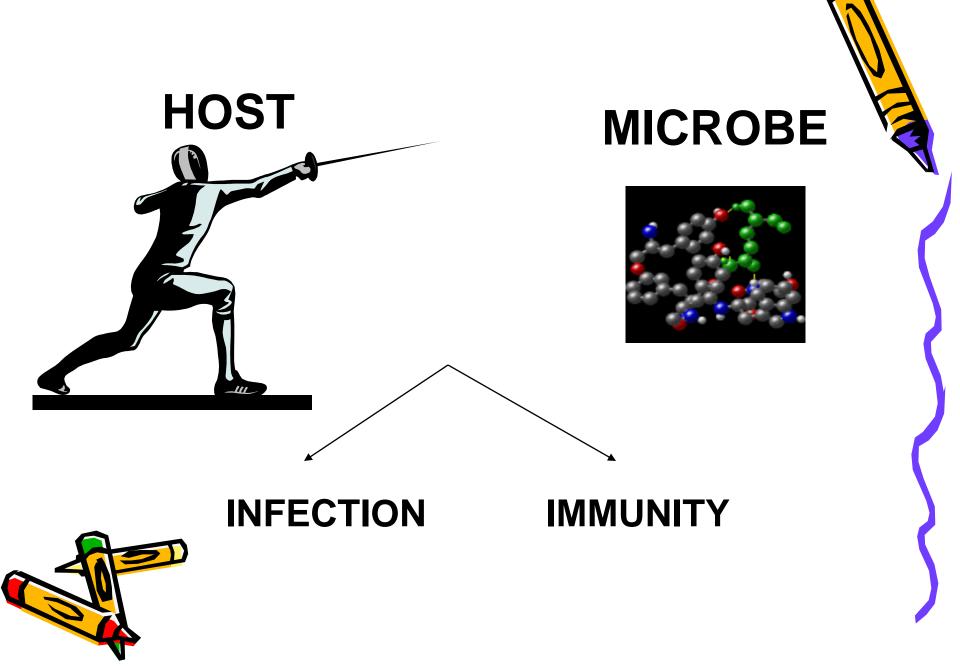
INFECTION

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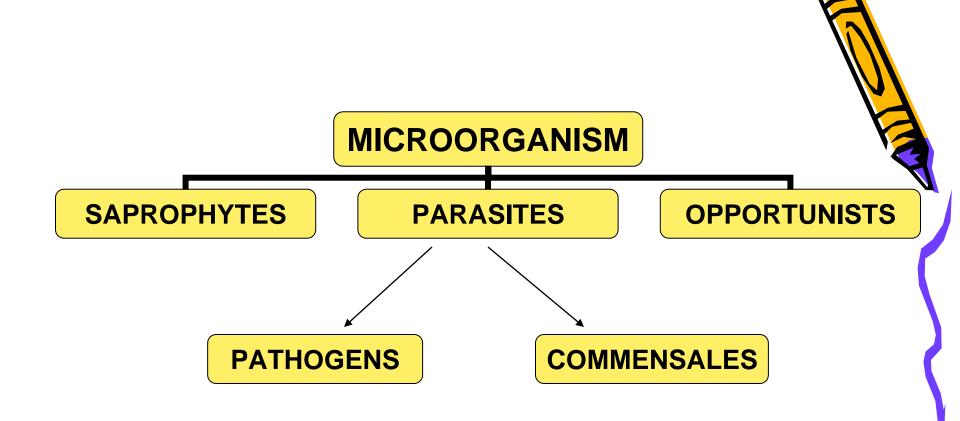
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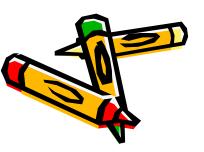


Relationship between microorganism & their host, microorganisms are classified as -

- Saprophytes free living microbes that subsist on dead or decaying organic matter.
- Parasites microbes that can establish themselves and multiply in the hosts.

