

Infectious Diseases

- Endemic infection/disease that is present (prevalent) in a population or geographical area at all times
- **Epidemic** outbreak of an infectious disease that spreads rapidly and widely
- Pandemic epidemic that occurs over a wide geographical area

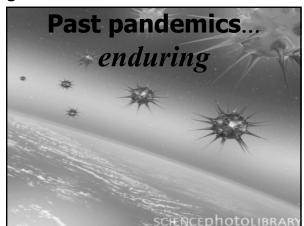


Forces driving pandemics

- Globalization
 - International air travel & nautical traffic
 - Modern Medical Practices
 - Accelerating Urbanization
 - Environmental factors
 - global warming
 - Changes in social and behavioural pattern

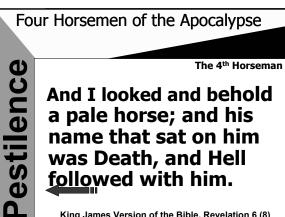
Infectious Diseases

- 20th Century optimism that infectious diseases were 'conquered' now fading
- Cause great morbidity and disability throughout the world, incl. 14 millions deaths each year
- Some cause epidemics on a regional or global scale ⇒ pandemics

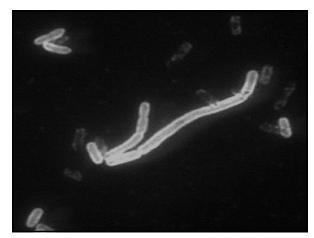






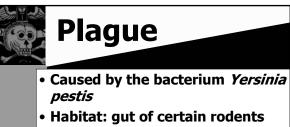


King James Version of the Bible, Revelation 6 (8)

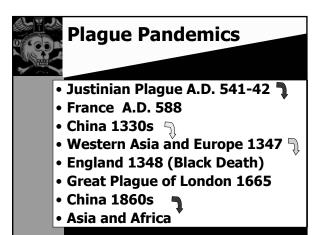


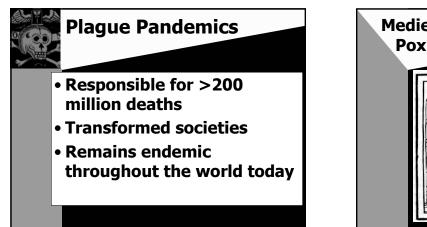






- Three clinical forms: bubonic, septicaemic, pneumonic***
- Transmitted by rat fleas -*Xenopsylla cheopis* or *Pulex irritans*



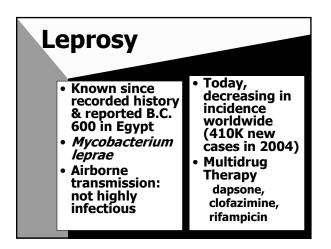


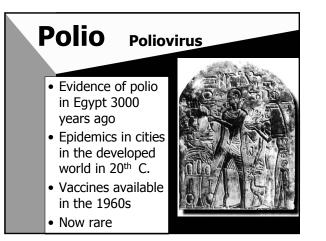


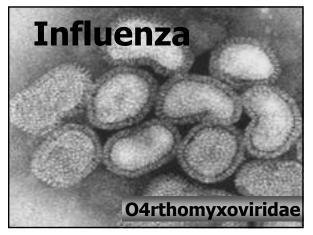
| Syphilis | |
|--|---|
| Treponema pallidum Ancient human disease European pandemic in 15th C. (Great Pox) | By 17th C., 25% of Europeans were infected Not brought under control until the availability of penicillin in 1945 |

| 9 | |
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| Smallpox | |
| Variola virus Africa/Asia 12,000 years ago European pandemic in 18th C. | 20th C. – 300 million people died of small pox Vaccine - 1776 Global eradication - 1977 |



