



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Epidemiology

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* نغى كاهرة ال elimination للدكتور ءانت

DISEASE PREVENTION AND CONTROL

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

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Disease control:

Is reducing the transmission of disease agent to such a low level that it ceases to be a public health problem

→ not zero

– ***It aims at reducing***

Incidence of the disease

Duration of the disease

Effects of infection

Financial burden to the community

Disease eradication: → العالم كله

Is complete '***extermination***' of organism.

Is '***tearing out by roots***' of a disease. there is

complete interruption of disease transmission in the entire area of the community–

Objective of eradication: Is to eliminate the disease to the extent that **no new case occurs in the future** zero new cases

eradication is a 'global term', i.e. can be used only for whole planet

ONLY 1 disease till date: Small pox (declared eradicated on 8 May, 1980.)

منطقة معينة متى أكد العالم

Disease elimination:

Is complete interruption of transmission of disease in a defined geographical area, but the causative organism may be **persisting in environment**

Disease elimination is a 'geographical term', can be used only for a country or a region

NATURAL HISTORY OF DISEASE

For the application of preventive measures it is a necessary to understand the pathogenetic chain of events for a particular disease.,

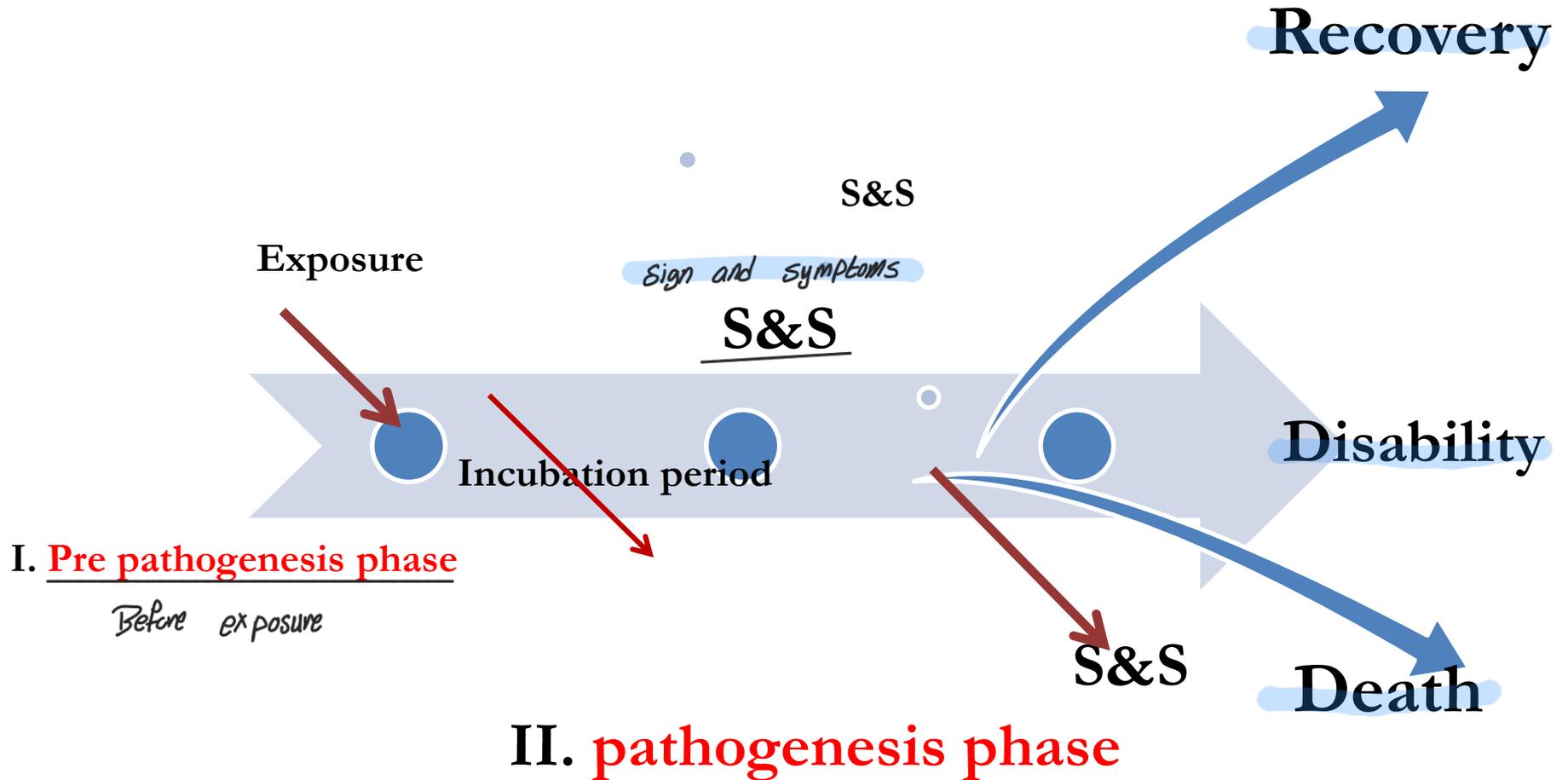
- ❖ Disease results from a **complex interaction** between **man**, an **agent** and the **environment**.

