



CODEN [USA]: IAJ PBB

ISSN : 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

Available online at: <http://www.iajps.com>

Research Article

COMMUNICABLE DISEASE, PREVENTION MEASURES AND CONTROL

¹Dr. Omar seraj Halawani, ² Bandar Othman Alzahrani, ³Alaa Adel Hussen Alsabbagh, ⁴ Mazen saeed takroony, ⁵Omar Mohammad Ahmed Hinaidi, ⁶Abdullah Faisal Al-Hazmi, ⁷ Saud Abdulaziz Salh Zainy, ⁸ Saleh Mohammed Saleh Al-Qarni, ⁹Abdulmoti Hassan Saqar Alhothli, ¹⁰Wael Salah Alhazmi

¹Dentist at Health center, ²Epidemiology, public health at Prince Ahmed scheme health center ³Technician-Nursing Chronic Diseases at Prince Ahmed scheme health center. ⁴Nursing at Primary health care, Prince Ahmed scheme health center. ⁵Nursing Chronic Diseases, at Prince Ahmed scheme health center. ⁶Pharmacy technician at Prince Ahmed Primary Health Care Center. ⁷Nurse at Environmental Health Department in Makkah Health Cluster / medical waste. Health Center Batha Quraish. ⁸Epidemiological technician at Primary Health Care Center Alhnidawia. ⁹Nursing technician at Prince Ahmed Scheme health center Makkah. ¹⁰Technician, Laboratory at maternity and children hospital

Article Received: July 2021

Accepted: August 2021

Published: September 2021

Abstract:

Communicable diseases are a major concern throughout outbreaks. Summaries of threat factors for break outs are usually non-specific and not conveniently generalisable to similar scenarios. This review tries to record appropriate evidence to review what are the measures that might really work in prevention contagious illness. This been carried out through searching the electronic database, in which proof were found. this narrative review highlights the need for far better understanding as well as more metrology of the web links between economic downturns and also transmittable condition spread This will certainly need research study that is very multi-disciplinary, combining insights from, among others, public health, microbiology, vector biology, ecology, and also social location. Economic slumps may posture enhanced risks of contagious conditions for some groups in the population. Techniques to determine and also involve high-risk groups, while also safeguarding currently tight spending plans, should be high priorities for the wellness field, as communicable illness, like recessions, are challenging to manage as soon as they start to spread.

Corresponding author:

Dr. Omar seraj Halawani,
Dentist at Health center,

QR code



Please cite this article in press Omar seraj Halawani et al, *Communicable Disease, Prevention Measures And Control*, Indo Am. J. P. Sci, 2021; 08(9).

INTRODUCTION:

Communicable diseases are illnesses caused by viruses or bacteria that people spread to each other through call with polluted surfaces, physical fluids, blood items, insect bites, or with the air [1]. There are several instances of transmittable diseases, a few of which need reporting to proper health and wellness departments or federal government agencies in the locality of the break out. Some examples of the communicable disease consist of HIV, liver disease A, B as well as C, measles, salmonella, measles and blood-borne illnesses. Most common kinds of spread include fecal-oral, food, sexual relations, insect attacks, contact with polluted fomites, beads, or skin contact [2,3]. A timeless version of contagious condition causation, the epidemiological set of three [4], imagines that a contagious illness arises from a mix of representative (virus), host, and also environmental elements (**Figure 1**) [5]. Infectious representatives might be living parasites (helminths or protozoa), fungi, or germs, or nonliving viruses or prions. Ecological aspects identify if a host will come to be subjected to among these representatives, as well as succeeding interactions in between the representative as well as host will certainly establish the direct exposure outcome. Agent as well as host interactions take place in a cascade of phases that consist of infection, disease, and recovery or fatality. Hand hygiene protects against harboring short-term flora (consisting of *Staphylococcus aureus*, *Clostridium difficile* among others) by reduction of bacterial matters. The referral is to utilize alcohol-based products such as foam with an alcohol by

quantity of 60-70%, or if thought *C. difficile*, hand cleaning with vigorous physical adjustment to reduce the number of spores of pathogens [6]. This need to be coupled with Standard Precautions, which includes using obstacles such as handwear covers, gowns, masks, and eye wear, in order to prevent infection of the health care worker [6].

