

Epidemiological determinants of infectious diseases

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Face lesions on boy with smallpox.
Source: CDC/Cheryl Tyrone



Chicken Pox



Fysiological colonisation of humans by micro-organisms.

Many parts of the body are colonized by normal flora, which can be the source of endogenous infection. Large numbers of micro-organisms are found in moist areas of the skin (e.g. the groin, between the toes), the upper respiratory tract, the digestive tract (e.g. the mouth, the nasopharynx), the ileum and large intestine, the anterior parts of the urethra and the vagina.

Other routes are interhuman transmission of infections and exposure to exogenous contamination.

Fysiological colonisation of humans by micro-organisms.

Healthy newborn = germ-free organism

Gradual colonization:

- * Skin - when passing through the mother's birth paths
- * breathing paths - at first breath
- * GIT - at first swallowing

... ended until the 8th day

Fysiological
colonisation of
humans
by micro-
organisms.

Permanent colonization, eumicrobia,

Types of bacteria event. fungi (never virus!)
are for a given system:

- * characteristic,
- * non-pathogenic,
- * constant composition

Fysiological
colonisation of
humans
by micro-
organisms.

Constantly restored balance between the host and the
micro-organism.

Balance distorts:

- a) external changes (chemical, physical)
- b) host properties (hormonal, immune status,
drugs - ATB, corticosteroids, cytostatics)

Fysiological colonisation of humans by micro-organisms.

The importance of physiological microflora

- + affects digestion, absorption, peristalsis
- + produces vitamins
- + protection of skin and mucous membranes from microbes with higher pathogenicity

Negative influence:

- the risk of endogenous infections in immunosuppressed persons
- complications of interpretation of serological examinations)

Pathogenesis of infectious diseases

Parasitism - survival and multiplication of host microbes with host abuse

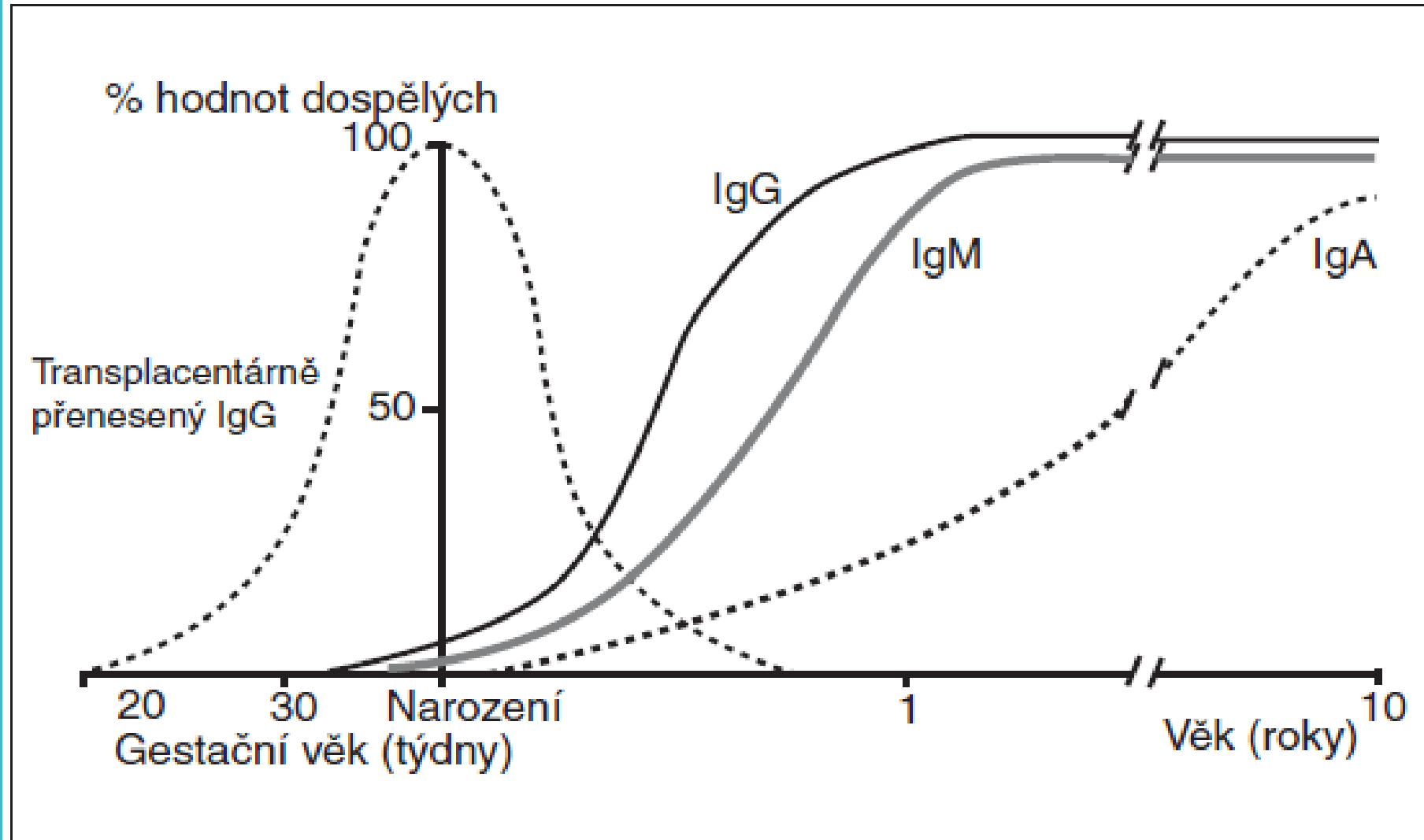
Comensalism - the microbe uses the host but does not damage it

