


Lesson 3. Epidemiology



**Human Disease:
Identification &
Control Strategies**

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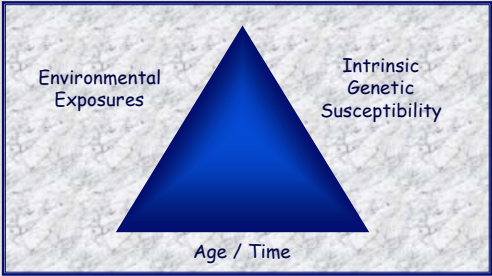
Definition of Health

❖ *"Health is the state of complete physical, mental and social well being and not merely the absence of disease or infirmity."*

World Health Organization
1970

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Determinants of Health



Environmental Exposures

Intrinsic Genetic Susceptibility

Age / Time

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**"Genetics loads the gun . . .
but the environment pulls the
trigger."**

Dr. Judith Senn
Professor of Nutrition & Internal Medicine
Univ. Of California, Davis

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Disease Causation

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Disease Causation

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Disease & Injury


- ❖ Acute Effects
 - Infectious Diseases
 - Injuries
- ❖ Chronic Effects
 - Chronic Disease
 - Disability

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Epidemiological Model

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Origins



John Snow
(1813-1858)



John Snow's original 1854 map on the location of 578 deaths from Cholera, from *An Introduction to Visualisation Software for Astronomy*, Starlink Guide B.1, A.C. Davenport, 9th February 1996 CCLRC / Rutherford Appleton Laboratory Particle Physics & Astronomy Research Council

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Epidemiology

- ❖ Looks for patterns of disease occurrence
 - > Geographically
 - > Demographically

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Definition

- ❖ Epidemiology is the study of
 - > the **distribution** and
 - > **determinants** of
 - > **health effects** (disease & injuries)
 - > in **human populations**

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Distribution Factors

- ❖ Person
- ❖ Place
- ❖ Time

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Distribution Factors

- ❖ Person
 - Age
 - Race
 - Sex
 - Occupation
 - Education
 - Hobbies

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Population Differences

Prevalence of Current Smoking Among Women Aged 18 years or older, all women, by education (1998), and by race/ethnicity (1997-1998), United States.

Category	Prevalence (%)
All women	22.0
<8	16.7
9-11	32.9
12	25.2
13-15	22.8
16+	11.2
AIAN	34.5
White	23.5
Black	21.9
Hispanic	13.8
API	11.2

Source: National Health Interview Survey, 1998. Source: National Health Interview Survey, 1997-1998.

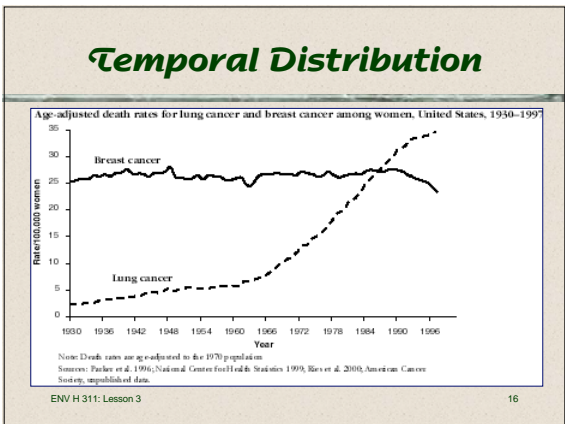
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Distribution Factors