Large bit droplet transmission accompanies vectors such as *Haemophilus flus*, Team A *Streptococcus*, as well as *Bordetella pertussis* among several others [6]. People thought of meningitis or a respiratory infection that does not qualify under airborne should put on a medical mask, in addition to the carrier, as well as this is generally adequate to prevent significant spread. If able, a different room or at least an area obstructed by drapes is liked [7].

Get in touch with preventative measures are used for virus infecting mucosal or skin surfaces such as *S. aureus*, Methicillin Resistant *S. Aureus* (MRSA), or *C. Difficile*. Use of safety gowns as well as handwear covers is usually enough unless uncertainty of a higher degree of precautions exists [7].

Immunizing health care personnel against microorganisms including, however not restricted to, Hepatitis B, Measles, Mumps, Rubella, Pertussis, Varicella, as well as Seasonal Flu, is extremely effective in reducing the threat of transmission of numerous infectious conditions. This is not a replacement for basic precautions, air-borne, bead, contact precautions, or hand hygiene, yet is one more measure of security to carry out [6].

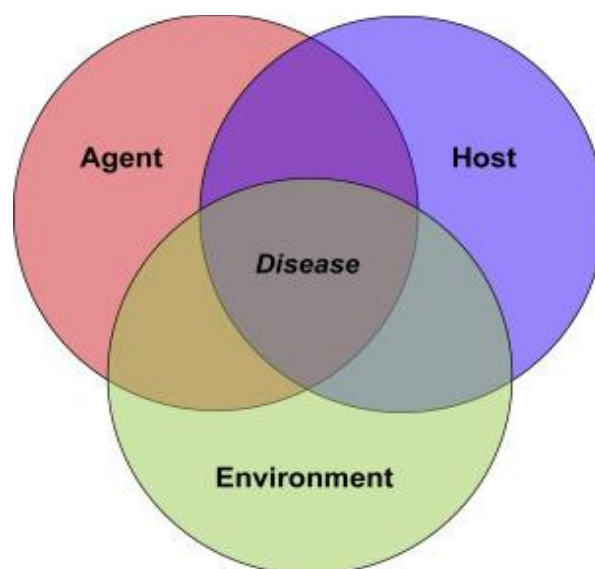


Figure 1: The epidemiological triad model of infectious disease causation. The triad consists of an agent (pathogen), a susceptible host, and an environment [5].

METHODOLOGY:

During this review all articles identified via bibliographic databases independently, such PubMed, google scholar, and direct science. Then more relevant studies concerning communicable disease prevention and measures published up to end of 2020, were selected through review the references of each included studies. Limitation to only English language and human subjects were applied.

Discussion:

Infection is the result of a complex interrelationship between a prospective host and also a contagious representative. The majority of the variables that affect infection and also the occurrence and seriousness of condition belong to the host. Nonetheless, characteristics of the host-agent communication as it associates with pathogenicity, virulence, and antigenicity also are essential, as are the transmittable dose, systems of illness manufacturing, and route of exposure [8]. There is a range of possible end results after exposure to an infectious agent. Some persons exposed to pathogenic bacteria never ever create symptomatic disease, whereas others end up being severely sick and also die. Some individuals are prone to ending up being transiently or permanently colonized yet stay asymptomatic. Still others proceed from emigration to symptomatic illness either quickly after direct exposure or after a duration of asymptomatic colonization. The immune state at the time of direct exposure to a contagious representative, interaction between virus, and also virulence elements inherent to the representative are important forecasters of a person's result. Host factors such as extremes of age and underlying condition (eg, diabetes mellitus, human immunodeficiency virus/acquired immune deficiency syndrome [HIV/AIDS], hatred, and transplant) [9,10,11], can increase vulnerability to infection, as can different drugs that change the typical plants (eg, antimicrobial representatives, gastric acid suppressors, corticosteroids, antirejection

medications, antineoplastic agents, immunosuppressive medications). Surgical procedures and also radiation therapy hinder defenses of the skin and also other included organ systems. Indwelling gadgets, such as urinary system catheters, endotracheal tubes, central venous and also arterial catheters, as well as synthetic implants, assist in development of HAIs by allowing potential pathogens to bypass local defenses that usually would hinder their invasion and also by supplying surfaces for growth of biofilms that might facilitate adherence of bacteria and also protect from antimicrobial activity. Some infections connected with intrusive procedures result from transmission within the health care facility; others arise from the patient's endogenous flora [11,12,13].