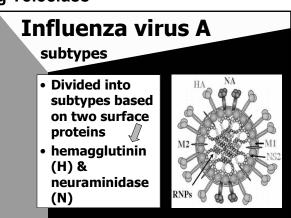


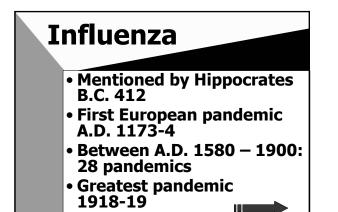


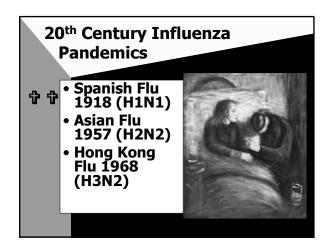


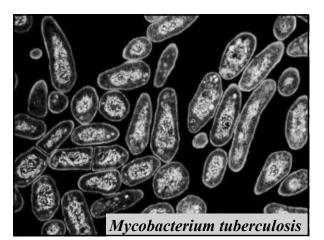
Influenza viruses 3 types

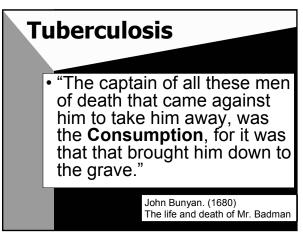
- A –cause epidemics and occasionally **pandemics** – there <u>is</u> an animal reservoir, e.g. birds
- **B** only cause epidemics and does not involve animal hosts
- **C** does not cause epidemics and give rise to only minor respiratory illness









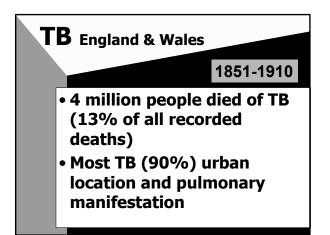


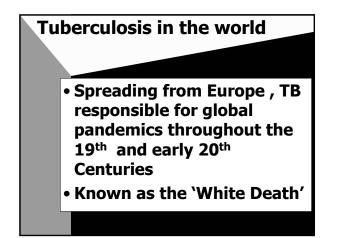
TB in Europe

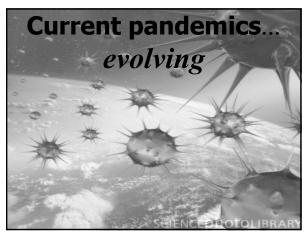
- Tuberculosis became the leading cause of death in most European countries by the beginning of the 19th Century
- Poor, urban people most affected but no one was immune





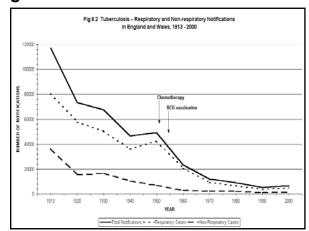


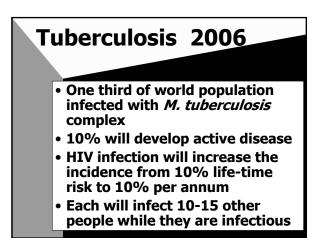


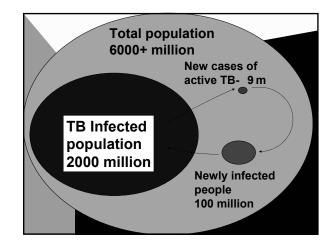


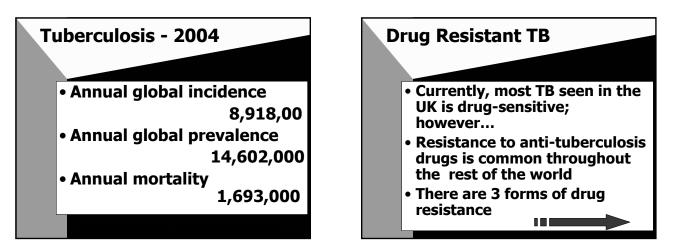
Tuberculosis

- Incidence fell in industrially developed world from early 20th Century
- Curative treatment become available in the late 1940s
- Nadir in incidence reached in England & Wales mid-1980s