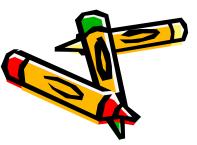






Infection - Lodgment & Multiplication of parasite in or on the tissues of a host

Infectious disease - consequence of infection



Infection

- Primary infection <u>Initial</u> infection with a parasite (microbe) in a host
- Reinfection <u>Subsequent</u> infection with the same parasite (microbe) in the host
- Secondary infection New infection in a host whose resistance is lowered by a preexisting infectious disease
- Focal infection-cond. where due to infection or sepsis at localized site generalized effects are produced

- Cross infection- when in a pt. already suffering from a disease a new infection is set up from another host or another external source
- Nosocomial infection cross infection occurring in hospitals
- Iatrogenic infection physician induced infections resulting from investigative, therapeutic or other procedures

- Endogenous infection source of infection is pt.'s own body
- Exogenous infection- infection from external sources
- Inapparent or sub clinical infectionwhere the clinical effects are not apparent



 Atypical infection- the typical or characteristic clinical manifestations particular disease are not apparent

 Latent infection- some parasites, following infection, may remain in a latent or hidden form, proliferating & producing clinical disease when host resistance is lowered

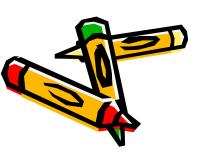


Sources of Infection

1.HUMANS

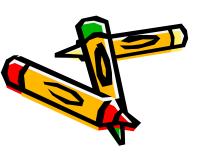
Patient – principle living reservoir of human disease

Carrier – person who harbor the pathogens and transmit them to others without exhibiting any sign of illness



Healthy – harbors the pathogen but never suffer from disease

Convalescent - recovered from the disease & continues to harbor the pathogen



Temporary - carrier state < 6 months

Chronic - carrier state for several years

Contact - person who acquires the pathogen from a patient

Paradoxical - carrier who acquires the pathogen from another carrier



2. ANIMALS

- Reservoir host
- Zoonoses : infectious diseases transmitted from animals to human beings
- Zoonotic diseases plague, toxoplasmosis, hydatid disease



3. INSECTS Vectors - insects who transmit infections Mechanical vector - domestic fly Biological vector - Anopheles mosquito in malaria Aedes aegypti mosquito in yellow fever

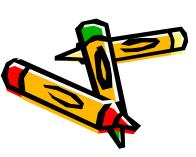
Arthropod-borne diseases – Yellow fever Malaria, Dengue



4. Soil & Water

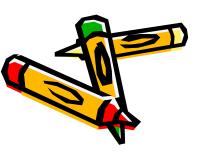
Soil - Spores of tetanus, Histoplasma capsulatum, Round worm, hook worm Water - contamination with pathogenic bacteria (cholera vibrio, hepatitis virus A,E)

> - ingestion of aquatic vectors (Cyclops in guinea worm)



5. Food

Food poisoning- external contamination (staphylococcal) - preexisting infection (salmonellosis)



Methods of transmission of infection

Contact

Direct - person to person transmission by physical contact between its source & susceptible host

- no intermediate object is involved
- spread by touching, kissing, sexual intercourse

examples-common cold, influenza, measles, STD (syphilis, gonorrhoea, AIDS) CHAPTER 14 Principles of Disease and Epidemiology 417

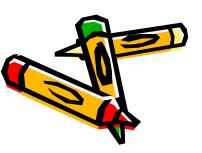




(b) FIGURE 14.6 Means of disease transmission. (a) Contact,



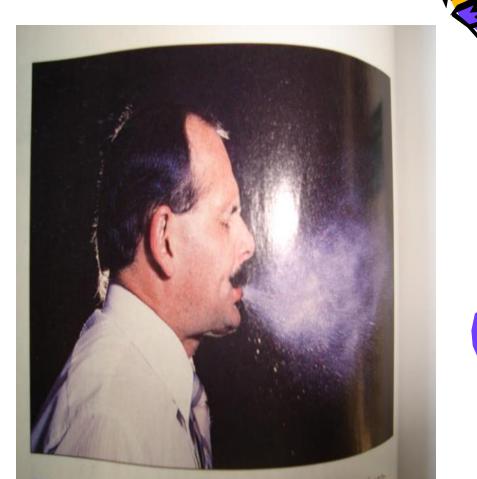
- Indirect through the agency of fomite (inanimate objects, nonliving objects) such as cloths, handkerchiefs, towels, beddings, thermometers, pencils, toys etc.
 - examples diphtheria, trachoma



