

# Descriptive Epidemiology

# Descriptive Epidemiology

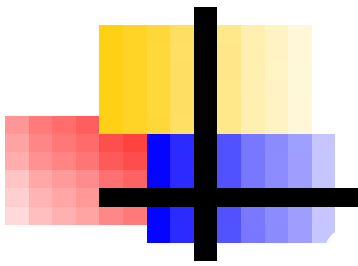
Study of the occurrence and distribution of disease

Terms:

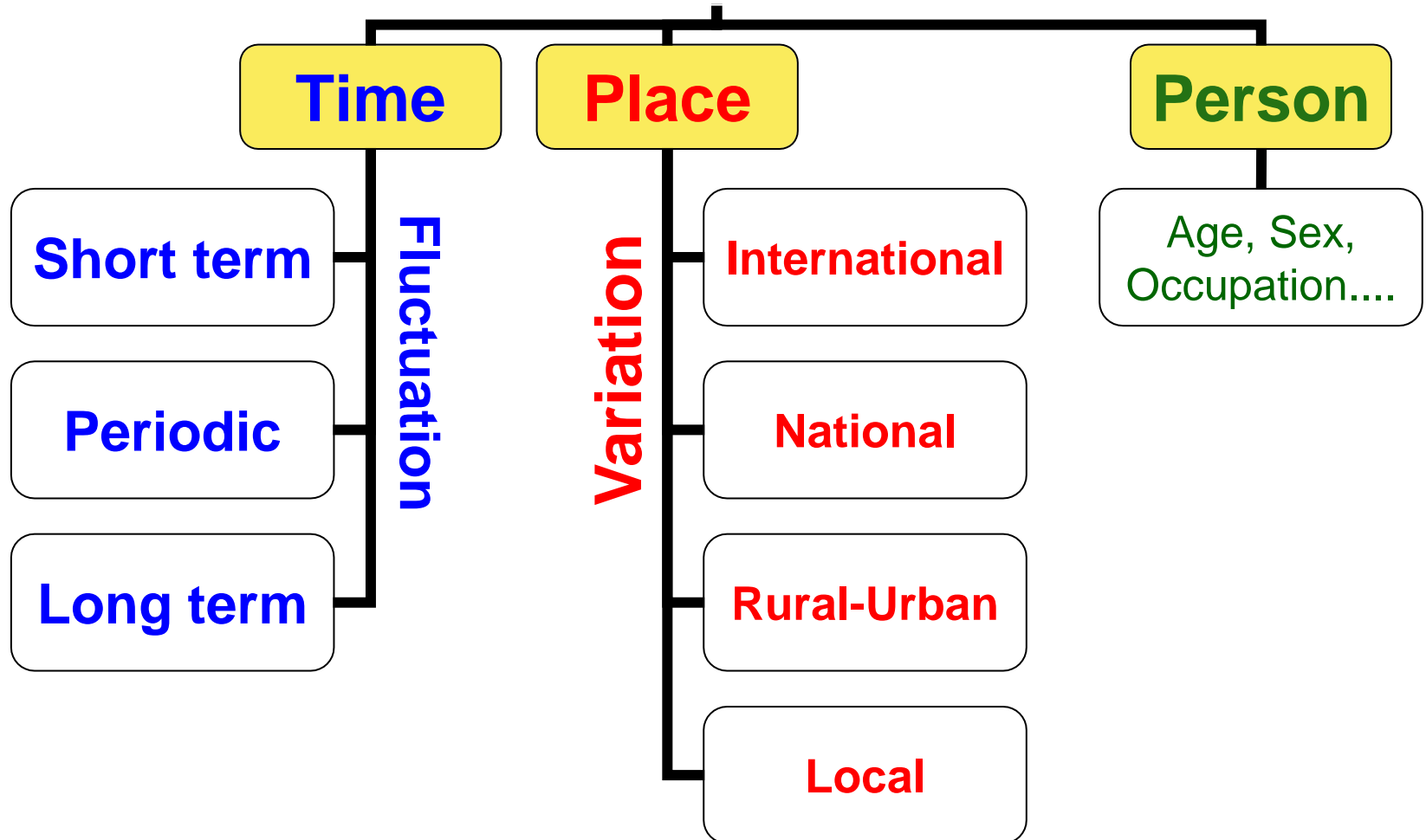
*Time*

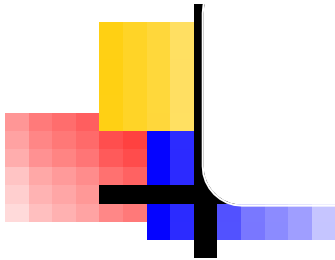
*Place*

*Person*

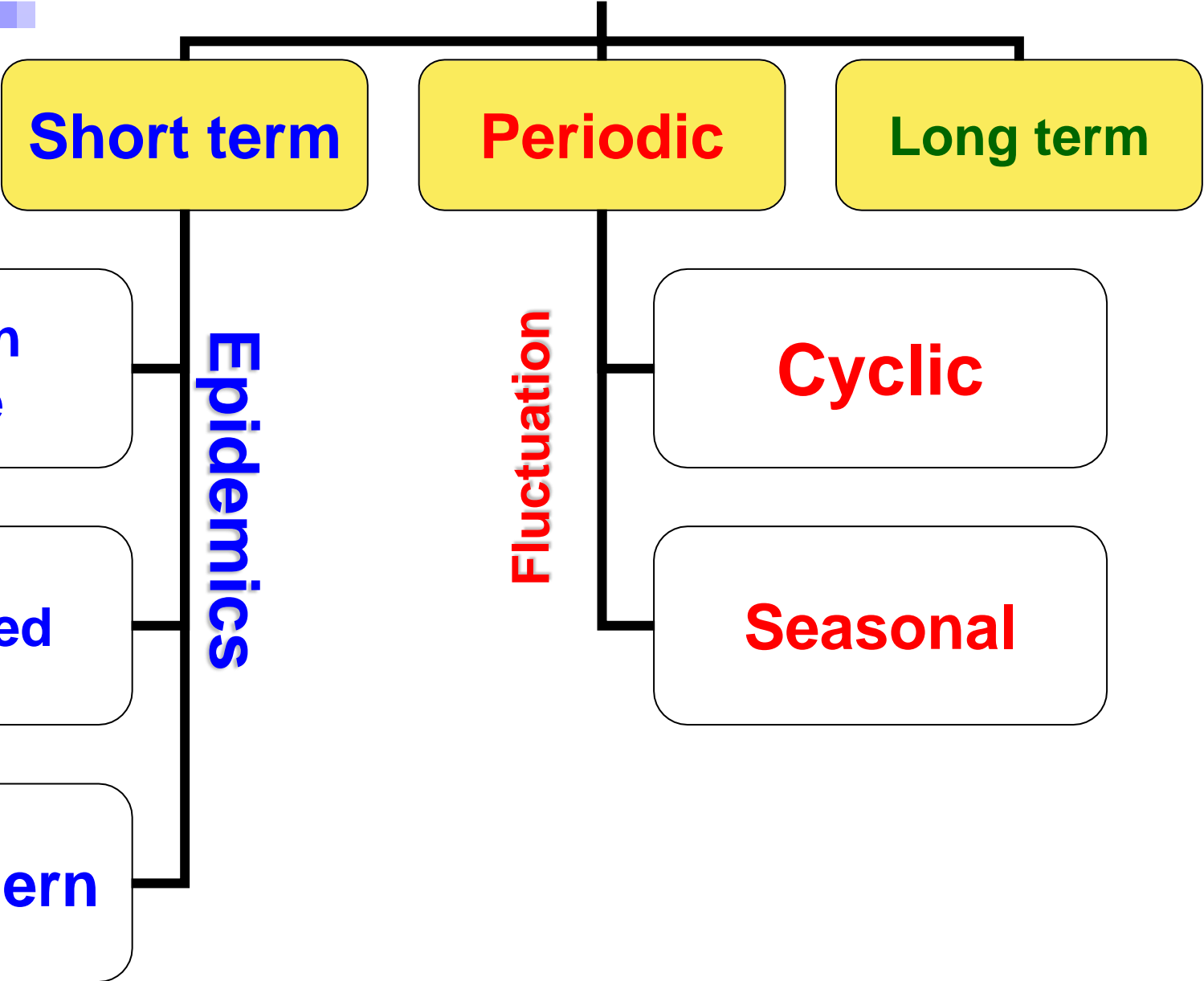


# Descriptive Epidemiology



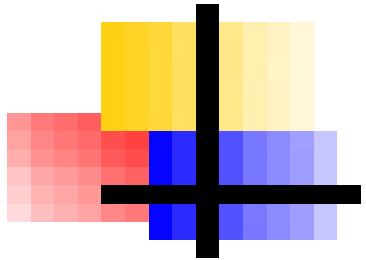


# Time Trends\ Fluctuations



# (Reservoir) Source of infection

- Contaminated well water
- Bhopal Gas tragedy
- Contamination whole batch of food product
- Minamata disease in Japan- acute mercury poisoning
- Contaminated food served in the party
- Food handler suffering from typhoid
- Child suffering from measles
- Mosquito borne disease
- Leptospirosis, Plague.....