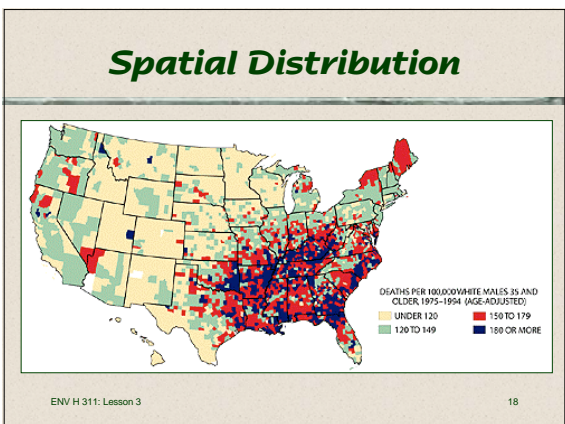
- ❖ Person
 - Age
 - Race
 - Sex

- ❖ Time
 - Episodic
 - Cyclical
 - Secular

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- ### Distribution Factors
- | | |
|---|--|
| <ul style="list-style-type: none"> ❖ Person <ul style="list-style-type: none"> > Age > Race > Sex ❖ Time <ul style="list-style-type: none"> > Episodic > Cyclical > Secular | <ul style="list-style-type: none"> ❖ Place <ul style="list-style-type: none"> > Geographic <ul style="list-style-type: none"> ● Longitude & Latitude ● Geologic ● Climatic > Geo-political <ul style="list-style-type: none"> ● Urban / Rural ● Industry ● Pollution |
|---|--|
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Determinants

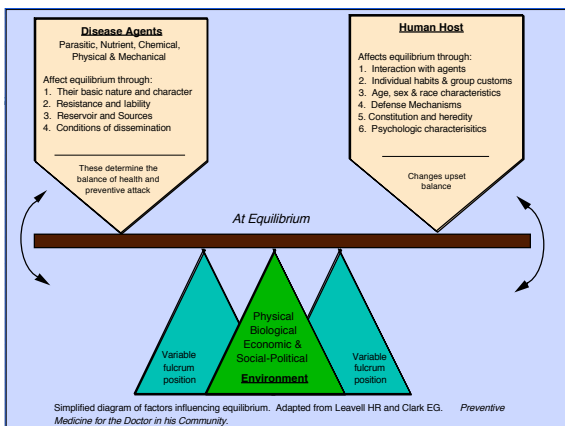
- ❖ Determinants
 - > Agent
 - > Host
 - > Environment

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Determinants

<ul style="list-style-type: none"> ❖ Agent Factors <ul style="list-style-type: none"> > Biological > Chemical > Physical ❖ Host Factors <ul style="list-style-type: none"> > Genetic Predisposition > Exposure 	<ul style="list-style-type: none"> ❖ Environment Factors <ul style="list-style-type: none"> > Natural Environment > Built Environment > Socio-cultural Environment > Temporal Environment
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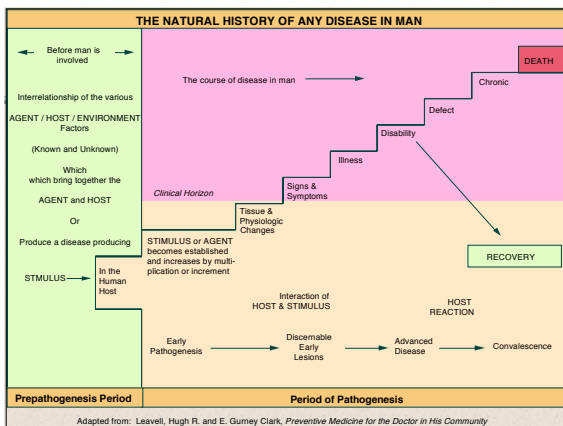
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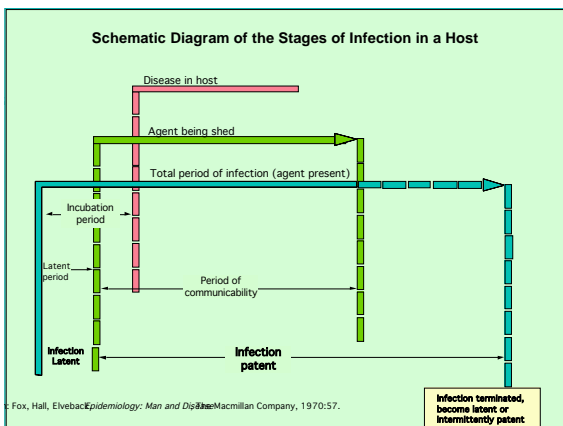