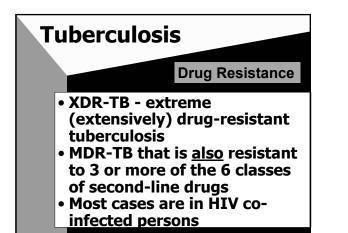


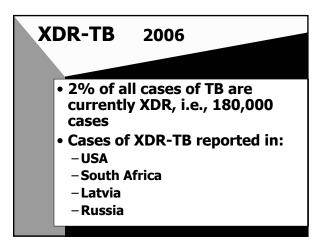
Tuberculosis

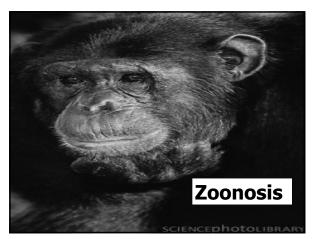
Drug Resistance

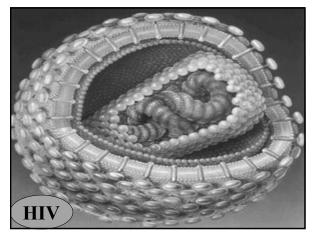
- **Drug-resistant tuberculosis** (DR-TB) – resistant to one or more 1st line anti-tuberculosis drugs
- Multidrug-resistant tuberculosis (MDR-TB) – resistant to isoniazid and rifampicin

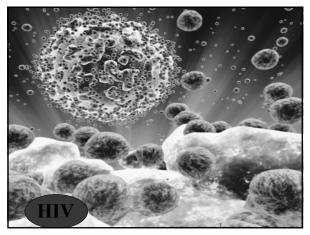


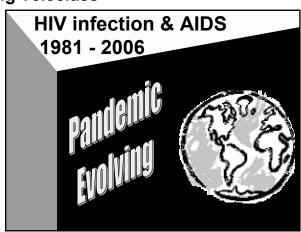


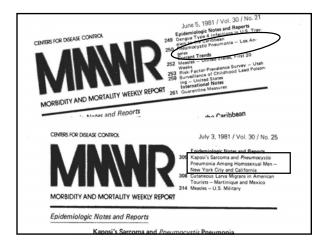


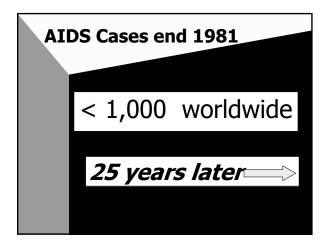


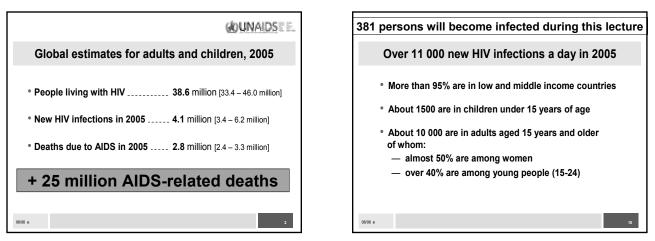




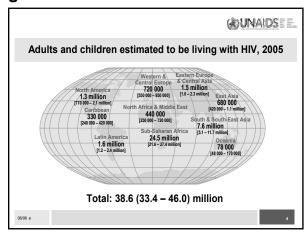


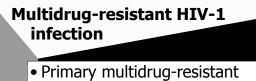






| @UNAIDSEE_ | |
|--|--|
| 2005 global HIV and AIDS estimates Children (<15 years) | |
| | |
| Children living with HIV 2.3 million [1.7 – 3.5 million] | |
| • New HIV infections in 2005 540 000 [420 000 – 670 000] | |
| * Deaths due to AIDS in 2005 380 000 [290 000 – 500 000] | |
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- Primary multidrug-resistant HIV-1 infection identified in a newly diagnosed person in NYC 2005
- Rapid progression to end-stage disease (AIDS) ≤20 months