The term ***natural history of disease*** is a key concept in epidemiology.

Natural History Of Disease

- ❖ It signifies the way in which a disease ^{يتطور} **evolves** over time
- ❖ from the **earliest** stage of its **pre pathogenesis** phase to its **termination** as **recovery**, **disability** or **death**, in the **absence of treatment or prevention**.

- ❑ **Each disease** has its own **unique natural history**, which is **not** necessarily **the same in all individuals**,



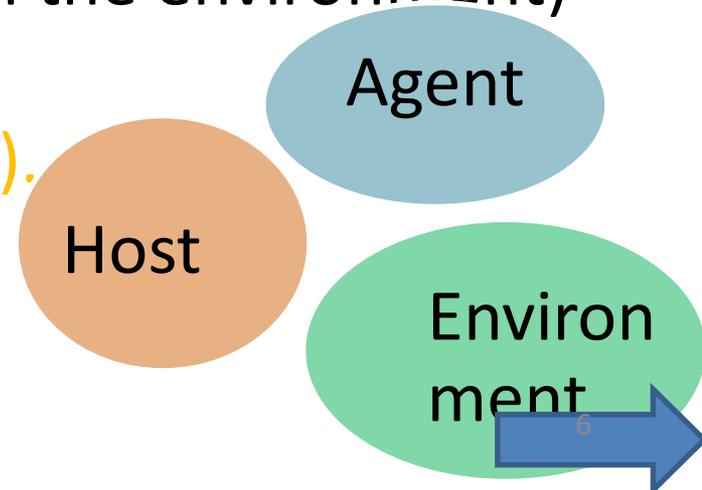
What the physician sees in the hospital is just an "episode" in the natural history of disease.

The epidemiologist, by studying the natural history of disease in the community setting, is in a unique position to fill the gaps in our knowledge about the natural history of disease.

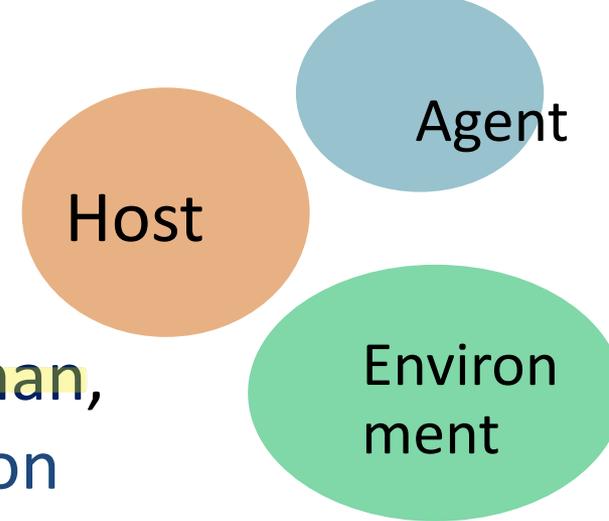
□ Natural History of Disease Consisting of Two Phases:

I. Pre-pathogenesis (i.e. the process in the environment)

II. Pathogenesis (i.e. the process in man).



1. Pre pathogenesis



❖ This refers to the period ^{مبدئي} preliminary to the onset of disease in man.

➤ The disease agent **has not yet entered** man,

➤ but the factors which favour its interaction

➤ with the human host are already existing in the environment.

➤ This situation is frequently referred to as "**man in the midst of disease**" or "**man exposed** to the **risk of disease**".