○ Modes of Transmission

Several classes of pathogens can cause infection, consisting of microorganisms, infections, fungi, bloodsuckers, and prions. The modes of transmission vary by sort of organism, and some contagious agents might be transferred by greater than 1 course. Some are sent primarily by direct or indirect get in touch with, (eg, herpes simplex infection [HSV], respiratory syncytial infection, *S aureus*), others by the droplet, (eg, flu infection, *Bordetella pertussis*) or airborne courses (eg, *Mycobacterium consumption*). Various other transmittable agents, such as bloodborne infections (eg, liver disease B infection [HBV], liver disease C virus [HCV], HIV), are rarely sent in health care settings through percutaneous or mucous membrane layer direct exposure [7,10].

Transmission of diseases occurs via the spread of an infectious agent from a source or reservoir to a person (**Table 1**) [7]. Direct transmission from one host to another occurs during touching, biting, kissing, sexual intercourse, projection via droplets, as in sneezing, coughing, or spitting, or by entry through the skin.

Table 1: Classification of Infectious Diseases by Principal Modes of Transmission

Method of Transmission	Examples
Airborne (droplet and aerosols)	Viral exanthems (measles), streptococcal diseases, various upper and lower respiratory tract diseases, tuberculosis, Legionnaire's disease, influenza (seasonal and H1N1), SARS, measles, mumps, rubella
Physical contact	Leprosy, impetigo, scabies, anthrax
Sexual contact	HIV, syphilis, gonorrhea, herpes genitalis, hepatitis B, chlamydia, human papillomavirus

Method of Transmission	Examples
Blood and blood products	HIV, hepatitis B, hepatitis C
Fecal–oral	Hepatitis A, poliovirus, enteroviruses, <i>Shigella</i> , rotavirus, adenoviruses, typhoid
Foodborne	<i>Salmonella</i> , <i>Escherichia coli</i> , <i>Helicobacter pylori</i> , <i>Campylobacter</i> , <i>Listeria</i>
Waterborne	Cholera, <i>Giardia</i> , <i>Cryptosporidium</i> , <i>Helicobacter pylori</i>
Transcutaneous	Vectorborne via insects (arthropods): malaria, viral hemorrhagic fevers, schistosomiasis, plague Animal bite (zoonoses): rabies Self-injected (illicit drug users): HIV, hepatitis B
Congenital maternal–fetal	Congenital rubella syndrome, congenital syphilis, gonorrheal ophthalmia, cytomegalovirus, HIV, rubella, syphilis, hepatitis B and C, gonorrhea, chlamydia
Health care associated	Transmission: hospital, long-term care facilities, community surgical centers, and community-acquired <i>Klebsiella pneumoniae</i> , <i>Clostridium difficile</i> , <i>Staphylococcus aureus</i> including methicillin-resistant organisms (MRSA), HIV, hepatitis B, hepatitis C, fungal infections, central venous line-, ventilator-, and catheter-associated pneumonia, surgical site infections

Communicable Disease Control:

An epidemic, or outbreak, can take place when numerous aspects of the agent (microorganism), populace (hosts), and also the atmosphere produce an excellent scenario for spread. Transmittable representatives abound, mutate quickly, and also can end up being resistant to medications if not damaged completely. Reduced inoculation rates, inadequate nourishment, age (young and also senior), and immunosuppression all add to infectious danger. Congestion, poor regional layout and hygiene because of poverty, filthy alcohol consumption water, fast climate adjustments, and all-natural calamities, can cause problems that allow much easier transmission of illness [14].

Once it has actually been established that an emergency situation problem exists, there need to be a timely and also detailed feedback for infectious condition control. A camp must be produced, and also the illness took care of rapidly. The total goals are fast assessment, avoidance, monitoring, episode control, and also condition administration. For more thorough details on the logistics of infectious illness control, please see the Globe Wellness Company (THAT) field manual [15].

