

- Epidemic**- occurrence of expected number of cases among a group of people over time
- Incidence**- # of new cases in a population
- Prevalence**- # of cases in a population (per 10,000 or 100,000)
- Outbreak**- more cases of particular disease than expected in given area over given time
- Endemic**- large numbers of people over geographic area distribution affected with the same disease
- Pandemic**- an epidemic spanning a very wide area
- Vector**- an animal intermediate that transmits a pathogen to humans
- Virulence**- Degree of intensity of pathogenicity of an organism
- Compromised host**- host with lowered resistance to infection
- Hospital-acquired infection**- an infection that is traced back to a hospital
- Infectious** - capacity to cause infection in a susceptible host
- Pathogenic** - capacity to cause disease in a host
- Virulence** - severity of disease that the agent causes to host
- Case definition**- The onset of _____(symptoms) in a _____(person) at _____(time and place)
- Confirmed**- diagnosis by lab verification
- Probable**- many factors point to diagnosis, but no lab verification
- Suspected**- some factors point to diagnosis
- Reservoir**- site that harbors pathogenic organisms (human, animal, soil)
- Morbidity rate**- # sick divided by # exposed
- Mortality rate**- # dead per 100000 population
- Case fatality rate**- # dead divided by # sick
- Mode of transmission**- droplet (through air, flu, TB, SARS, handwashing), blood (sexual or injected, HIV, hepatitis), direct contact (touching, pregnancy, chicken pox), oral-fecal (contaminated water, cholera, giardia), vector (spread by animal, mosquito, lyme disease), AIDS- acquired immunodeficiency syndrome, spread by blood/sexually, attacks immune system
- Tuberculosis**- caused by bacteria, cough, fever, fatigue, weight loss, treated by antibiotics, attacks respiratory system or other parts of body
- Malaria**- caused by protozoan, spread by mosquitoes (anophelis), cyclic fever & chills
- 3 T's**: Person, Place, Time, Agent, Host, Environment
- Index Case**- The first case in an outbreak
- Viruses**: 1. Are small, much smaller than bacteria 2. not composed of cells 3. have 2 basic components: DNA or RNA covered in protein. Viruses can only reproduce inside the cells of other living organisms (rabies, AIDS, SARS, ebola, measles)
- Bacteria**: Bacteria have 1 cell and no nucleus. DNA and ribosomes float in the cell. They have flagella to help them swim. They have no cell organelles. Gram + bacteria have a strong cell wall with peptidoglycan and a capsule. Bacteria also have pili that help stick. (E. coli, streptococcus, diphteria, MRSA, typhus disease)
- Shapes**: spherical (cocci)  Arrangements: Staph (clusters)  Strept (chain) 
- Spore** (sporilla or sporoblaste)
- Rod (bacilli)**
- Cohort Study**- used for outbreaks in small, well-defined populations, moves forward or backward from exposures

Exposed?	Disease +	Disease -
Exposed	(A)	(B)
Unexposed	(C)	(D)

Attack Rate- exposed A/(A+B) = unexposed C/(C+D)

Relative Risk- (A/(A+B))/(C/(C+D))

Relative Risk- 1. more likely

0 = no effect  1 = protective effect 

Relative Risk < 1: possible protective effect

0 = no effect  1 = protective effect 

Relative Risk > 1: possible protective effect

0 = no effect  1 = protective effect 

Case-control Study- used when groups are not well-defined compares people with the disease to people without, works backward

Exposed?	Case Patients	Controls
Yes	(A)	(B)
No	(C)	(D)

Odds ratio: (A/C)/(B/D) = (A x D)/(B x C)

An # of case patients exposed

B= # of control people exposed

C= # of case patients unexposed

D= # of control people unexposed

- Cholera- Vibrio Cholerae (oral-fecal)
- Campylobacter (Enteritis- campylobacter jejuni (oral-fecal)
- Chicken Pox- varicella zoster (droplet and direct contact)
- Chlamydia- Chlamydia trachomatis (sexually)
- E. coli- Escherichia coli (oral-fecal)
- Malaria- plasmodium (vector, anophelis mosquito)
- MRSA- staphylococcus aureus (direct contact)
- SARS- coronavirus (droplet)
- Leprosy- mycobacterium leprae (direct contact)
- Schistosomiasis- schistosoma (oral contact with water)
- Strongyles- helminths (contact, droplet)
- Strep throat- streptococcus (droplet)
- Tuberculosis- mycobacterium tuberculosis (droplet)
- Tetanus- clostridium tetani (contact)
- Ebola- filovirus (contact/blood)
- Athlete's foot- tinea pedis (contact)
- Jakob- Creutzfeld- prion (ingestion)
- Taeniasis- nematode (ingestion)
- Hepatitis- hepatitis A, B, C virus (a: oral-fecal, b: sexually)
- Giardia- giardia lamblia (direct contact)

Types of epidemic

- Point source** - An epidemic in which all cases are infected at the same time, usually from a single source or exposure.
- Continuous source** - An epidemic in which the causal agent (e.g. polluted drinking water, spoiled food) is infecting people who come into contact with it, over an extended period of time.
- Person-to-Person (a.k.a. Propagated)** - An epidemic in which the causal agent is transmitted from person to person, allowing the epidemic to propagate.