# Time Trends\ Fluctuations

**Short term**

**Periodic**

**Long term**

**Common Source**

Single exposure / Point source

**Propagated**

**Slow/ Modern**

**Epidemics**

**Cyclic**

**Seasonal**

**Fluctuation**

Short Term = “Epidemics”

Occurrence, clearly in excess,  
normal expectancy

# Short Term Epidemics/ Epidemics

A) Common source

1- Single Exposure/ Point source

2- Multiple exposure/ Continuous/ Repeated

B) Propagated

Transmission factor- Person – Person

Arthropod vector

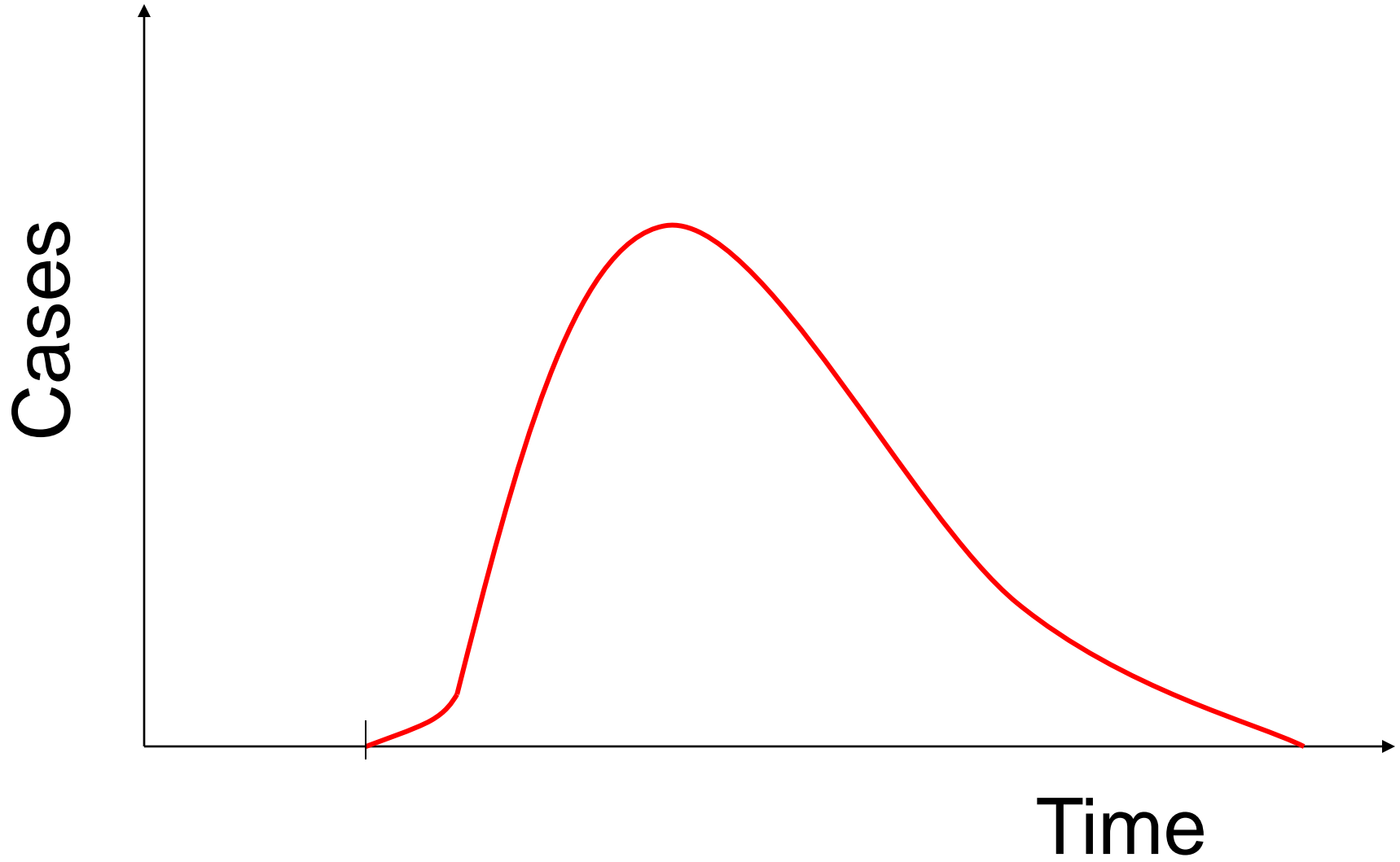
Animal reservoir

C) Slow (Modern)