Symbiosis - hosts and microorganisms benefit from coexistence

Carriage - the state of immunobiological balance

**Maturation
of the immune
system;
defense.**

Development of immunoglobulin levels



Šedivá A. Čes.-slov. Pediat., 2005, roč.60, č.11, s. 617-624

Etiological structure of infections

Bacteria

- Gram positive
- Gram negative
- Acid-resistant rod .--. Mycobacteria

Viruses

- ❖ Enveloped - HIV, HBV, measles, mumps, influenza, rabies
- ❖ Unenveloped - adenoviruses, HPV, Polio

Prions

Parasites (Eukaryotic Pathogen)

Fungi - Candida, Aspergillus

Protozoa - Plasmodium, Schistosoma

Worms - Ascaris, Taenia

Etiological structure of infections

The agent of infection – important characteristic:

infectivity – capacity to multiply in host

pathogenicity – capacity to cause disease in host

virulence - pathogenicity in a specific host

immunogenicity – capacity to induce specific and lasting immunity in host

antigenic stability – can induce long-life immunity

resistance - in environment

Resistance of microorganisms in inanimate environment

The viability of micro-organisms and their survival in the external environment depends on:

- ❑ on their properties and
- ❑ on the environment in which they are located.
(by combining - low temperatures,
 - lower humidity,
 - absence of toxic substances, and
 - the presence of colloidal substances that have a protective effect).

Resistance of microorganisms in inanimate environment

Organisms vary in their capacity **to survive** and to withstand adverse environmental conditions, for example:

* heat, cold, dryness.

Sporo-forming organisms, such as tetanus bacilli which **can survive for years** in a dormant state, have a major advantage over an organisms like the gonococcus which survive for only a very short time outside the human host.

Pathogenesis of infectious diseases

1. entry of the etiological agent to a susceptible individual;
2. adherence of the agent to the target tissue;
3. reproduction and invasion;
4. host damage by toxins or other mechanisms;
5. exclusion of the agent through some of the biological materials
6. possible survival of agents for a long time in an inanimate external environment

Pathogenesis of infectious diseases

Infection is the entry and development or multiplication of an infectious agent in the body of man or animals. An infection does not always cause illness.

- There are several levels of infection (Gradients of infection):
 - Colonization (*S. aureus* in skin and normal nasopharynx)
 - Subclinical or inapparent infection (polio)
 - Latent infection (virus of herpes simplex)
 - Manifest or clinical infection