➤ Potentially we are all in the pre pathogenesis phase of many diseases, **both communicable** and **non-communicable**.

➤ The **causative factors** of disease may be

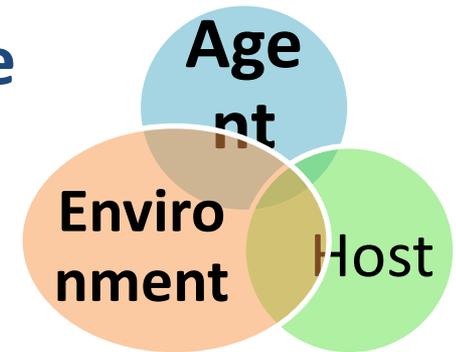
➤ classified as **AGENT, HOST** and **ENVIRONMENT**.

➤ These three factors are referred to as **Epidemiological Triad**

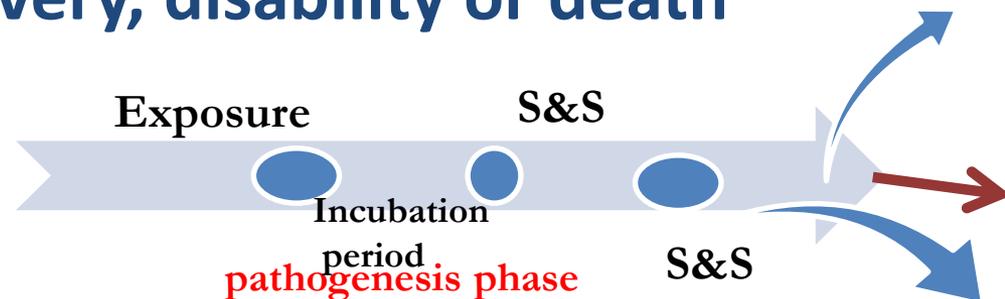
II Pathogenesis Phase of Disease:

- ❖ The mere presence of **agent, host** and favourable **environmental** factors in the **pre-pathogenesis** period **is not sufficient** to start the disease in man.

- ❖ What is required is **an interaction** of these **three** factors to initiate the disease process in man

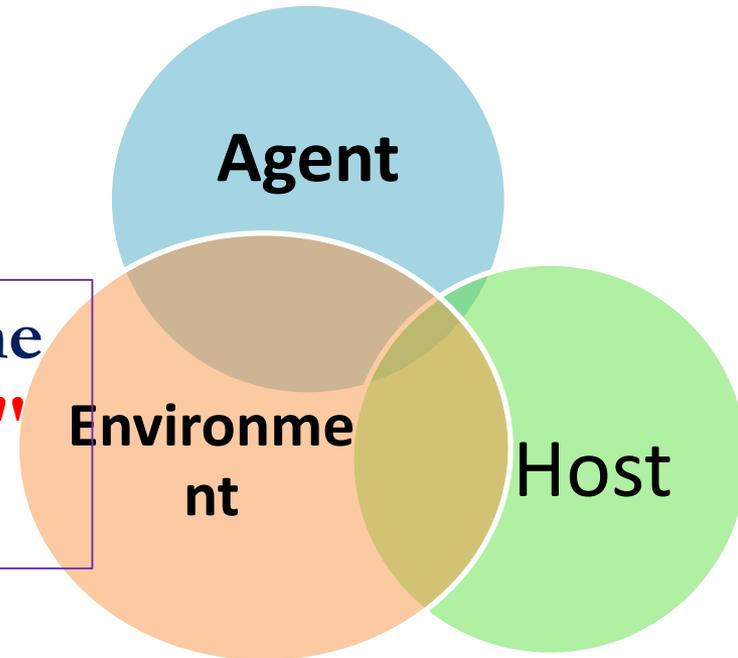


- ❖ Begins with **'Entry of organism'** in **susceptible host**
 - **Multiplication** of organism, disease **initiation** and **progression**
 - Host may become a **clinical case, subclinical case or carrier**
 - Final outcome may be **recovery, disability or death**



- The agent, host and environment operating in combination
 - ❖ determine **not only the onset of disease** which may range from a single case to epidemics but
 - ❖ **also the distribution** of disease in the community.

The objective of preventive medicine is to **intercept or oppose the "cause"** and thereby the disease process.