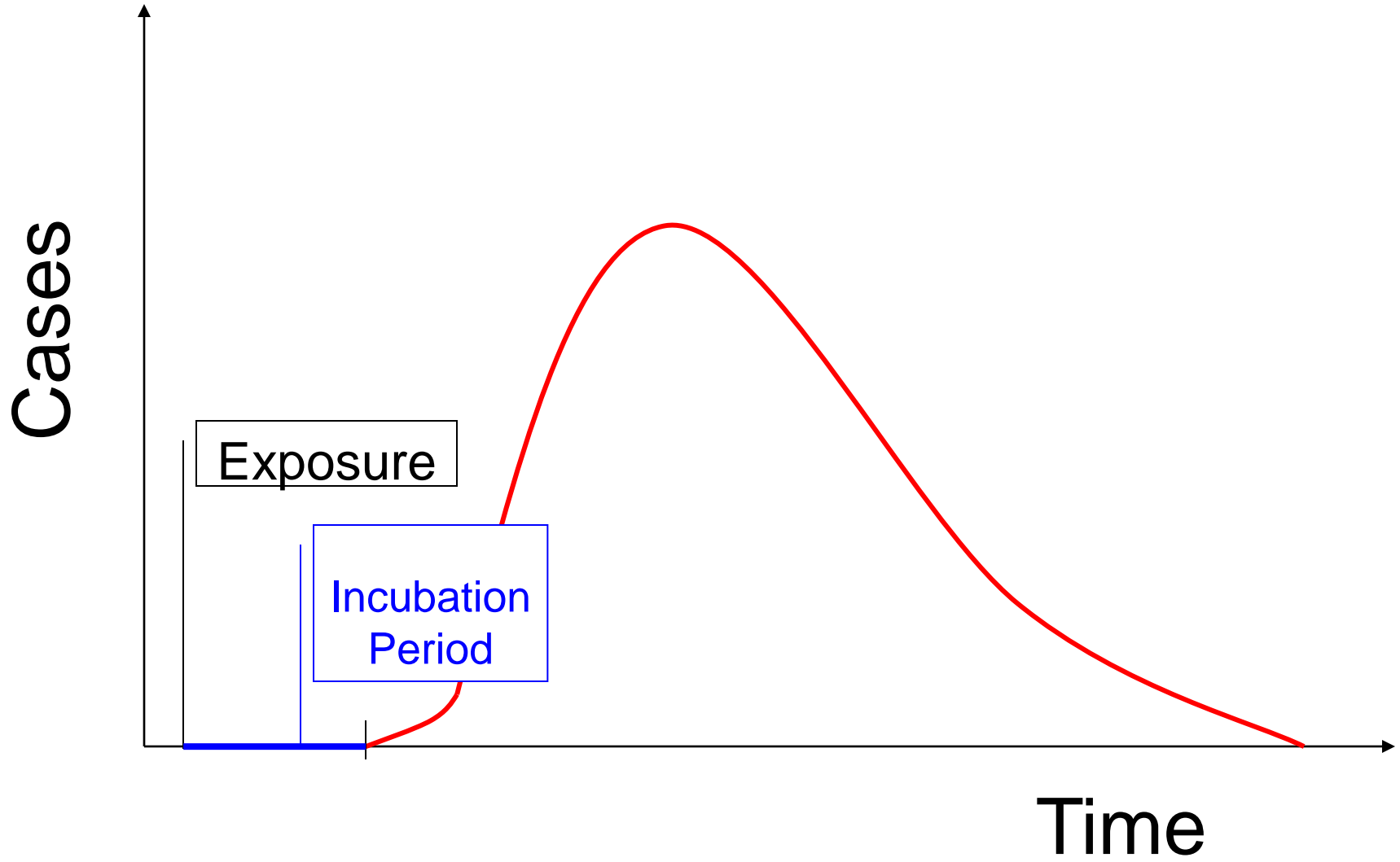


# **Epidemic curve**

# Common Source- Single Exposure

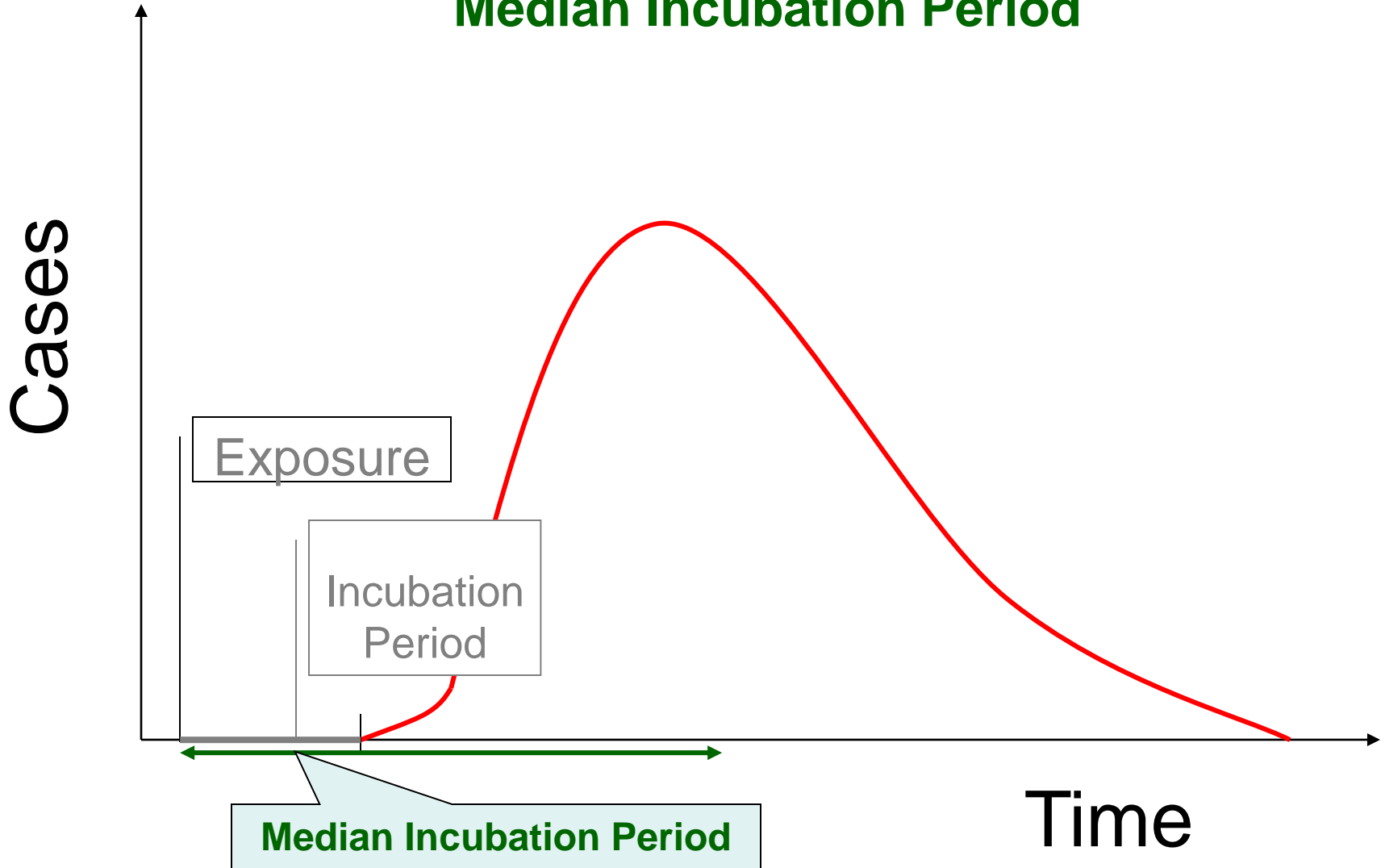


# Common Source- Single Exposure



# Common Source- Single Exposure

Median Incubation Period



# Common Source- Single exposure (Point source)

- Brief essentially simultaneous exposure
  - All cases within one incubation period
  - Rises & fall rapidly
  - No secondary waves
  - Explosive with clustering of the cases
  - Downward slop- less steep- positively skewed-  
due to latency/ incubation
- e.g.- Food poisoning, Bhopal Gas tragedy  
“Minamata” disease in Japan.

- If epidemic continuous over *more than one incubation period*-

a) Multiple exposure/ Continuous/  
Repeated

or

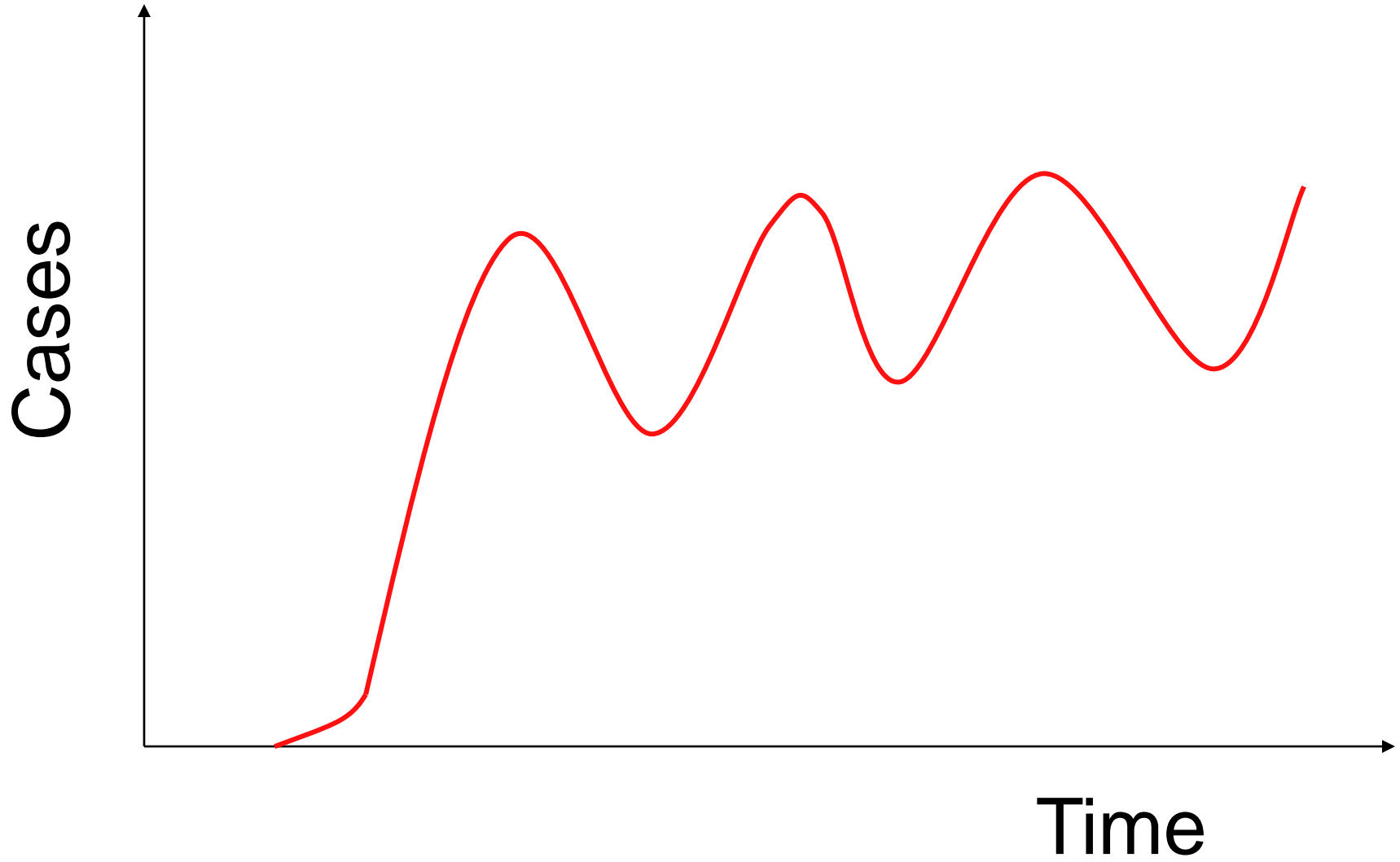
b) Propagated

# Common Source

## Continuous/ repeated exposure

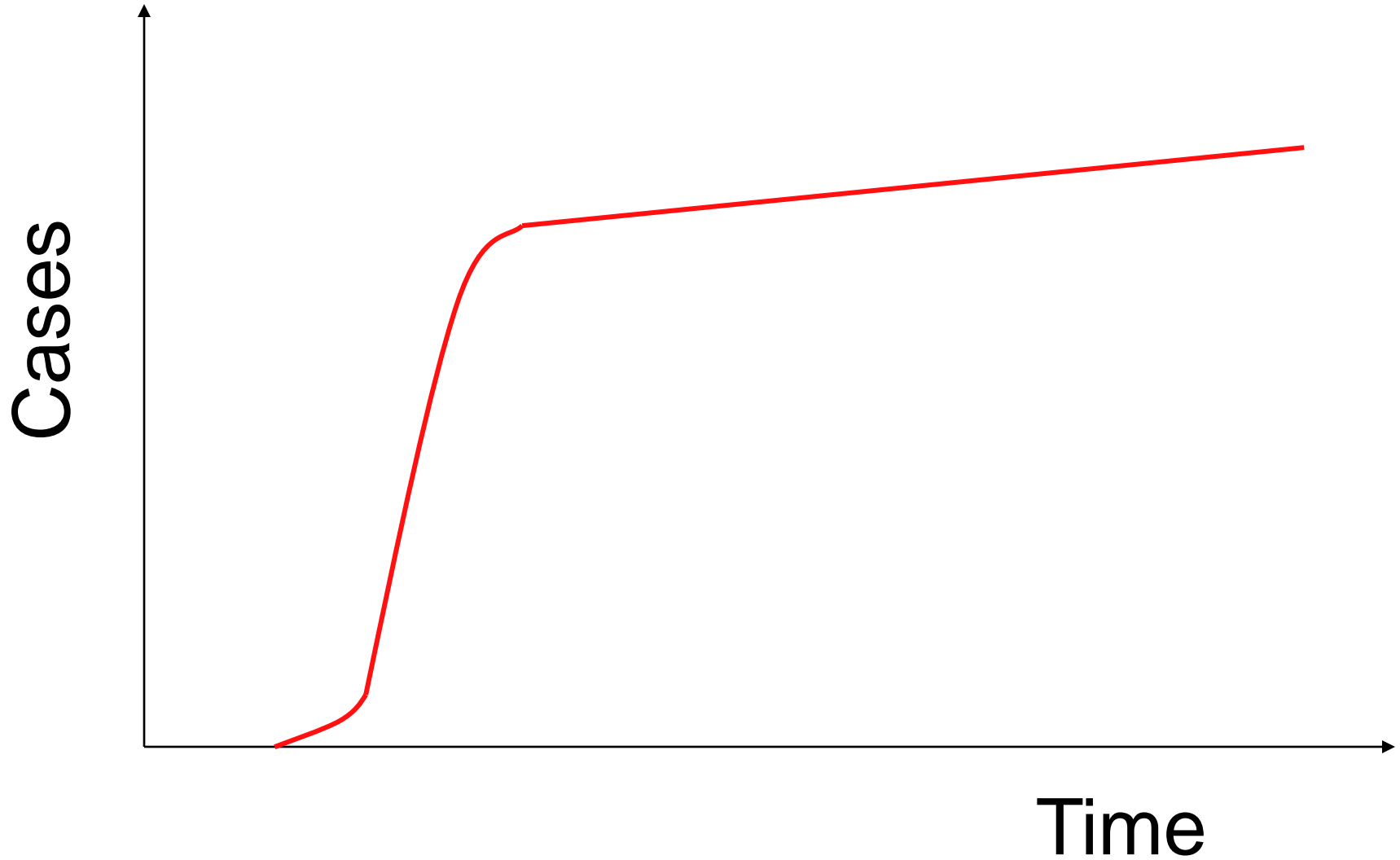
- Exposure is prolonged
    - Continuous, repeated or intermittent
  - Continue beyond the incubation period
  - Not necessarily at same place & time
  - Epidemic- extended & irregular
  - No evidence of secondary cases
- e.g.- Bad batch drug,  
Contaminated well water- hepatitis A