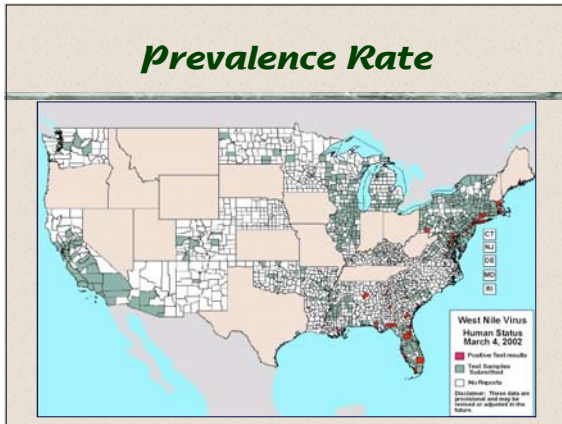
The Disease Process

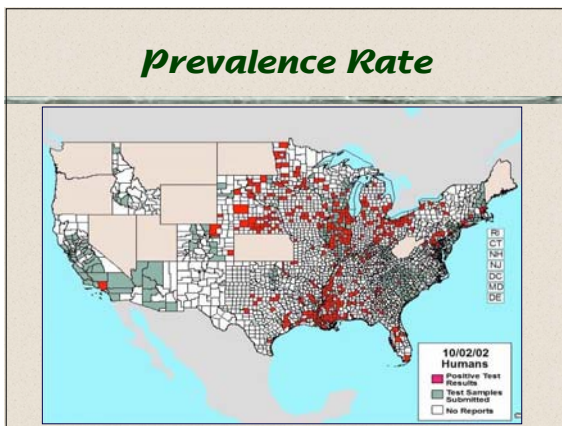
- ❖ Natural History of Disease
- ❖ Problems with Detection & Reporting

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Concepts & Methods Continued

- ❖ **Incidence Rate** - the proportion of a population with newly-diagnosed disease per given unit of time. *(New cases over time)*
 - $R_i = C_n / P \times 100,000$
(at the midpoint of the unit of time)
 - E.g., the total mortality rate (all deaths) is 0.89% per year among the population of Seattle

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Incidence Rates

- ❖ That is, in a given year there were 4450 deaths reported among residents of Seattle, a population of 500,000.
- ❖ **Incidence rate** = $4450 / (500,000 \times 1 \text{ year}) = 0.0089/\text{year}$
 - = 890 per 100,000 persons per year
 - = 2.4 per 100,000 persons per day

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Incidence Rate

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Analytic Techniques

- ❖ **Stratification** - dividing the sample according to some characteristic, e.g. age:
 - > Age-specific deaths from heart disease among non-smoking British male doctors

Age	Deaths/10 ⁴ persons per year
35-44	1.064
45-54	11.23
55-64	49.04
65-74	96.71
75-84	212.04
Total	25.75

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Analytic Techniques *Continued*

- ❖ Association of disease with an environmental factor - comparing disease prevalence or incident rates between groups with and without exposure to the environmental factor

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Analytic Techniques *Continued*

- ❖ Age-specific deaths from heart disease among smoking British male doctors.
- ❖ Relative Risk

Age	Deaths/10 ⁴ persons per year	(RR)
35-44	6.106	5.74
45-54	24.05	2.14
55-64	72.00	1.47
65-74	146.88	1.52
75-84	191.84	0.91
Total	44.29	1.72

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Analytic Techniques *Continued*

- ❖ What if smoking British male doctors drink more ethanol, compared to non-smoking British male doctors? Since from other studies we know that ethanol is associated with heart disease, can we argue that smoking is the cause of heart disease mortality in this group?