Inhalation

Respiratory infections

- Tuberculosis
 - Influenza
- **Coughing Droplets**







- Ingestion
 Gastrointestinal infections
 - water borne (cholera)
 - food borne (food poisoning)
 - hand borne(dysentery)



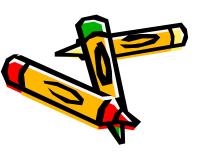


- Inoculation
 - -Tetanus spores implanted in deep wounds
 - Rabies virus deposited s.c. by dog bite
 - Arboviruses injected by insect vectors
 Iatrogenic infections



Congenital Vertical transmission -congenital syphilis -toxoplasmosis -rubella virus inf.

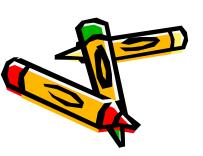
Teratogenic infections

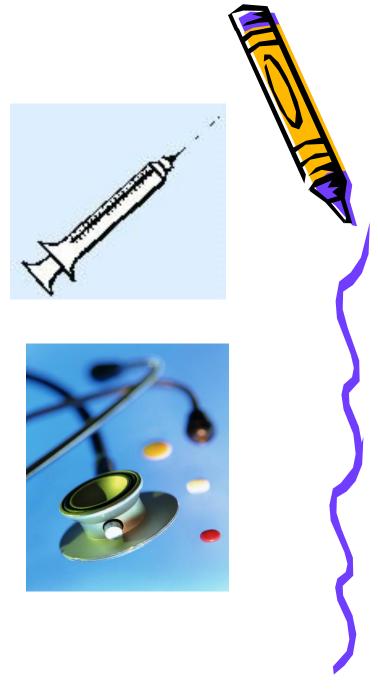




Iatrogenic & laboratory infections

-Investigative & therapeutic procedures





Factors predisposing to Micropial Pathogenicity

- Pathogenicity ability of a microbial species to produce disease
- Virulence ability of a microbial strain to produce disease

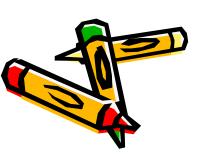
 virulence of a strain is not constant & may undergo spontaneous or induced variation

- Exaltation - enhancement of virulence

Attenuation - reduction of virulence

Virulence determinants

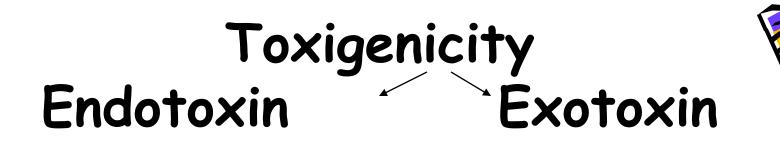
- Adhesion
 - Adhesin (fimbriae, fibrillae, pili, colonization factors)
 - Antigenic
 - Host specificity
 - Loss of adhesins renders the strain avirulent