**Common Source- Multiple (Repeated) exposure**





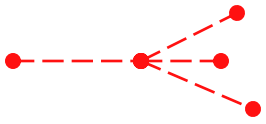
# Common Source- Continuous exposure

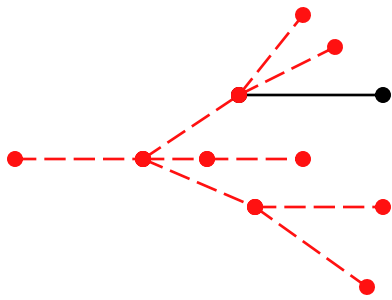


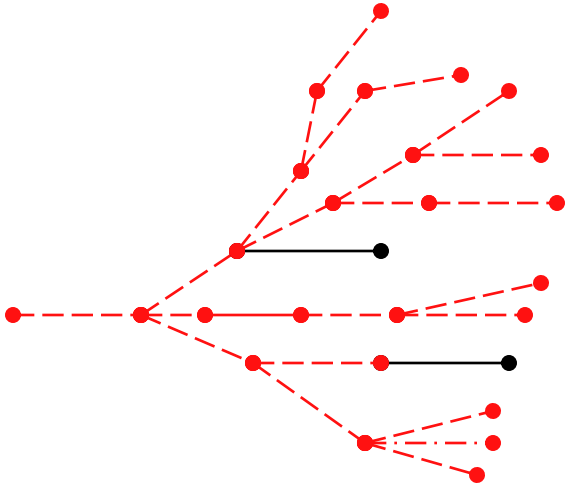
# Propagated Epidemic

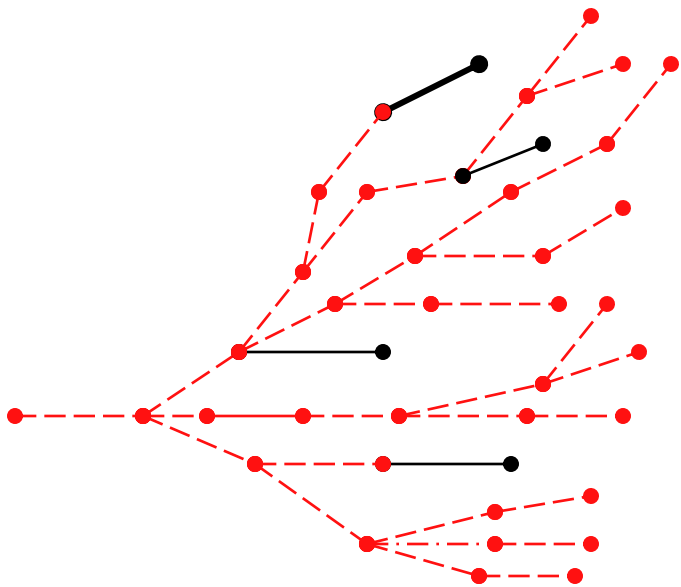
- Infectious origin----Respiratory Infections
- Transmission present
- Gradual rise of cases as disease progress by transmission
- Tails off gradually
  - Susceptibles depleted or no longer exposed
- Speeds depends on immune status & disease factors
- Prone where large no. of susceptibles are aggregated or new susceptibles are regularly supplied