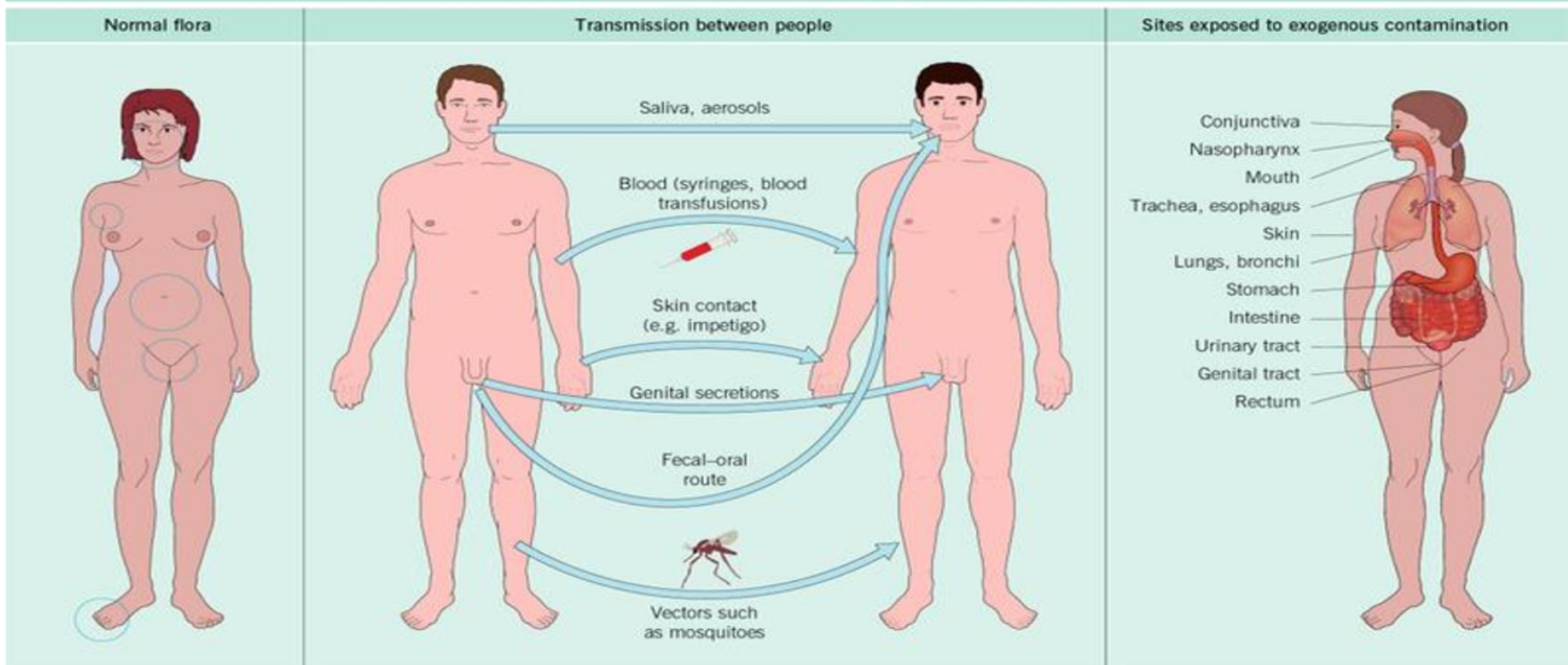
For all pathogens are important **Infective** and **lethal** doses.

Virulence factors affecting their pathogenicity:

Virulence factors

1. Pilli that ease attachment
2. Covers that interfere with phagocytosis
3. Exotoxins
4. Endotoxins
5. Proteases that degrade antibodies
6. Ability to change the antigens that escape the fragments

CONTAMINATION OF HUMANS BY MICRO-ORGANISMS



Chain of infections (epidemic proces)

THE CAUSATIVE AGENT OF INFECTION (bacteria, viruses, fungi, prions, protozoa)

1. the presence of rezervoir (source) of infection
man, animal at the end of incubation period
acute stage
carriers

2. the way of transmission A/ direct contact

touching, kissing or sexual intercourse (Staphylococcus spp., Gonococcus spp., HIV ...),
- **vertical transmission** – from mother to fetus (VHB, VHC, HIV, listeria, rubella, cytomegalovirus...)

B/ indirect contact

- inhalation of droplets containing the infectious agents (TBC, measles, influenza...)
- ingestion of food or water that is contaminated (salmonella, giardia, Norwalk virus, VHA....)
- **biological transmission** by insects (malaria, borellia....)