❑ CONCEPTS OF PREVENTION

The goals of preventive medicine are :

- ✓ to promote health,
 - ✓ to preserve health,
 - ✓ to restore health when it is impaired, and
 - ✓ to minimize suffering and distress.
 - ❖ Successful prevention depends upon
 - ❖ knowledge of causation,
 - ✓ dynamics of transmission,
 - ✓ identification of risk factors and risk groups,
 - ✓ availability of prophylactic or
 - ✓ Early detection and treatment measures,
 - ✓ An organization for applying these measures (**intervention**) to appropriate persons or groups, and
 - ✓ Continuous evaluation of and development of procedures applied (**intervention**) .
- 

❑ MODES OF INTERVENTION

"Intervention" can be defined as:

any attempt **to intervene or interrupt** the usual sequence in the development of disease in man.

❑ This may be by the provision of

- ✓ Treatment,
- ✓ Education, help or
- ✓ Social support.

❑ **Five modes of intervention** have been described which form a continuum corresponding to the natural history of any disease. they are:

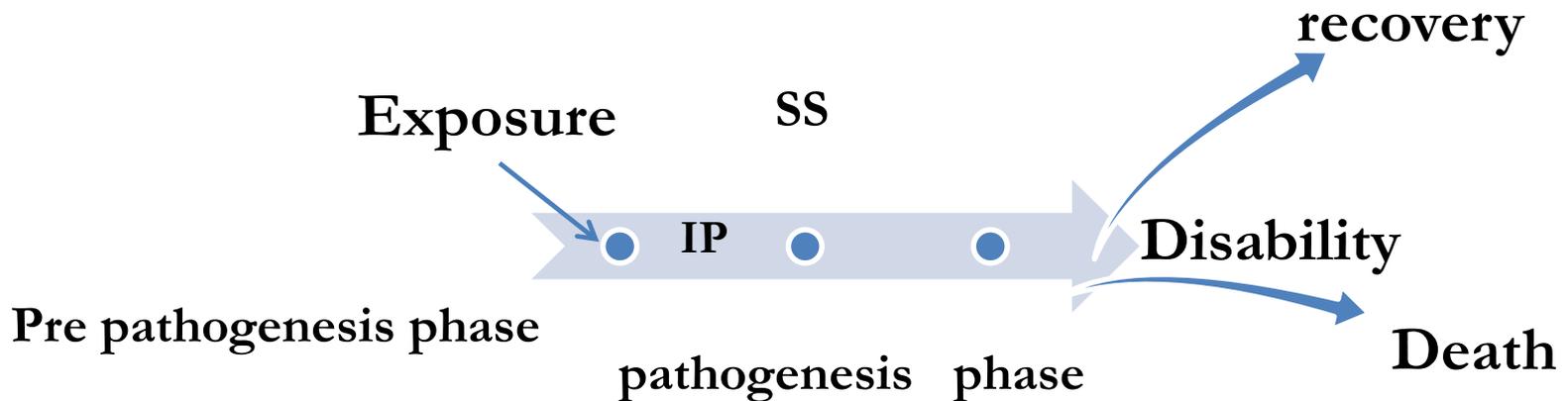
1. Health promotion
2. Specific protection
3. Early diagnosis and treatment
4. Disability limitation
5. Rehabilitation

❑ Levels of prevention

In modern day, the concept of prevention has become broad-based. **in terms of four level:**

1. primordial prevention
2. primary prevention
3. secondary prevention
4. tertiary prevention

These levels of prevention are **in relation to the natural history of disease**



I. Primordial prevention

Primordial prevention, a **new concept**, is receiving special attention in the prevention of **chronic diseases**.