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Analytic Techniques *Continued*

- ❖ **Confounding factor:** a factor that is associated both with exposure and outcome, and thus interferes in determining the relationship between exposure and outcome. Ethanol in this case is a confounder

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Limitations

- ❖ Most environmental diseases have multiple contributing causes - e.g. lung cancer, heart disease - so multiple exposures must be measured.
- ❖ Smoking, age, diet, and genetic make-up are powerful interfering factors

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Limitations *Continued*

- ❖ Measurement of exposure can be highly inaccurate, especially when past exposures are needed. The usual result is called misclassification, and any underlying association between exposure and illness is likely to be missed or underestimated

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Limitations *Continued*

- ❖ Latency of many (most?) environmental diseases is years to decades.
 - Thus exposures from the distant past are most relevant, and least likely to be known quantitatively.
- ❖ Longitudinal epidemiology, in which exposed persons are followed over years, is most precise.

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Limitations *Continued*

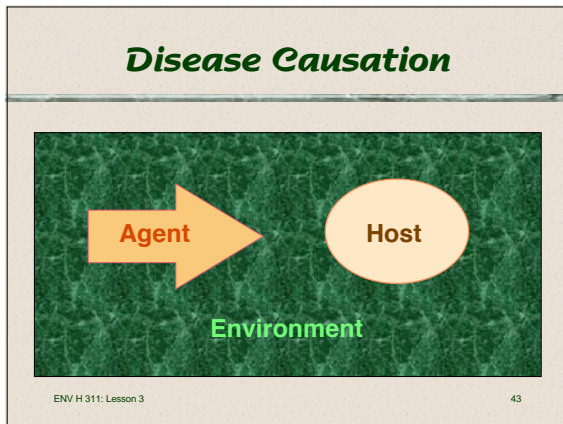
- ❖ Examples of longitudinal studies:
 - Framingham, Mass. heart disease;
 - Fluoridation of water and dental caries;
 - Salk vaccine and polio incidence;
 - Smoking and several diseases.

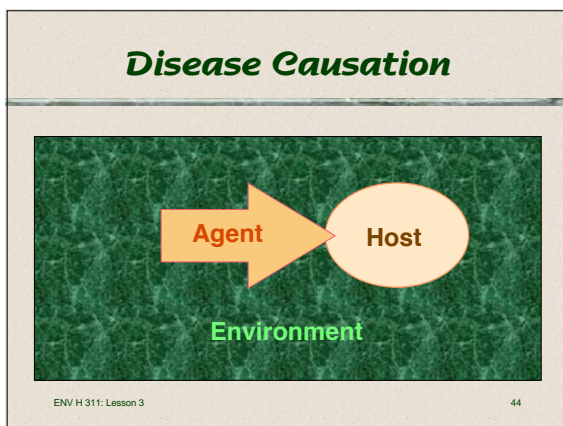
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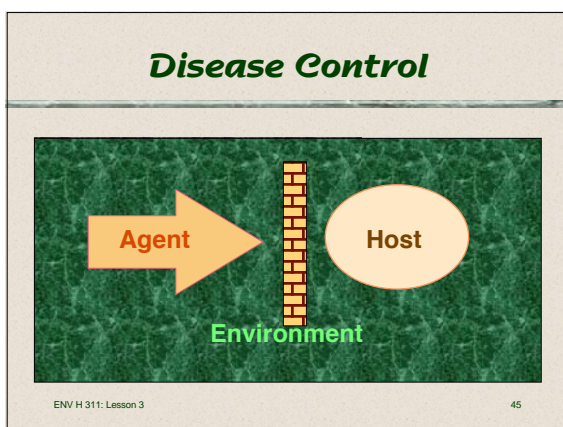
Limitations *Continued*

- ❖ An observed association between environmental agent and disease should not be termed a cause-effect relationship until a biological mechanism has also been demonstrated.
- ❖ Otherwise, the observed epidemiologic outcome could easily be a coincidence.