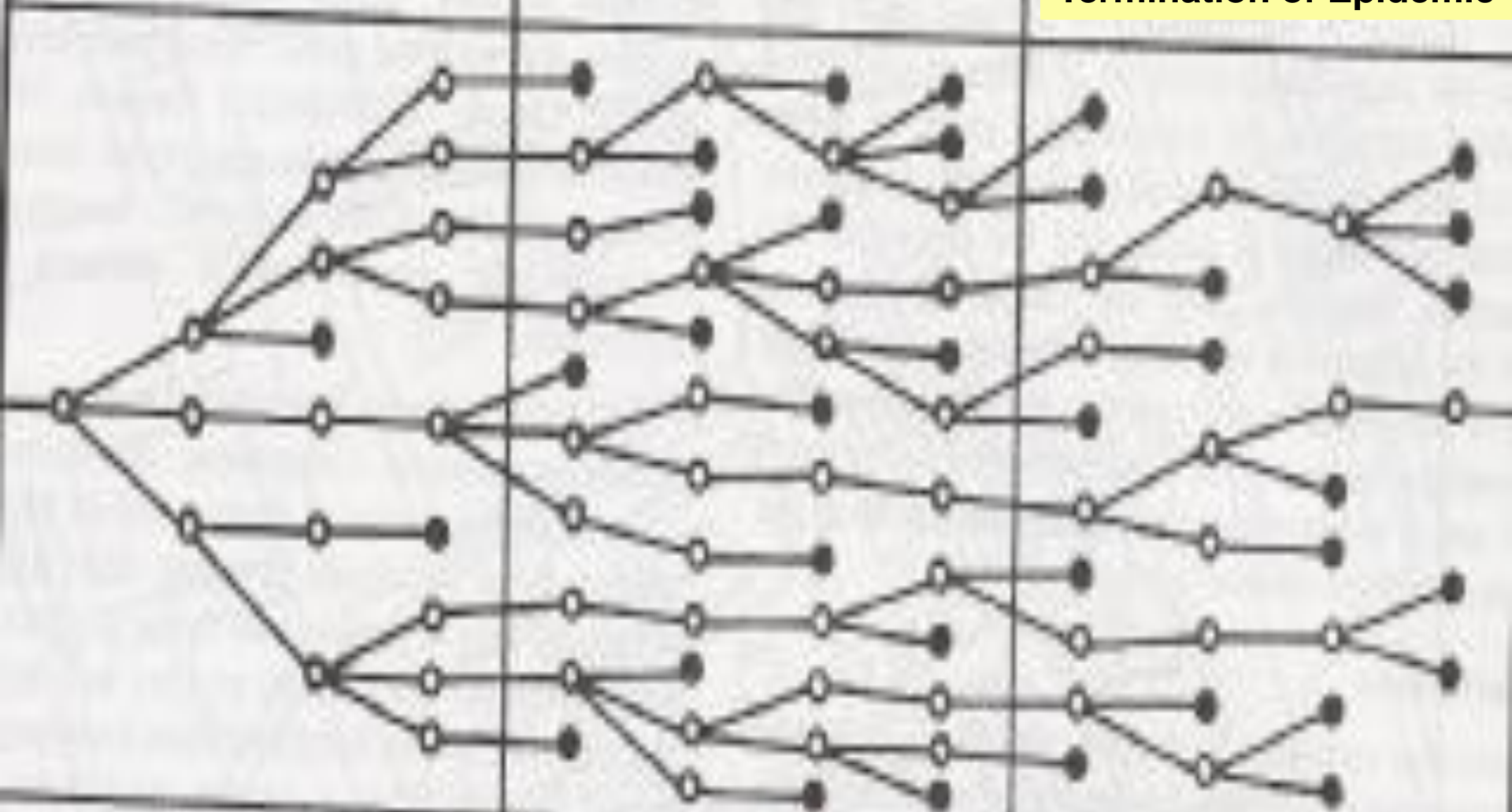




Initial Period of Epidemic

Height of Epidemic

Termination of Epidemic

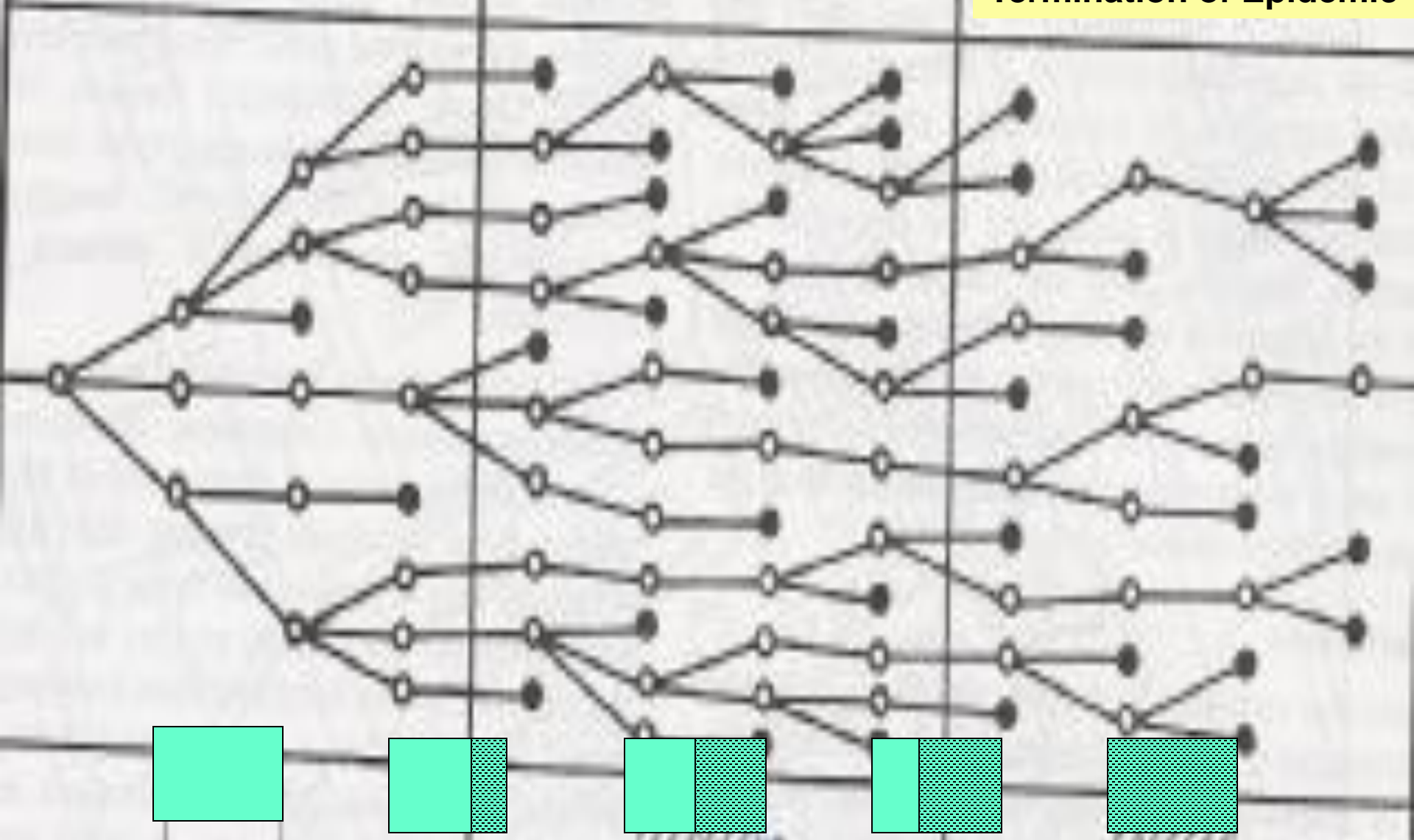




**Initial Period of Epidemic**

**Height of Epidemic**

**Termination of Epidemic**



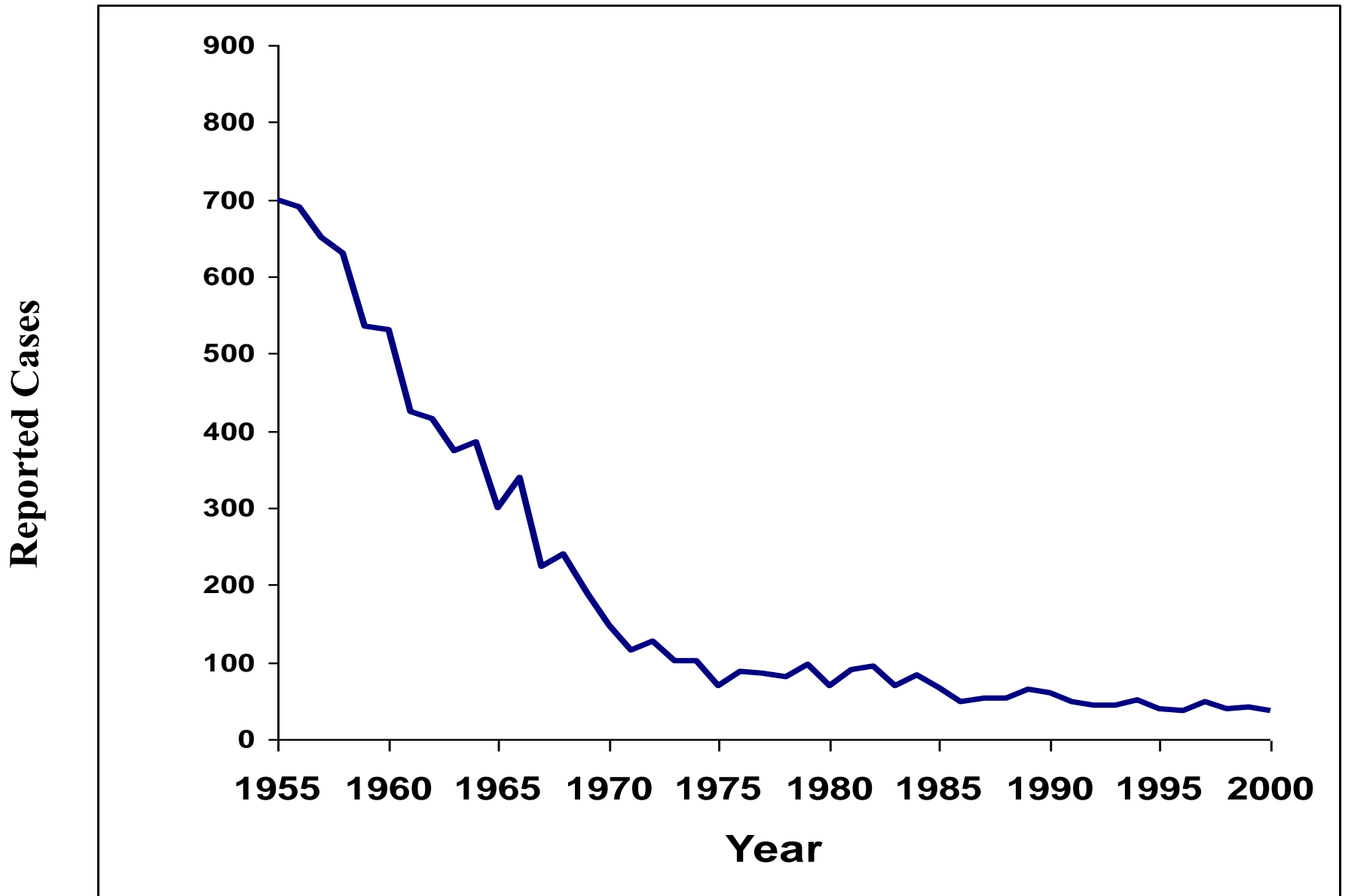
 -Susceptible Population

 -Immune population

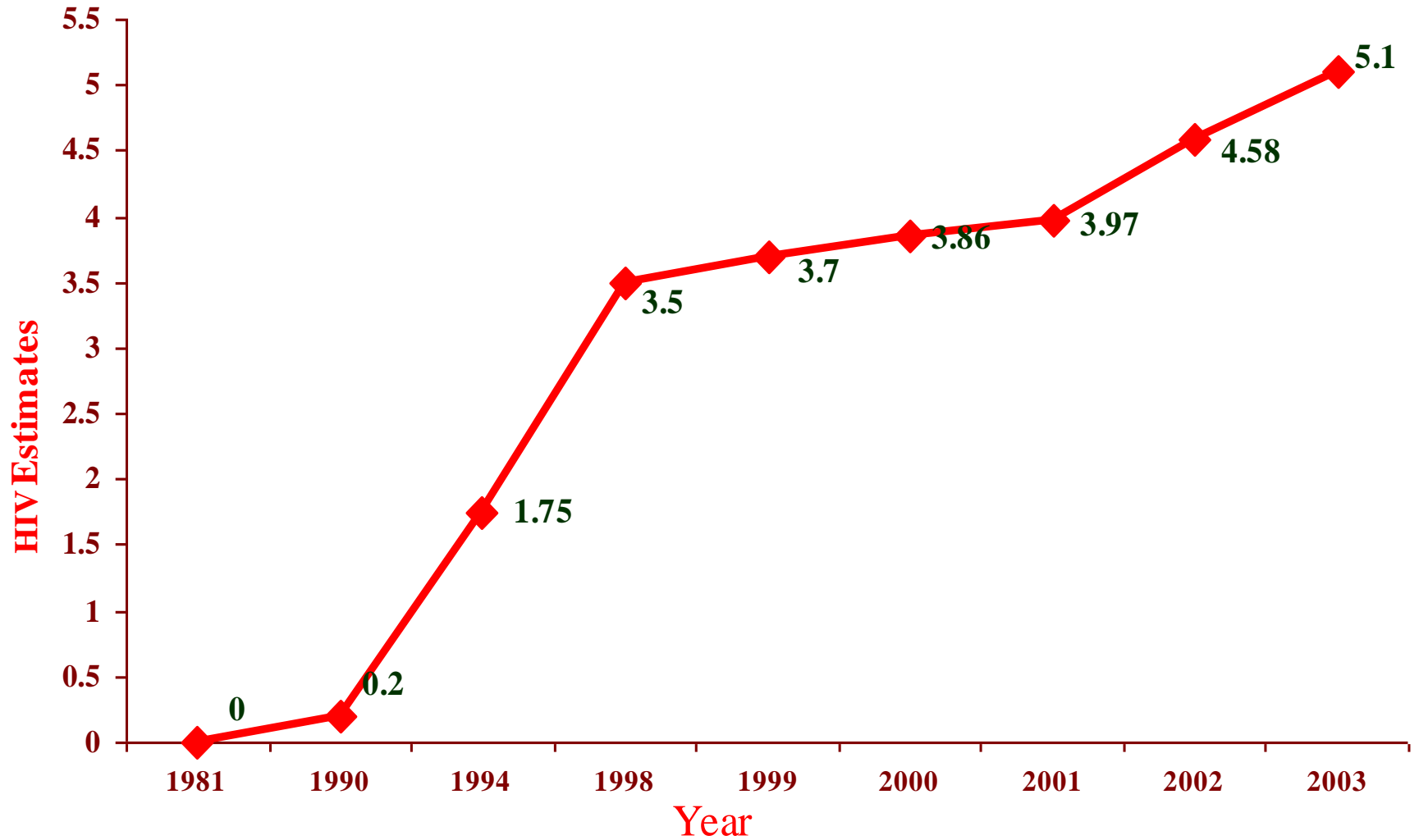
# Secular Trend

The long-time trend of  
disease occurrence