Immunity:

Resistance to infectious diseases is related to many host and environmental factors, including age, gender, pregnancy, nutrition, trauma, fatigue, living as well as socioeconomic problems, and psychological

condition. Great dietary standing has a protective impact and boosts immune proficiency. Vitamin A supplements reduce complication rates of measles and enteric infections. TB may exist in an individual person whose resistance is sufficient to avoid professional illness, however the contaminated person (with or without symptoms) might be a provider of a microorganism which can be sent to an additional or cause clinical illness if the individual's susceptibility is minimized [8,13]

The innate and flexible immune reactions are essential components of the host action to transmittable representatives (Table 2) [3] Each of these actions is carried out by cells of a distinctive hematopoietic stem cell family tree: the myeloid lineage triggers innate immune cells (e.g., neutrophils, macrophages, dendritic cells) as well as the lymphoid family tree generates flexible immune cells (e.g., T cells, B cells). The inherent immune feedback is a prompt, nonspecific action to wide groups of microorganisms. By contrast, the adaptive immune feedback is originally produced over a period of 3-- 4 days, it identifies certain virus, and also it contains 2 primary branches: (1) T cell-mediated immunity (a.k.a. cell-mediated resistance) and (2) B cell-mediated resistance (a.k.a. humoral or antibody-mediated immunity). The natural and also adaptive feedbacks also differ because the latter has memory, whereas the former does not. Consequently of adaptive immune memory, if a transmittable agent makes a 2nd effort to infect a host, pathogen-specific memory T cells, memory B cells, and also antibodies will place an

additional immune reaction that is much more quick as well as extreme than the first, primary response and, therefore, much better able to inhibit infection and also disease. Immune memory is the basis for using vaccinations that are given up an effort to stimulate an individual's flexible body immune system to create pathogen-specific immune memory. Of note, in many

cases the action of the body immune system to a transmittable representative can add to disease development. For example, immunopathology is thought to be responsible for the severe acute illness that can happen following infection with a dengue infection that is serotypically distinct from that creating preliminary dengue infection [3,15].

Table 2: Comparison of innate and adaptive immunity

Innate Immune Response	Adaptive Immune Response
Immediate response; initiated within seconds	Gradual response; initially generated over 3–4 days (primary response)
Targets groups of pathogens	Targets-specific pathogens
No memory	Memory

Basics of transmission:

A unique characteristic of many infectious diseases is that exposure to particular transmittable representatives can have consequences for other individuals, due to the fact that a contaminated person can act as a resource of exposure. Some pathogens (e.g., STI agents) are straight transferred to other people, while others (e.g., vectorborne disease (VBD) representatives) are sent indirectly.

From a public wellness perspective, it is useful to specify phases of a transmittable disease with respect to both professional condition as well as possibility for transmission. Relative to condition, the incubation period is specified as the time from direct exposure to a transmittable representative till the moment of first indications or signs and symptoms of condition. The incubation duration is followed by the duration of clinical disease which is the period between very first and last illness signs or symptoms. Relative to transmission of a contagious representative, the unexposed (preinfectious) duration is the period of time in between direct exposure to an agent and the onset of infectiousness. It is complied with by the infectious period (a.k.a. period of communicability) which is the moment period when a contaminated person can transmit a contagious agent to various other individuals [13,15].

CONCLUSION:

Disease outbreaks of international public health importance continue to occur regularly; detecting and tracking considerable brand-new public health dangers in countries that cannot or could not report such occasions to the international healthcare is a challenge. Issues regarding communicable illness in both industrialized and also developing nations can best be resolved through strong monitoring systems, renewed

dedication to public health, and also strong global collaborations to strengthen national and global cooperation in infectious condition prevention and control. Because the variation amongst nationwide surveillance systems, partnerships in global security are a logical starting point around of usual commitment. There is no reputable performance evaluation device in boosting communicable condition surveillance in relation to break outs of transmittable condition although the Centers for Disease Control (CDC) has actually recommended practical mechanisms for public health generally.

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