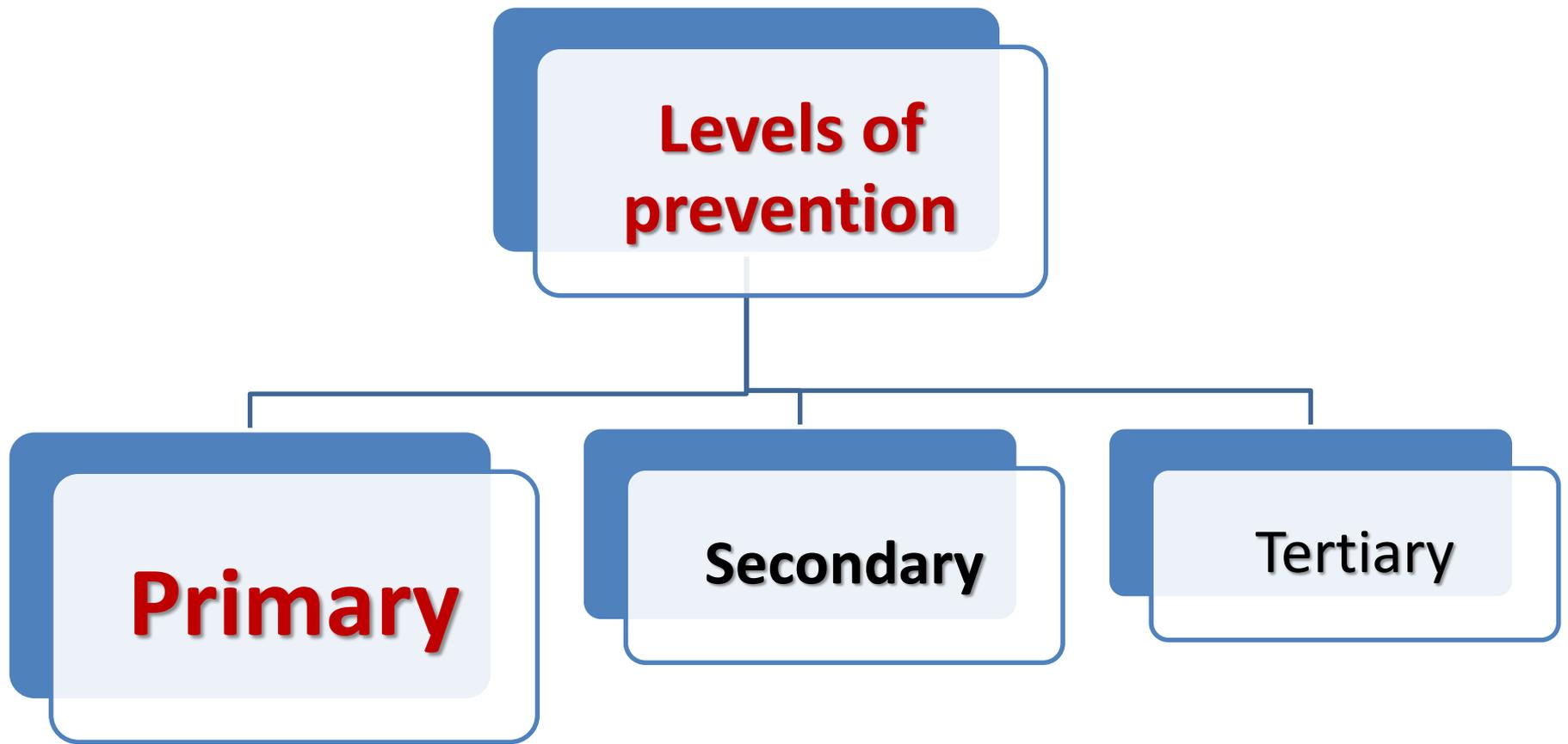
This is **primary prevention** in its purest sense,

- that is, **prevention of the emergence or development of**
- **risk factors** in countries or population groups in which they **have not yet appeared**.

For example, many adult health problems (e.g. obesity, hypertension)

have their early **origins in childhood**, because this is the time when lifestyles are formed (*e.g., smoking, eating patterns, physical exercise*).

- ❖ In **primordial** prevention, efforts are **directed towards**
- ❖ discouraging children from adopting **harmful lifestyles**.
- ❖ The **main intervention** in **primordial** prevention is through
- ❖ **individual and mass Education**.



There is no precise boundaries between these levels, but that does not minimize their importance.

For example, the supply of food supplements to a family could be primary prevention for some members, and secondary prevention (curative) for others.