# Tetanus – by year, United States



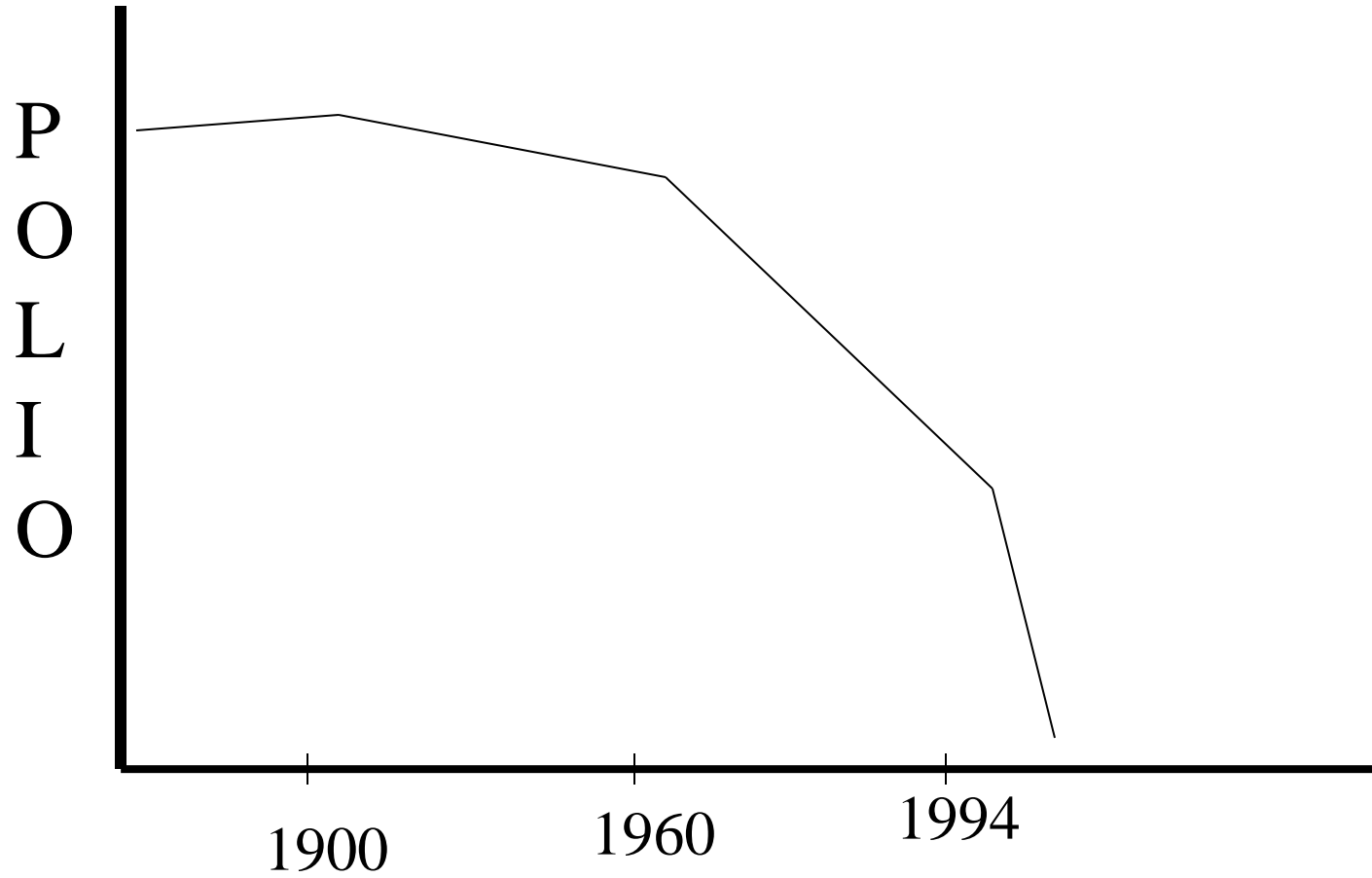
# Yearly Trend of Estimates of HIV Infections in India in Millions



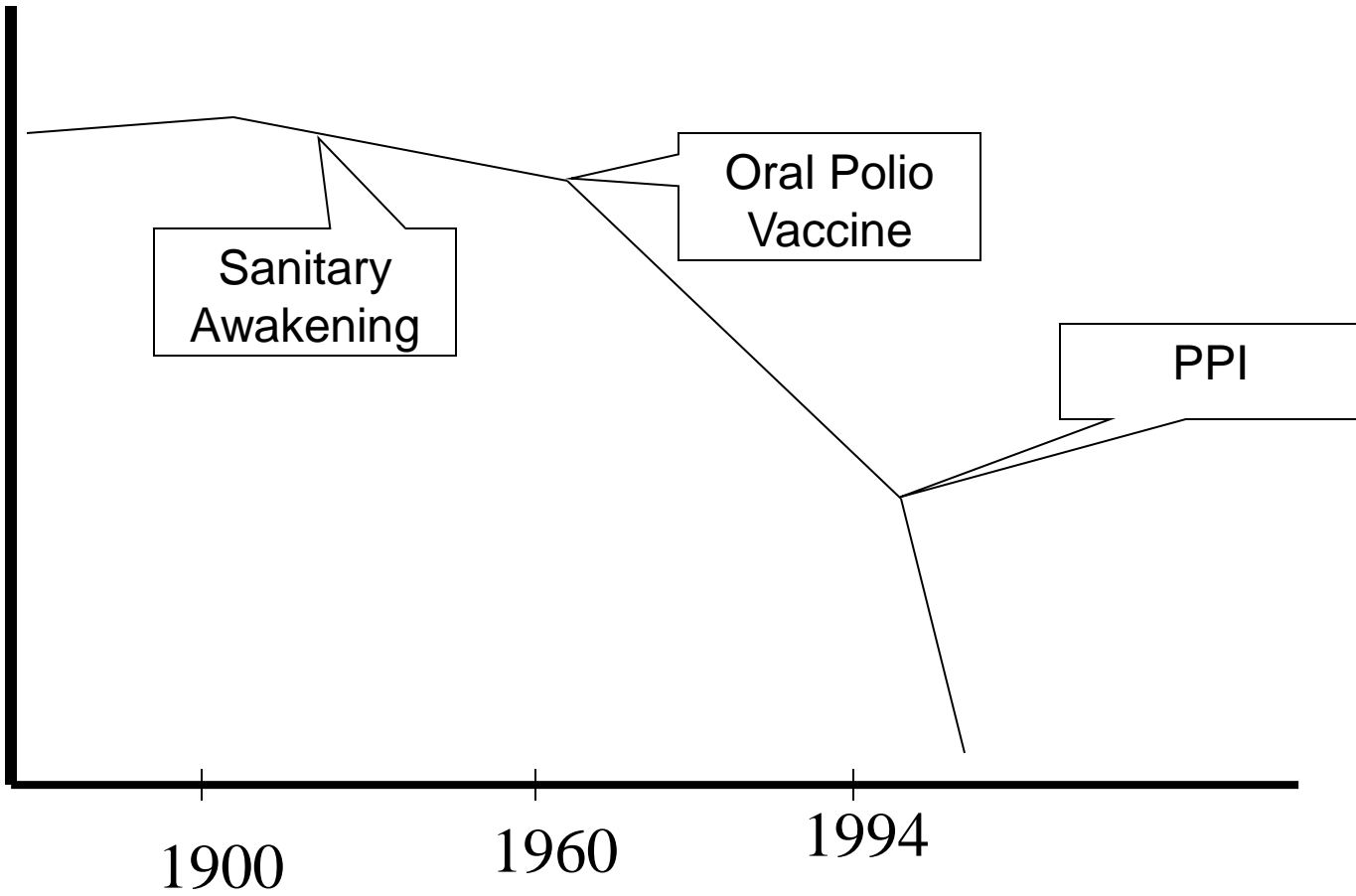
# Long Term (Secular changes)

- Change in disease pattern over a long period of time (years/ decades)
- Show consistent tendency to change in a particular direction
- Not necessarily repetitive e.g.- CHD
- Related to environment/ behavior/ socio-cultural factors etc.