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Prevention & Control

- ① Modify the environment
 - ➔ Engineering Controls
- ② Modify Behavior
 - ➔ Legal/Regulatory Controls
 - ➔ Administrative Controls
 - ➔ Education

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Engineering Controls Tactics

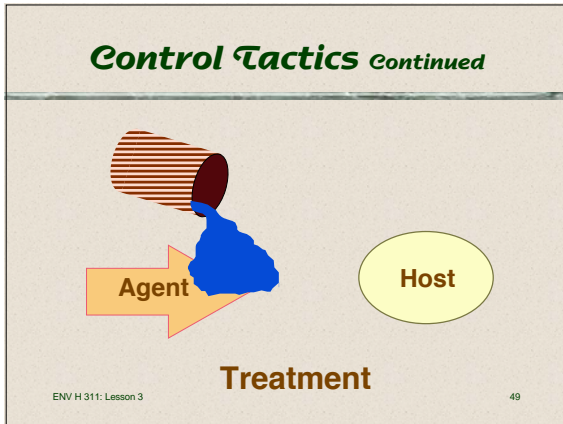
- ① Substitution
- ② Treatment
- ③ Isolation
- ④ Shielding

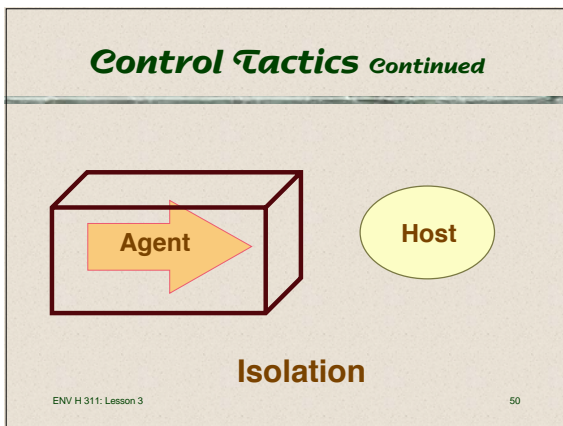
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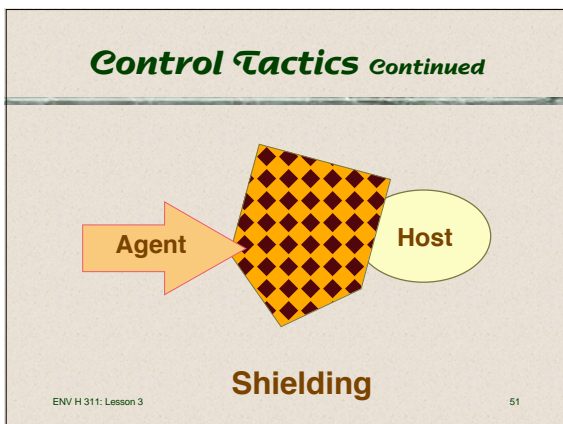
Control Tactics continued

Substitution

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Regulatory Controls

- ❖ Statutes
- ❖ Rules and Regulations
- ❖ Enforcement Programs
- ❖ Private Sector Control

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Administrative Controls

- ❖ Planning
- ❖ Supervision
- ❖ Biological Monitoring
- ❖ Work Scheduling

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Education

- ❖ Education
- ❖ Training
- ❖ Safety campaigns

- ❖ Administrative priority

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Control Strategies *Continued*

- ❖ In order of effectiveness
 - > Engineering Control Tactics
 - > Legal / Regulatory Controls
 - > Administrative Controls
 - > Education
- ❖ How do we operationalize these?


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Summary

- ❖ Epidemiology is the study of the **distribution and determinants** of health effects in human populations
 - > Distribution
 - Person
 - Place
 - Time
 - > Determinants
 - Agent
 - Host
 - Environment

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Next Lesson



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