II. Primary prevention →

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Primary prevention can be defined as

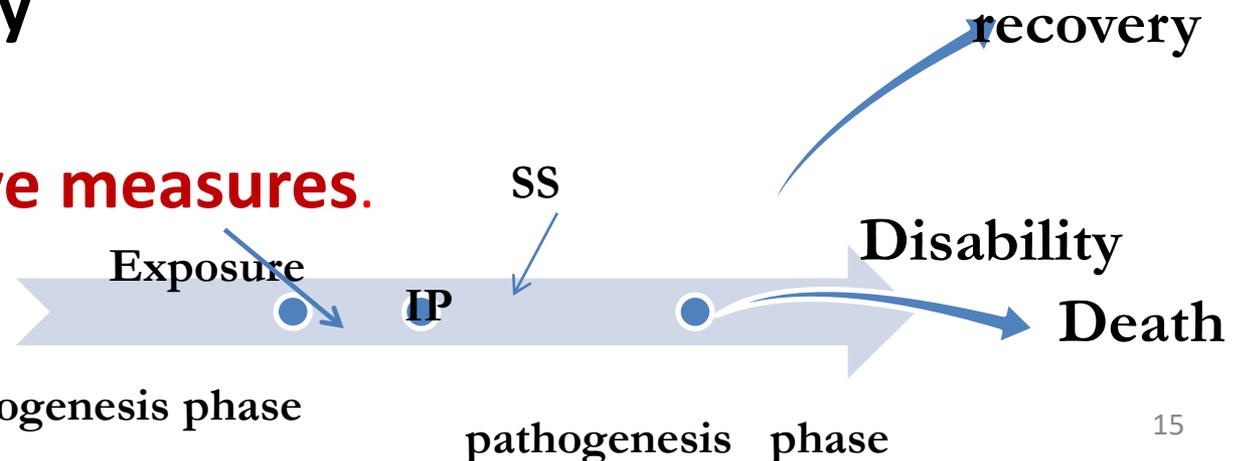
"Action taken **prior to the onset of disease, which removes the possibility that a disease will ever occur**".

➤ It signifies **intervention in the pre-pathogenesis** phase of a disease or health problem or other departure from health.

□ Primary prevention may be accomplished by measures **designed to**

❖ **Promote General Health** and well-being, and quality of life of people or by

❖ **Specific Protective measures.**



1. Health promotion

- Health promotion is "the process of enabling people to increase control over, and to improve health" .
- ❖ It is **not** directed against any particular disease, but is
- ❖ intended to **strengthen** the **host through a variety of approaches** (interventions).

The **well-known interventions in this** area are:

i. Health Education

ii. Environmental Modifications

iii. Nutritional Interventions

iv. Lifestyle and Behavioural Changes

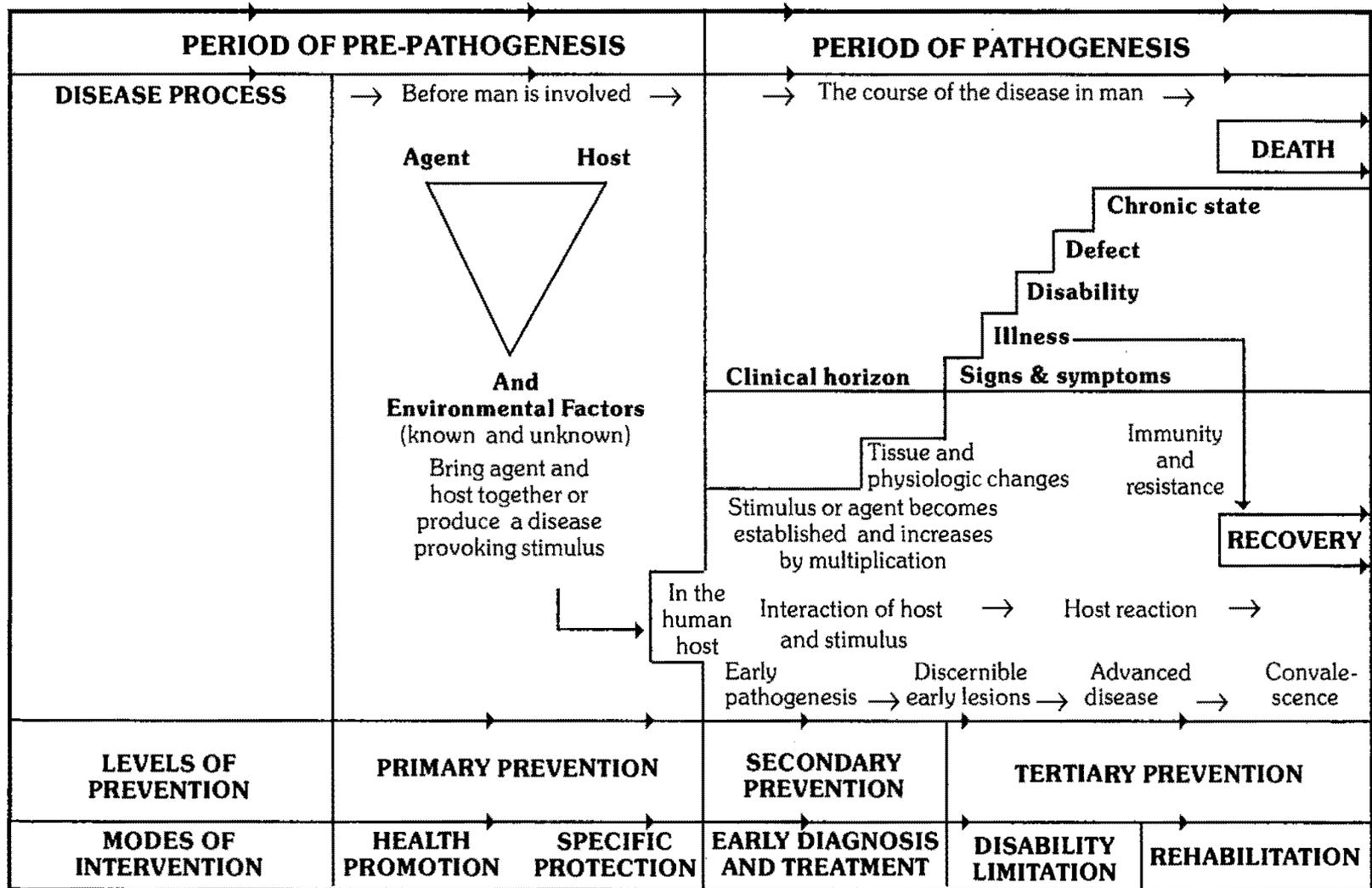


FIG. 8

Natural history of disease

(From Preventive Medicine for the Doctor in His Community, by Leavell & Clark with permission of McGraw-Hill Book Co.)

(i) Health education:

- This is one of the most cost effective interventions.
- A large number of diseases could be prevented with little or no medical intervention
 - ✓ if people were adequately informed about them and if they were encouraged to take necessary precautions in time.

The targets for educational efforts may include the

- General Public,
- Patients,
- Priority Groups,
- Health Providers,
- Community Leaders and
- Decision-makers.

(ii) Lifestyle and behavioural changes:

The action of prevention in this case, is one of individual and community responsibility for health. the physician and each health worker acting as an educator than a therapist.

iii) Environmental modifications:

A comprehensive approach to health promotion requires **environmental modifications**, such as provision of **safe water**; installation of **sanitary latrines**; **control of insects and rodents**; **improvement of housing**, etc.

The history of medicine has shown that many infectious diseases have been successfully controlled in western countries through environmental modifications, even prior to the development of specific vaccines or chemotherapeutic drugs.

iv) Nutritional interventions: These comprise

- **food distribution** and
- Nutrition **improvement** of **vulnerable groups**;
child feeding programmes;
- **Food fortification**;
- **Nutrition education**, etc.

2. Specific protection

- ❑ To avoid disease altogether is the ideal
 - but this is possible only in a limited number of cases.
- ❑ following are some of the currently available interventions aimed **at specific protection**:
 - (a) immunization
 - (b) use of specific nutrients
 - (c) Chemoprophylaxis
 - (d) protection against occupational hazards
 - (e) protection against accidents
 - (f) protection from carcinogens
 - (g) avoidance of allergens
 - (h) control of specific hazards** in the general environment,
e.g., air pollution, noise control
 - (i) quality and safety of foods,**

بعد الإصابة بالمرض

III. Secondary Prevention: defined as

توقف

"action which **halts** the **progress** of a disease at its incipient stage and **prevents complications**".

