaccine is diminished in persons who receive immunoglobulin concurrently

However, there are exceptions to this rule, as for example, the simultaneous administration of **hepatitis B vaccine and hepatitis B immunoglobulin** .

4) **Chemoprophylaxis**

Chemoprophylaxis implies the

- protection from, or
- prevention of, disease.

This may be achieved by

- ✓ Causal Prophylaxis, or by
- ✓ Clinical Prophylaxis :

(i) **Causal prophylaxis** implies the complete **prevention** of infection by **the early elimination of the invading or migrating causal agent**. For example, there is no causal prophylaxis available against malaria.

(ii) **Clinical prophylaxis** implies the prevention of clinical symptoms; it **does not necessarily mean elimination of infection**.



A BIG
THANK
YOU!