3. the susceptibility of the population or its individual members to the organism concerned

Host factors: age, nutrition, genetics
immunity – natural (nonspecific),
- acquired

THE INFECTION

= 1. prezenze of rezervoir (source) of infection

.....

is the site or sites in which a disease agent normally lives and reproduces.

May be classified as:

- **human** - at the end of incubation period, if is ill, reconvalescent, carriers – healthy, chronic diseases
- **animals** - at the end of incubation period, if is ill, carriers – healthy, reconvalescent, chronic



The chain of infections

1. the presence of source of infection

The chain of infections

2. the method of transmission

A/ direct contact

touching, kissing or sexual intercourse (Staphylococcus spp., Gonococcus spp., HIV ...),

- **vertical transmission** – from mother to fetus (VHB, VHC, HIV, listeria, rubella, cytomegalovirus...)

B/ indirect contact

- **inhalation of droplets** containing the infectious agents (TBC, measles, influenza...)

- **ingestion of food or water** that is contaminated (salmonella, giardia, Norwalk virus, VHA....)

- **biological transmission** by insects (malaria, borellia....)

The chain of infections

3. the susceptibility of the population or its individual member to the organism concerned, and the characteristic of the organism itself.

Host factors :

Non specific immunity

Barrier action (natural barrier)

External barrier:

skin , mucosa

Secretion of skin and mucosa

Accessory organ

Internal barrier: placenta, blood-brain barrier

Phagocytosis

Humoral action :

Complement, Lysozyme, Fibronectin, Cytokines.

Specific immunity

Humoral immunity

Immunoglobulin: IgG, IgM, IgE, IgA, IgD

Cell mediated immunity

The chain of infections

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Humoral action :

Complement, Lysozyme, Fibronectin, Cytokines.

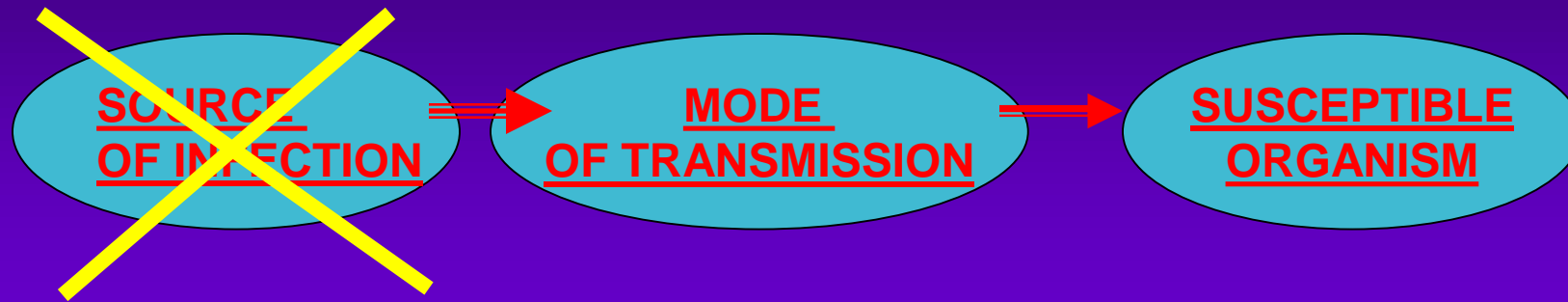
Specific immunity

Humoral immunity

Immunoglobulin: IgG, IgM, IgE, IgA, IgD

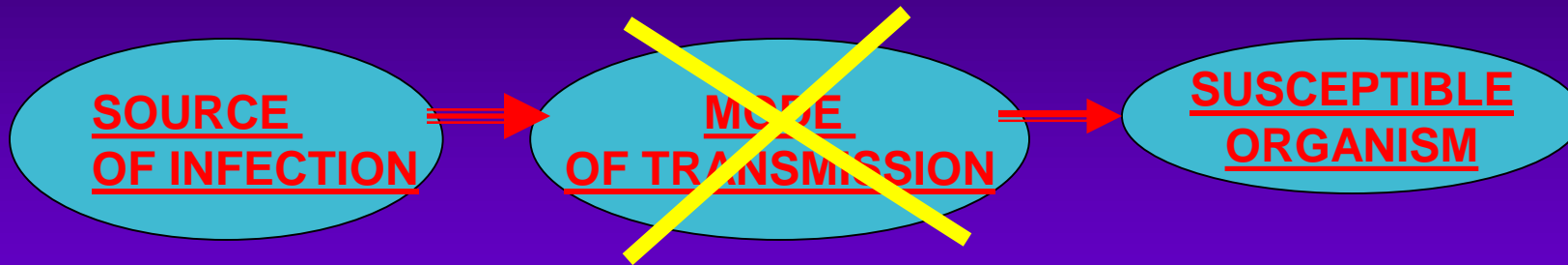
Cell mediated immunity

Prevention of infectious diseases



Isolation of patients:

- Dpt. of infectious diseases,
- „high degree of isolation“ (ebola)
- at home,
- barriers nursing technique



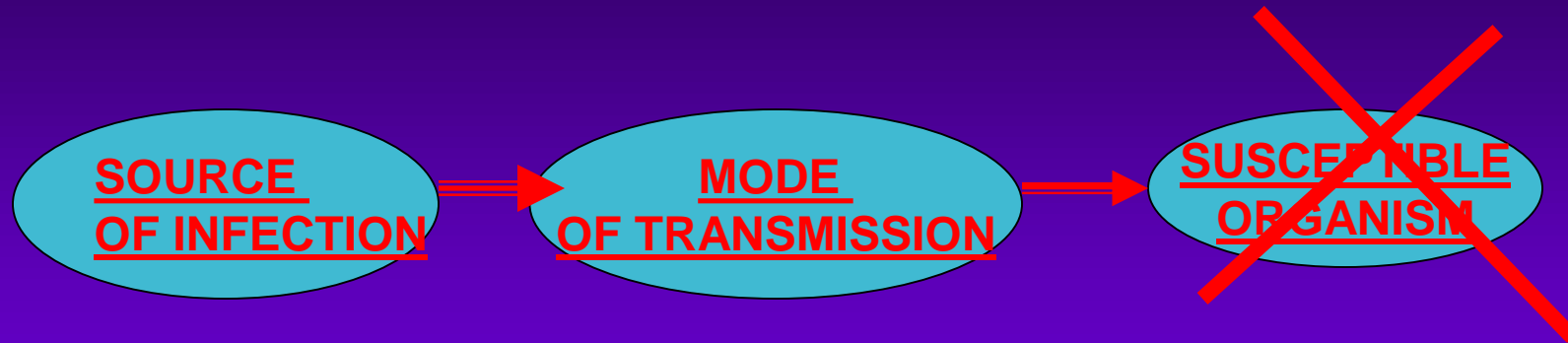
HANDWASHING, DISINFECTION OF HANDS

**LINEN WASHING,
CLEANING
GOOD PREPARING OF FOOD, SAFE
WATER.....,
.....**

**DISINFECTION
STERILIZATION**

**Prevention of
infectious
diseases**

Prevention of infectious diseases



i m m u n i t y

- natural (nonspecific),
- acquired (vaccination)

Principles of Vaccination

Active immunisation

A live or inactivated substance (e.g., a protein, polysaccharide) capable of producing an immune response is administered to the organism to target specific antibodies against that antigen.

Protein molecules (immunoglobulin) produced by B lymphocytes to help eliminate an antigen

Passive immunisation

Transfer of antibodies produced by one human or other animal to another.

Temporary protection

Transplacental most important source in infancy

If the epidemiology is known, we can interfere with transmission:

„**BREAKING THE CHAIN OF INFECTION**“



Different infections have different epidemiologies and thus require different methods of control

Preventive,
repressive
measures

**Preventive,
repressive
measures**

In the practical part it is preoccupied with

preventive measures

repressive measures

related to infectious diseases

The distribution of the smallpox rash is usually similar to that shown here.

It is most dense on the face, arms and hands, legs and feet.

The trunk has fewer pocks than the extremities.



Smallpox is a disfiguring disease.

Three out of ten cases may die.

It is caused by variola virus.

The disease is spread by secretions from the patient's mouth and nose, and by material from pocks or scabs. It is transmitted directly from one person to the next.

Close contact with patients, or their clothing or bedding, is thus required for infection.

A patient who has developed the distinctive symptoms of smallpox will have been exposed to the virus about two weeks previously.



Smallpox eradication

**Smallpox eradication was
officially announced
at the 33rd General Assembly WHO**

8. May 1980.