# Secular Trend



P  
O  
L  
I  
O

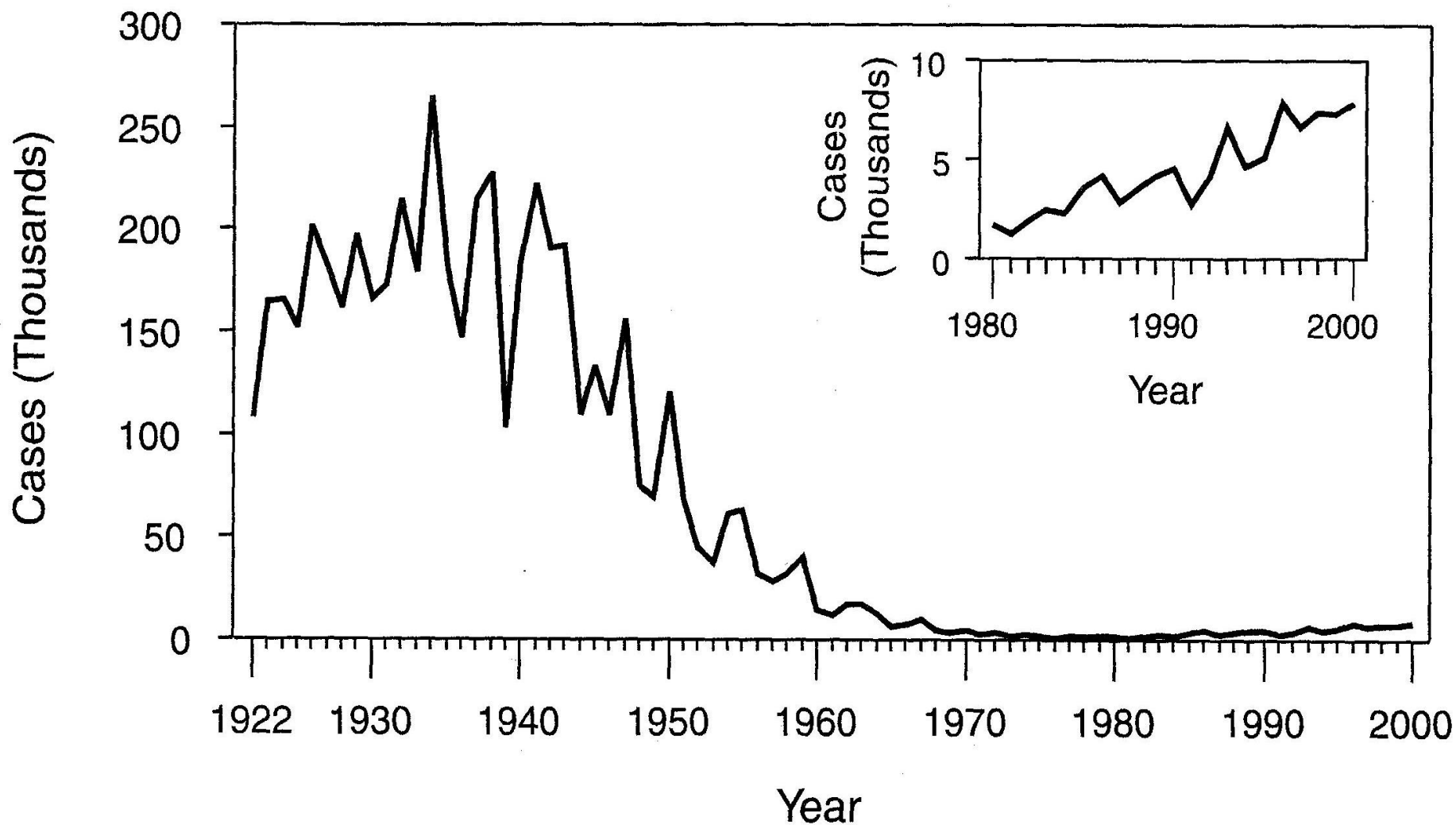


# Periodic Trend

Temporal interruption of the  
general trend of secular variation



# Number of reported pertussis cases, by year, United States, 1922-2000



# Periodic Fluctuations

## Seasonal Trend

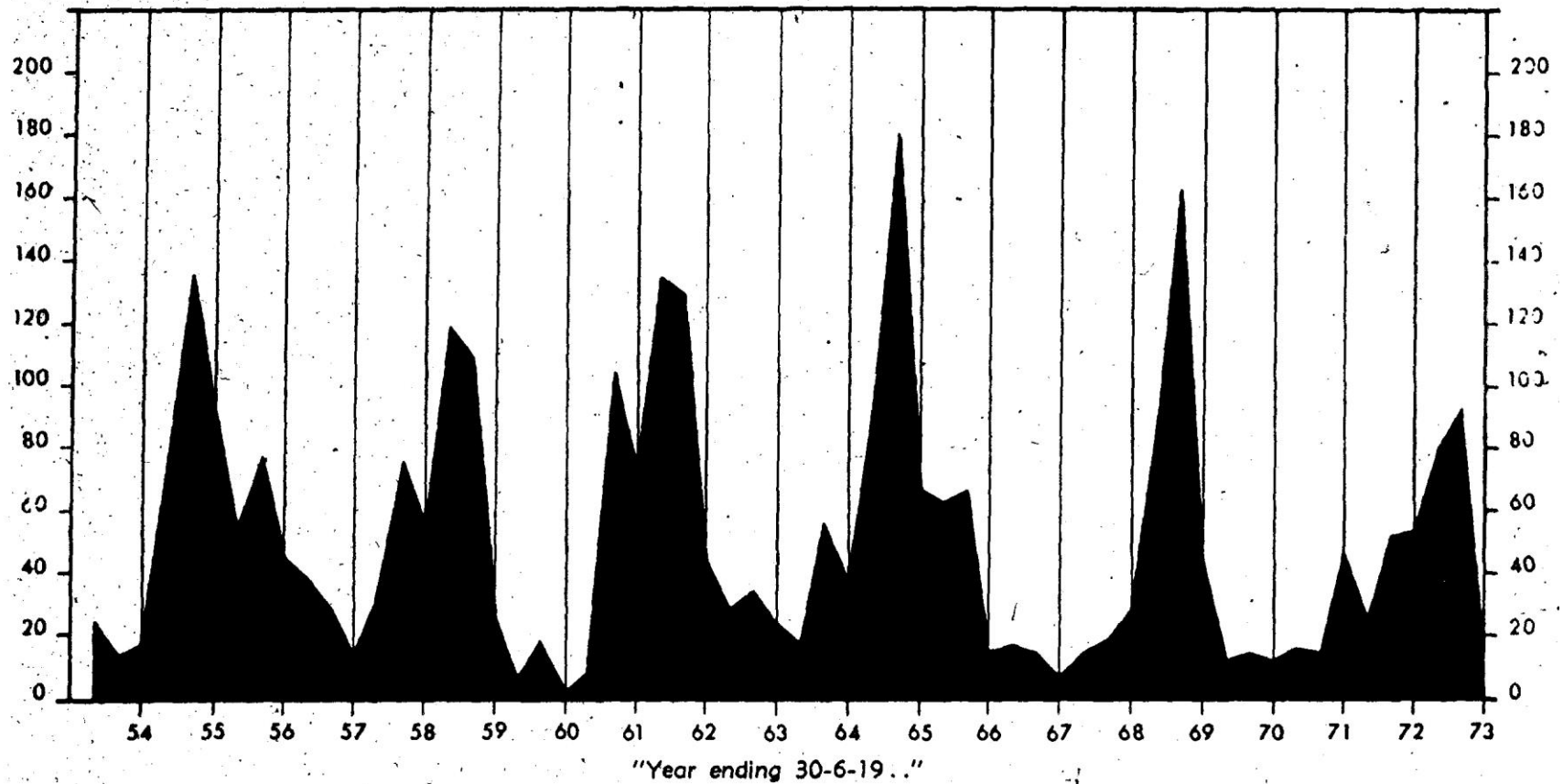
- Respiratory Infection- Winter
- G.I. Infections – Summer & Monsoon
- Heat Stroke- Summer
- Directly or in Directly related to environment
  - Rain fall
  - Overcrowding
  - Vector/ Agent factors

# Periodic Fluctuations

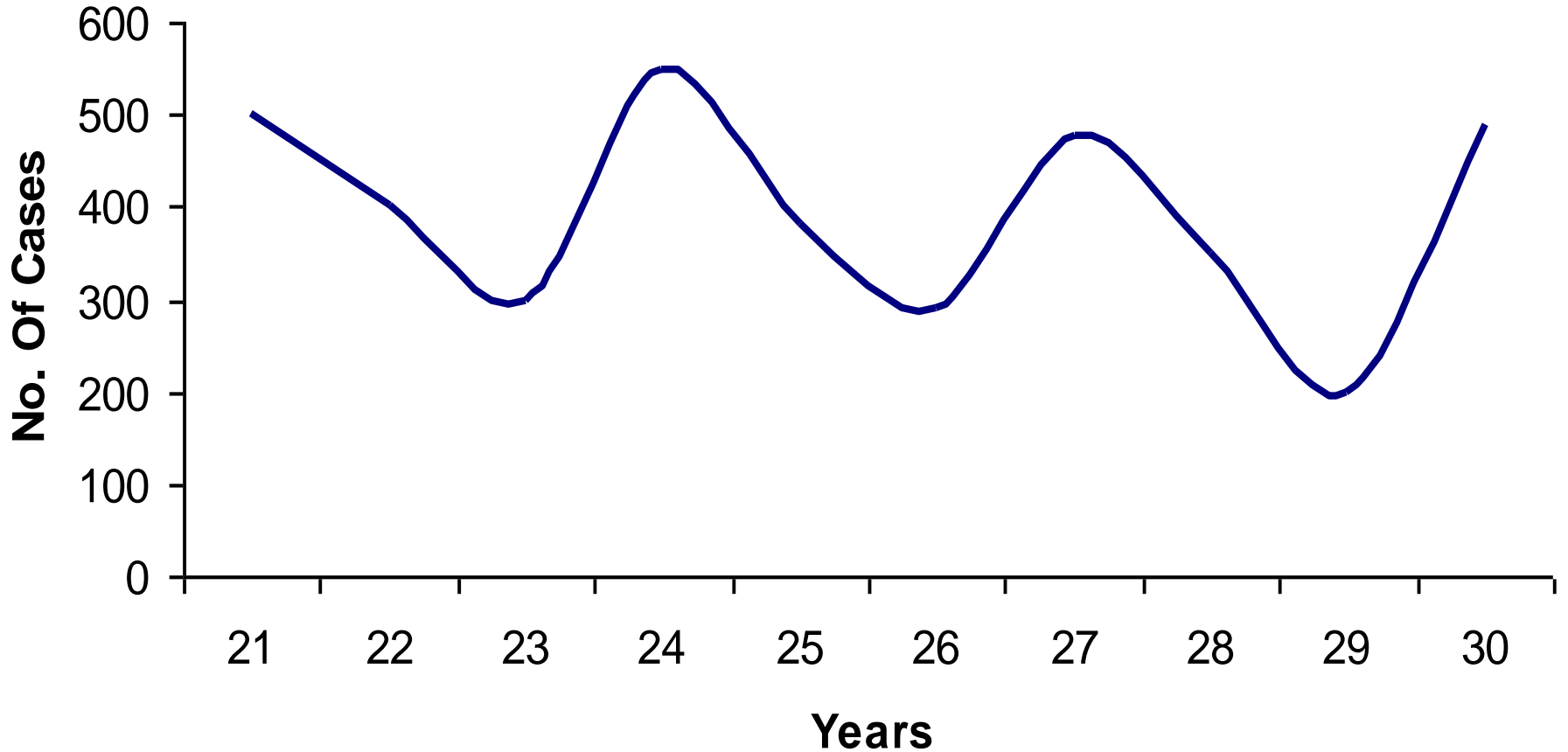
## Cyclic Trend

- Appx. < 10 years
- Time required for building up the herd of susceptibles
  - e.g.- Measles epidemic every 3 years in pre-vaccination era (Naturally occurring variation in herd immunity)