CDC. (28/7/06) MMWR 55(29):793

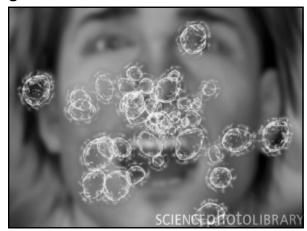


Healthcare-associated Infections

- Affect 5-10% of hospital inpatients
- Many are serious and potentially fatal
- Some are drug-resistant
- All are expensive and distressing
- Many are preventable



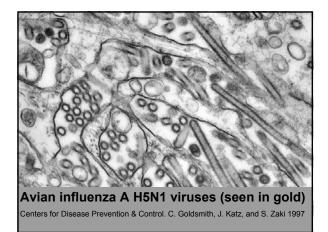




Severe Acute Respiratory Syndrome SARS

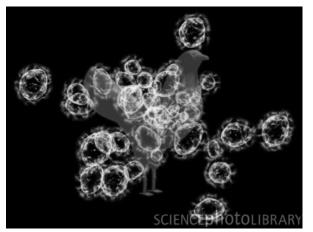
- Caused by the SARS-associated coronavirus (SARS-CoV)
- Transmitted by respiratory droplets and close personal contact
- Asian Outbreak in 2003 spread globally
- 8000 affected (10% mortality)
- No further cases since 2004



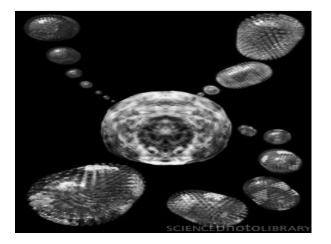


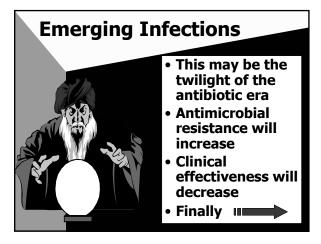
Avian Influenza Virus Current bird flu caused by Influenza A virus subtype H5N1 began in 2003 247 people have been infected with H5N1 – 144 have died No solid evidence of transmission

among people, but...
Could occur if H5N1 mixes with influenza A human subtypes



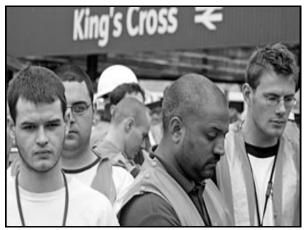








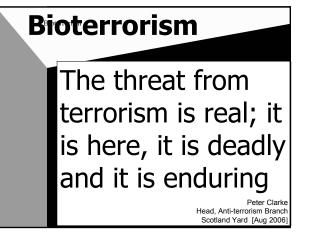








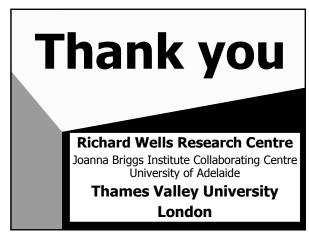




Joshua Lederberg

The microbe that felled one child in a distant continent yesterday can reach yours today and seed a global pandemic tomorrow.

JAMA 1998;260:684



| February 8 | Influenza – Of Poultry, Pets and People |
|---|--|
| | with Dr. Corrie Brown, University of Georgia |
| February 15 | Fresh Produce and Human Pathogenicity |
| | with Prof. Keith Warriner, Guelph University |
| February 21 | Infection Control in the Endoscopy Clinic |
| - | with Dr. Richard Everts, Nelson Marlborough Health Service |
| February 22 | Best Practice for Hospital Construction Management |
| | with Andrew Streifel, University of Minnesota |
| March 6 | Tuberculosis in the Modern Age |
| | with Evonne Curran, Health Protection Scotland |
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