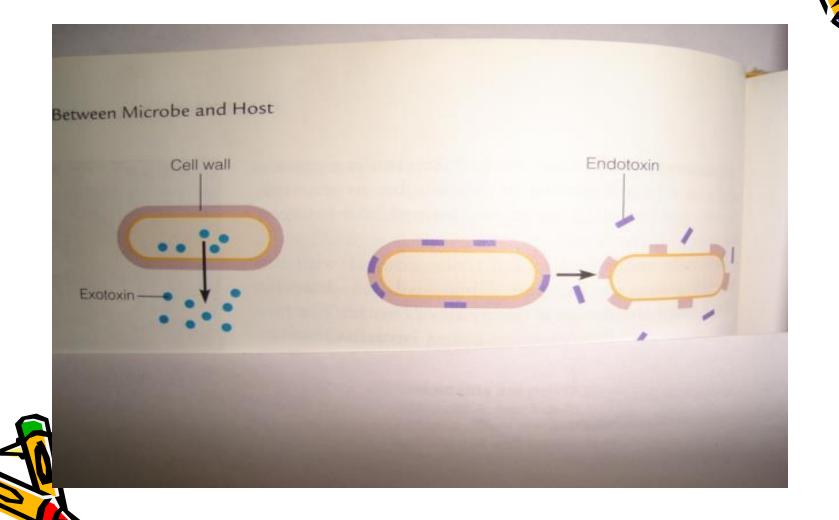


Invasiveness

- Ability of a pathogen to spread in the host after establishing infection
- Highly invasive pathogens produce spreading or generalised lesions – streptococcal septicemia following wound infection
- Less invasive pathogens cause more localised lesions – staphylococcal abscess







- Exotoxin
 - heat labile protein
 - secreted & diffused in surrounding medium
 - produced by GP bacteria
 - also produced by some GN bacteria
 such as Sh.dysenteriae, V. cholerae,
 ETEC



- Highly potent in minute amounts
- Can be toxoided
 Toxoid nontoxic but retain the ability to induce antibodies (antitoxin)
- Have specific tissue affinities & pharmacological activities



Endotoxin

- Heat stable LPS which form integral part of the cell wall of GN bacteria
- Toxicity depends on Lipid A
- Not secreted, but released only by the disintegration of the cell wall
- Can not be toxoided
- poor antigens
- Active only in relatively large doses

- Their toxicity is not completely neutralised by the homologous antibodies
- Do not exhibit specific pharmacological activities
- All endotoxins, whether isolated from pathogenic or nonpathogenic bacteria, produce similar effects
- · Pyrogenic
- Endotoxic shock



Plasmids

- Extra chromosomal DNA
- Carry genes coding for some virulence like colonisation factor, enterotoxin production, drug resistance
- Bacteriophages - phage directed virulence in diphtheria bacilli

Communicability

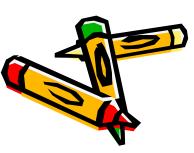
 Ability of parasite to spread from one host to another

 Does not influence the production of disease in an individual host but determines the survival and distribution of a parasite in a community



 A correlation need not exist between virulence & communicability

 Development of epidemic & pandemic requires the strain of a pathogen to possess high degrees of virulence & communicability



Other bacterial products

- Enzyme
 - Coagulase
 - Hyaluronidase
- Leucocidins
- Hemolysins



Prevent phagocytosis & complement
 mediated lysis

Infecting dose

- Minimum infecting dose minimum number of bacteria required to produce clinical evidence of infection, in a susceptible animal under standard cond.
- Minimum lethal dose minimum number of bacteria required to produce death in a susceptible animal under standard cond.

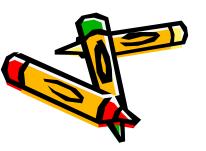


Types infectious diseases

1. Localised - Superficial

- Deep

- 2. Generalised
- spread from site of entry contiguity
 - lymphatic
 - blood stream



- Bacteremia circulation of bacteria in blood
- Septicemia bacteria circulate & multiply in the blood, form toxic products and cause high, swinging type of fever
- Pyemia pyogenic bacteria produce septicemia with multiple abscesses in the internal organs such as spleen, liver,



- Endemic diseases constantly present
 in a particular area
- Epidemic disease spreads rapidly, involving many persons at the same time.
- Pandemic epidemic that spreads through many areas of the world involving very large number of people within a short period
- Prosodemic disease (Creeping or smouldering epidemic) - spread by person
 To person contact - evolve slowly