# Whooping Cough - Four-monthly admissions, 1954-1973

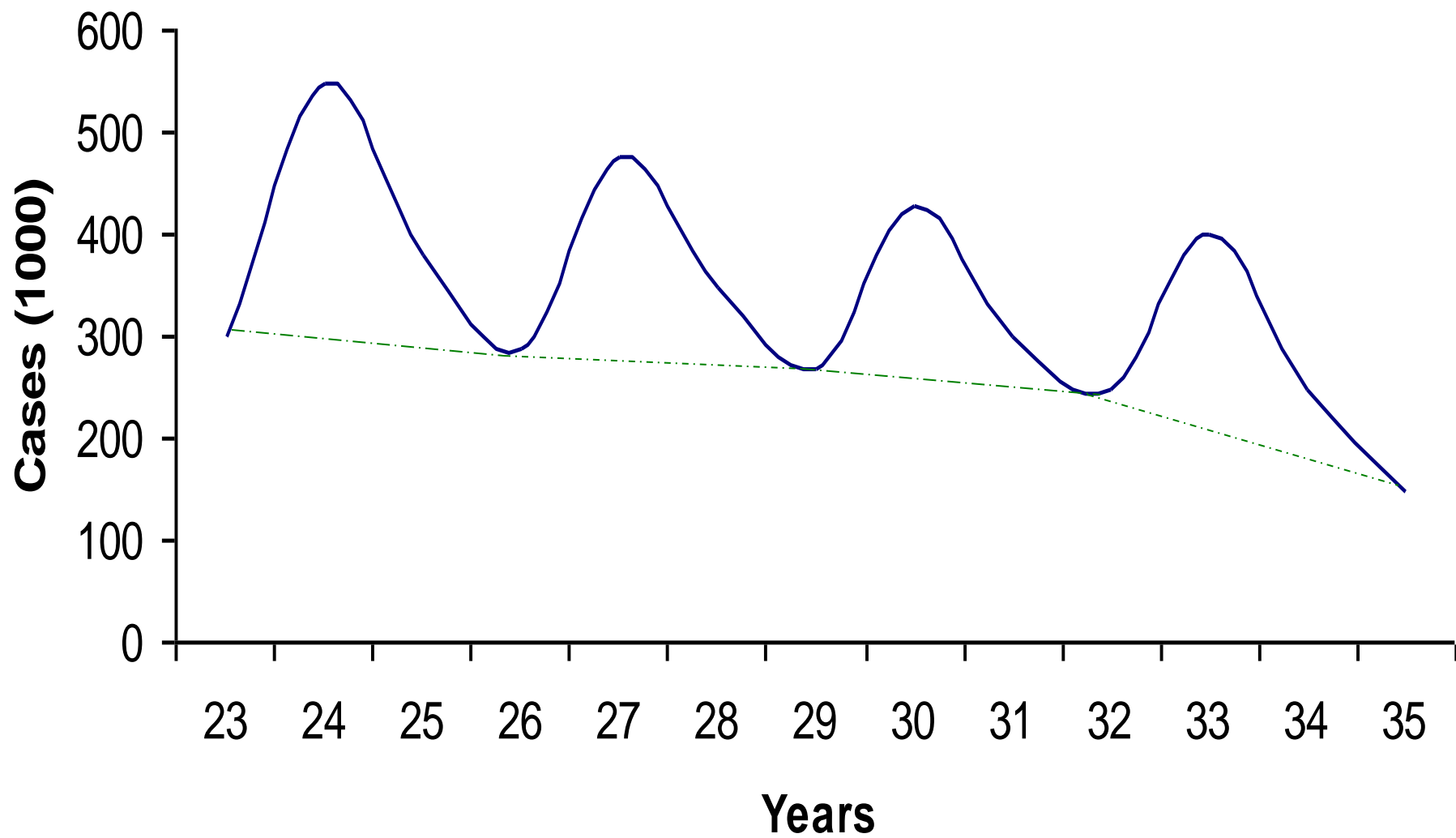


# Measles cases (1921-1930)

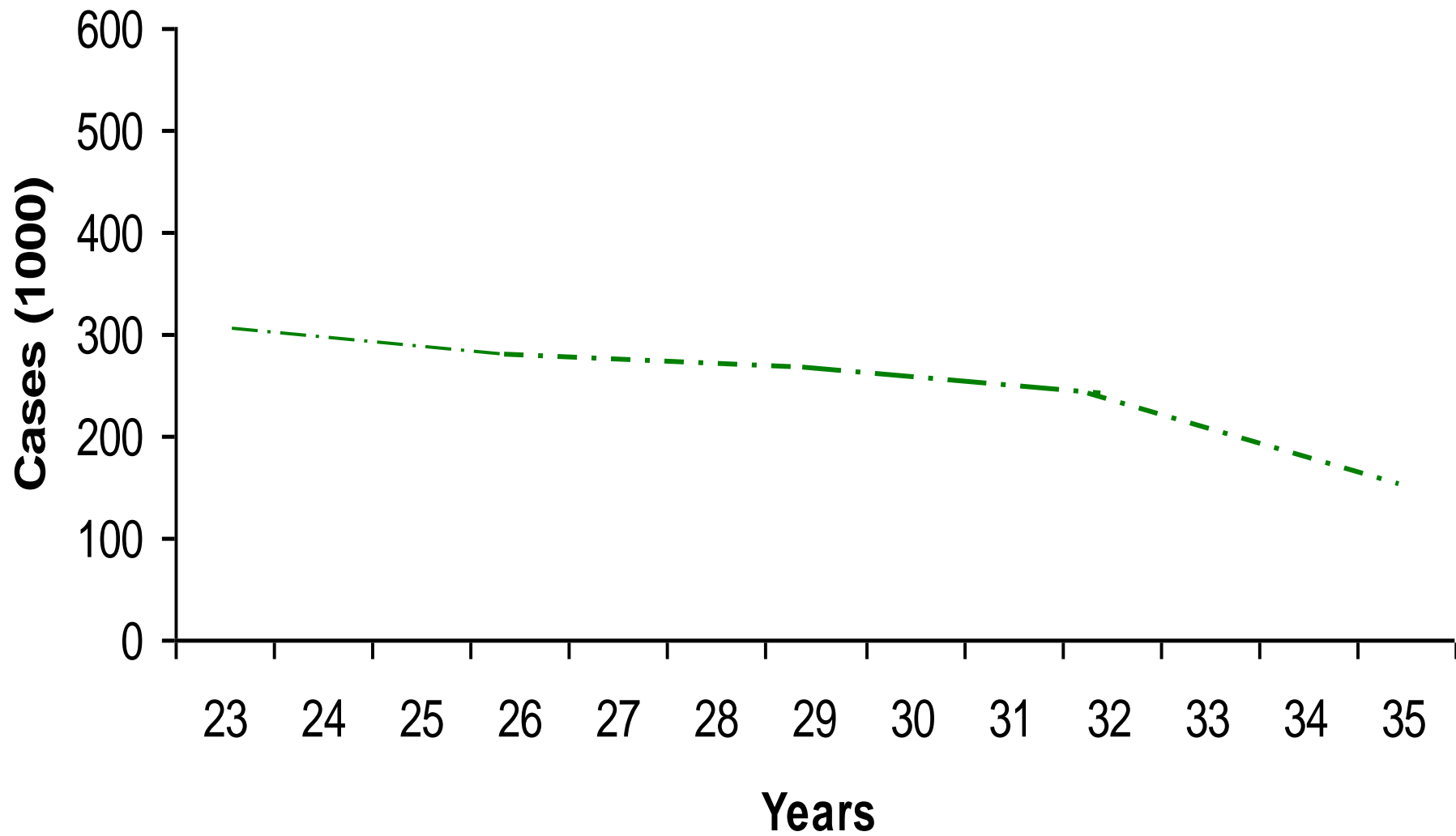


Pre vaccination era every 2-3 years

# Measles Cases in 19th Century



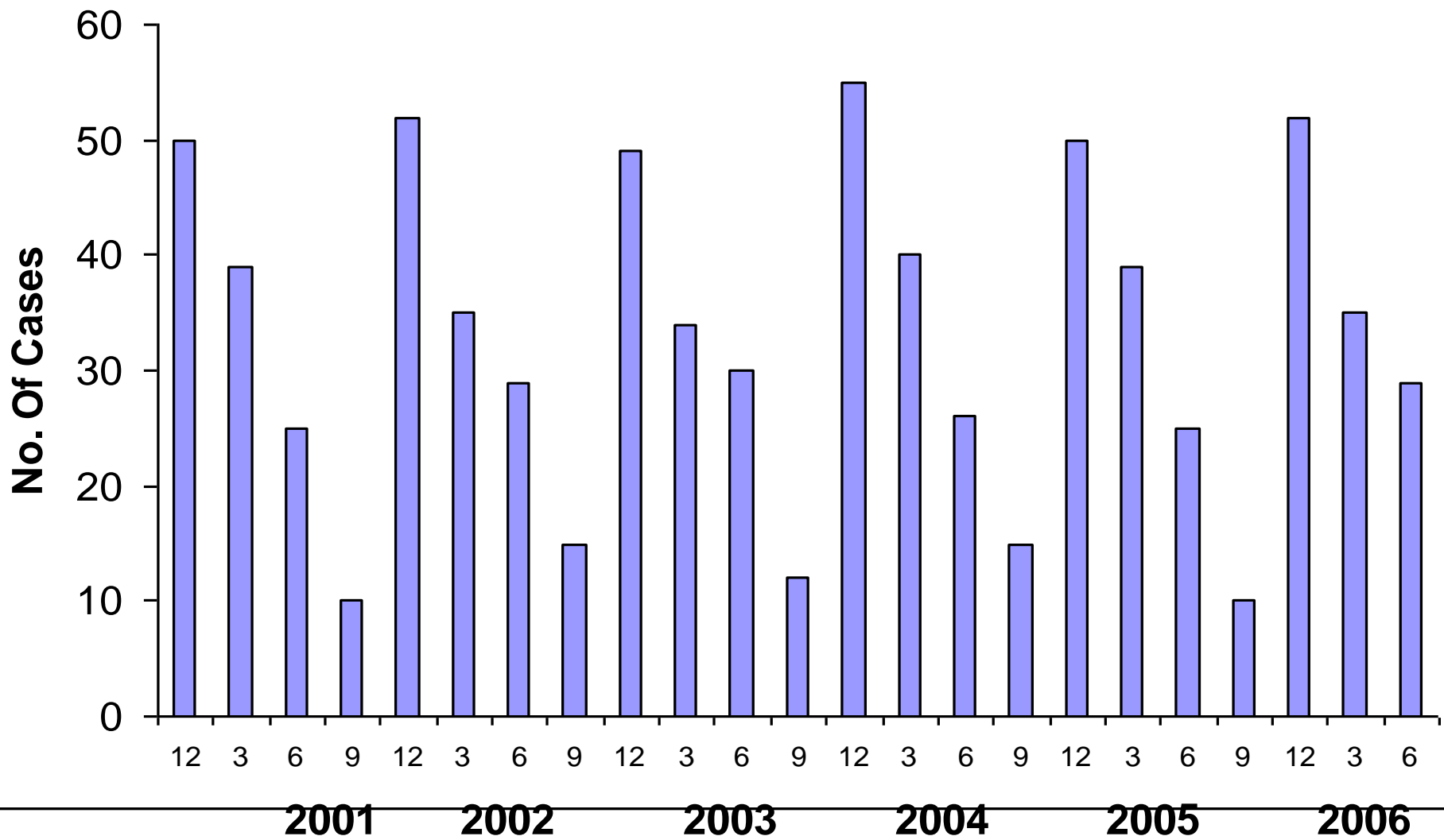
# Measles Cases in 19th Century



# Seasonal Trend



# Influenza Cases (1000)



# Uses of time trend study

- To know effectiveness of measures to control e.g. vaccination
- To formulate aetiological hypothesis