Chain of Transmission

Reservoir

Portal of Exit

Mode of Transmission

Portal of Entry

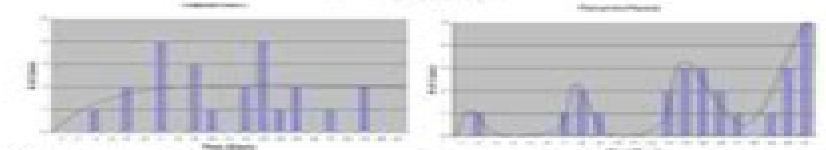
Host Types

(Can be infected)

Susceptible

Infected

Immune



Study design	Strengths	Weaknesses
Case-control	Good for rare disease or long latency, examine multiple exposures from a single outcome; less expensive and quicker to conduct than cohort study	Possible error in recalling past exposure (Recall Bias); Possible time-order confusion

Cohort	Examining multiple outcomes for a single exposure; examine rare exposures (such as asbestos but not for rare disease); can calculate the incidence of disease (white case control cannot); best technique for an outbreak in a small, well defined population; most accurate observational study	Not good for rare diseases; costly in time and resources; possible loss to follow-up over time; factor, which may be many years in the past or may be seen as socially undesirable
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Cross-sectional	Relatively short duration; can study several outcomes; least expensive	Since exposure and disease status are measured at the same point in time, it may not always be possible to distinguish whether the exposure preceded or followed the disease.
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Experimental or Trial	Most scientifically sound; best measure of exposure	Time consuming and expensive; Unethical for Harmful Exposures
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Bacterial	Fungal	Viral	Parasitic
Food poisoning	Candida	Influenza	Chagas Disease
Gonorrhea	Fungal Meningitis	Chickpox	Ascariasis
TSS	Coccidioides	HIV/AIDS	Strongyloides
Cholera	Aspergillus	Herpes	Malaria
Gastritis & ulcers	Athlete's foot	Mumps, measles, rubella	Chagas Disease
Pneumonia	Ringworm	HPV	Inchomomiasis
Ear infections & strep throat		Shingles	Scolopostomiasis

10 Steps to Outbreak Investigation

- 1) Prepare for field work- Research disease, prepare to travel, make arrangements with personal contacts
- 2) Establish the existence of an outbreak- compare current number of cases to previous cases, use health records, documents, etc.
- 3) Identify disease- Review clinical and laboratory results for the cases, interview patients
- 4) Define and Identify cases- establish case definition, have clinical info, characteristics of the people, place, time, etc.
- 5) Describe and create the data in terms of person, place, and time- use epi curve to describe how many cases at what time
- 6) Develop hypothesis- consider disease, interview people who are ill, try and notice what certain characteristics make people have the disease
- 7) Evaluate hypothesis- compare with established fact, use statistics, use case-control or cohort studies
- 8) Refine Hypothesis- study environment, use data for more insight
- 9) Control and Prevention measures- immunization, medicine, isolation, carry out as soon as possible
- 10) Communicate findings- Oral briefing for local health authorities, written report for archives

Outbreak Study Guide

Edward Channing

Outbreak Study Guide:

A Pocket Guide to Epidemiology David G. Kleinbaum, Kevin M. Sullivan, Nancy D. Barker, 2007-03-11 In the nearly three years since the publication of the ActivEpi companion text the authors received several suggestions to produce an abbreviated version that narrows the discussion to the most essential principals and methods A Pocket Guide to Epidemiology contains less than half as many pages as the ActivEpi Companion Text and is a stand alone introductory text on the basic principals and concepts of epidemiology

Outbreak Rodney P. Anderson, 2020-05-12 Outbreak Cases in Real World Microbiology 2nd Edition is the newest edition of this fascinating textbook designed for introductory microbiology students and instructors Thoroughly revised this collection of case studies of real world disease outbreaks generously illustrated in full color offers material that directly impacts college level students while the book's unique presentation offers instructors the flexibility to use it effectively in a number of ways More than 90 outbreak case studies organized into six sections according to the human body system affected illustrate the wide range of diseases caused by microbial pathogens The studies are presented at differing levels of difficulty and can be taught at all undergraduate levels Each case study includes questions for students to think about discuss and answer and the book includes an appendix that directs students to the specific reference material on which each case was based providing the opportunity to investigate further and to apply the reference content to the case being studied Each of the six sections of the book concludes with a College Perspective and a Global Perspective case study The College Perspective provides a direct and practical link between the microbiology course and the daily lives of students The Global Perspective connects students with outbreaks that have occurred in countries around the world to facilitate understanding of the social religious economic and political values at play in the treatment and prevention of infectious disease At the end of every section detailed descriptions offer concise yet complete information on each disease involved in that section

Introduction to Epidemiology Merrill, 2017 Introduction to Epidemiology Seventh Edition is the ideal introductory text for the epidemiology student with minimal training in the biomedical sciences and statistics

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Alcamo's Fundamentals of Microbiology Jeffrey C. Pommerville, 2004 Biological Sciences

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Table of Contents Outbreak Study Guide

1. Understanding the eBook Outbreak Study Guide
 - The Rise of Digital Reading Outbreak Study Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Outbreak Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Outbreak Study Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Outbreak Study Guide
 - Personalized Recommendations
 - Outbreak Study Guide User Reviews and Ratings
 - Outbreak Study Guide and Bestseller Lists
5. Accessing Outbreak Study Guide Free and Paid eBooks
 - Outbreak Study Guide Public Domain eBooks
 - Outbreak Study Guide eBook Subscription Services
 - Outbreak Study Guide Budget-Friendly Options

6. Navigating Outbreak Study Guide eBook Formats
 - ePUB, PDF, MOBI, and More
 - Outbreak Study Guide Compatibility with Devices
 - Outbreak Study Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Outbreak Study Guide
 - Highlighting and Note-Taking Outbreak Study Guide
 - Interactive Elements Outbreak Study Guide
8. Staying Engaged with Outbreak Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Outbreak Study Guide
9. Balancing eBooks and Physical Books Outbreak Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Outbreak Study Guide
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Outbreak Study Guide
 - Setting Reading Goals Outbreak Study Guide
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Outbreak Study Guide
 - Fact-Checking eBook Content of Outbreak Study Guide
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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