❖ **It include** actions which **hinders** the progress of a disease at the **early stage** and **prevent complications**

❑ **The specific interventions are :**

❖ **Early diagnosis** {e.g. screening tests, case finding programmes) and

❖ **Adequate treatment** before **irreversible** pathological changes have taken place

❖ By early diagnosis and adequate treatment,

❑ **Secondary prevention attempts to:**

✓ **Arrest the disease process;**

✓ **Treating it before irreversible** pathological changes have taken place;

- ✓ Restore health by **seeking out unrecognized** disease and
- ✓ **Reverse communicability of infectious** diseases It may also
- ✓ **Protect others** in the community from acquiring the infection
- ❖ **thus provide, at once, secondary prevention** for the
- ❖ infected individuals **and primary prevention** for their potential contacts.

☐ Secondary prevention is largely the domain of clinical medicine

☐ **Early diagnosis and treatment**

WHO Expert Committee **defined early detection** as

"the detection of disturbances of mechanism while biochemical, morphological, and functional changes are still reversible." *impairment*

Thus, in **order to prevent overt disease** or disablement,

- ❖ The criteria of diagnosis should, if possible, be based on early
 - biochemical,
 - morphological and
 - functional changesthat precede the occurrence of manifest signs and symptoms.

This is of **particular importance in chronic diseases**.

□ **Early detection** and treatment are the main interventions of disease control. **SCREENING**

- ❖ The **earlier** a disease **diagnosed** the **better** treated
 - the **better** prognosis and

- **Preventing** the occurrence of further cases (**secondary** cases) or any **long-term disability**.

Early effective therapy has made it possible to

- **Shorten** considerably the **period of communicability** and **reduce** the **mortality** from acute communicable diseases

- ❖ Early diagnosis and treatment though not as effective and economical as "primary prevention" → *Better*
- May be critically important in reducing the high morbidity and mortality in certain diseases such as essential hypertension, cancer cervix and breast cancer.

عيوب

❑ The drawback of secondary prevention :

- ❖ the patient has already been subject to mental distress, physical pain; and the community to loss of productivity.
- These situations are not happen in primary prevention.
- ❖ Secondary prevention is an imperfect tool in the control of transmission of disease.
- ❖ It is often more expensive and
- ❖ less effective than primary prevention.

IV -Tertiary prevention →

disability ما بدنا نوقف له

Disability limitation

- ❖ When a patient reports **late in the pathogenesis phase**
- ❖ the mode of intervention is **disability limitation**.
- ❑ The **objective** of this intervention is **to prevent or halt the transition of the disease process from impairment to handicap**
- ❑ When the disease process has advanced beyond its early stages
- ❖ it is **still possible** to accomplish prevention by what might be called "**tertiary prevention**"
- ❖ It signifies intervention in the **late pathogenesis phase**.
- ❑ **Tertiary prevention** can be defined as:
"All Measures available to **reduce or limit impairments** and **disabilities**, minimize suffering caused by this health problem *may prevent and limit disability*"



□ The aim of tertiary prevention is:

- To limit impairment and disability.
- To decrease suffering .
- To promote the patient adjustment to rehabilitation

□ Rehabilitation

□ **defined** as "the combined and coordinated use of **medical, social, educational and vocational** measures for training and retraining the individual **to the highest possible level** of functional ability"

□ It includes **all measures** aimed at **reducing the impact** of **disabling and handicapping** conditions and at **enabling** the disabled and handicapped **to achieve social integration**

It includes all measures

- (a) Medical rehabilitation - restoration of function.
- (b) Vocational rehabilitation, restoration of the capacity to earn a livelihood.
- (c) Social rehabilitation - restoration of family and social relationships.
- (d) Psychological rehabilitation restoration of personal ^{الكرامة} dignity and confidence.

❑ **Concept of disability**

The sequence of events leading to disability and handicap have been stated as follows : **Disease** → **impairment** → **disability** → **handicap**

The WHO has defined these terms as follows:

- (i) Impairment** : "**any loss or abnormality** of psychological, physiological or anatomical structure or function",
e.g., loss of foot, defective vision or mental retardation.

An impairment may be visible or invisible, temporary or permanent, progressive or regressive.

(ii) Disability :

Because of an impairment, the affected person may be unable to carry out certain activities considered normal for his age, sex, etc. This inability to carry out certain activities is termed "**disability**". A disability has been defined as "any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being

iii) Handicap :

This is termed "handicap", and is defined as "a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual".

Examples of rehabilitations:

- **Special schools for blind pupils.**
- **Provision of aids for crippled.**
- **Reconstruction surgery**
- **Modification of life of cardiac patients**



A BIG
THANK
YOU!