



# Measures of Disease Frequency, Effect and Impact



Dr Salwa Tayel,  
Dr Amna Rehana Siddiqui,  
Prof Ashry Gad  
Department of Family & Community Medicine

# Learning objectives



- Define & calculate Incidence & Prevalence  
*(measures of disease frequency)*
- Interpret the relation between incidence and prevalence rates
- List the measures of effect & impact showing
  - relative difference in risks &
  - absolute risk difference

# Measures of Disease Frequency



- Morbidity rates are indicators of health
- The main measures of disease frequency are:
  - Incidence Rate
  - Attack Rate
  - Prevalence Rate

# Types of Fractions Used in Describing Disease Frequency



Proportions

Percentages

Ratios

Rates

# Important terms to understand



- Proportion: unit less 1, % or fraction of a population with an illness or other characteristic [prevalence]
- Rate: How fast the disease is occurring in population with time specification [incidence]
- Ratio: dividing one quantity by another  
e.g. male female, waist hip, MMR

# Important terms to understand



- **Exposure (E)**

risk factor,  
potential health determinant;  
the independent variable

e.g. Smoking

- **Disease (D)**

outcome after exposure to the risk factor  
development of disease (death, or disability included)  
the dependent variable

e.g. Lung cancer

# Incidence rate



## Cumulative incidence rate

measures the number of **new** cases of a disease that occur in a specified time period in a population at risk

$$\text{Incidence rate} = \frac{\text{new cases occurring during a given time period}}{\text{population at risk during the same time period}} \times 10^n$$

# Incidence rate



$$\text{Incidence rate} = \frac{\text{numerator}}{\text{denominator}}$$

The **numerator** should:

- reflect new cases of a disease occurring in a given time period
- not include cases which occurred earlier than the given time.
- come from the population at risk for developing disease
- be a part of the denominator



# Incidence rate



- The **denominator** should include persons at risk to develop the disease that is being described during the time period covered.
- The denominator may change over time as people develop disease
- *E.g. if ca breast needs to be studied in 2011 ; all those women who developed Ca breast in 2010 will be excluded from the denominator during 2011*

# Example: Incidence rate



There were 50 cases of Cancer of breast that developed during January to December in 2010 among the 10,000 women above 40 years of age living in city X

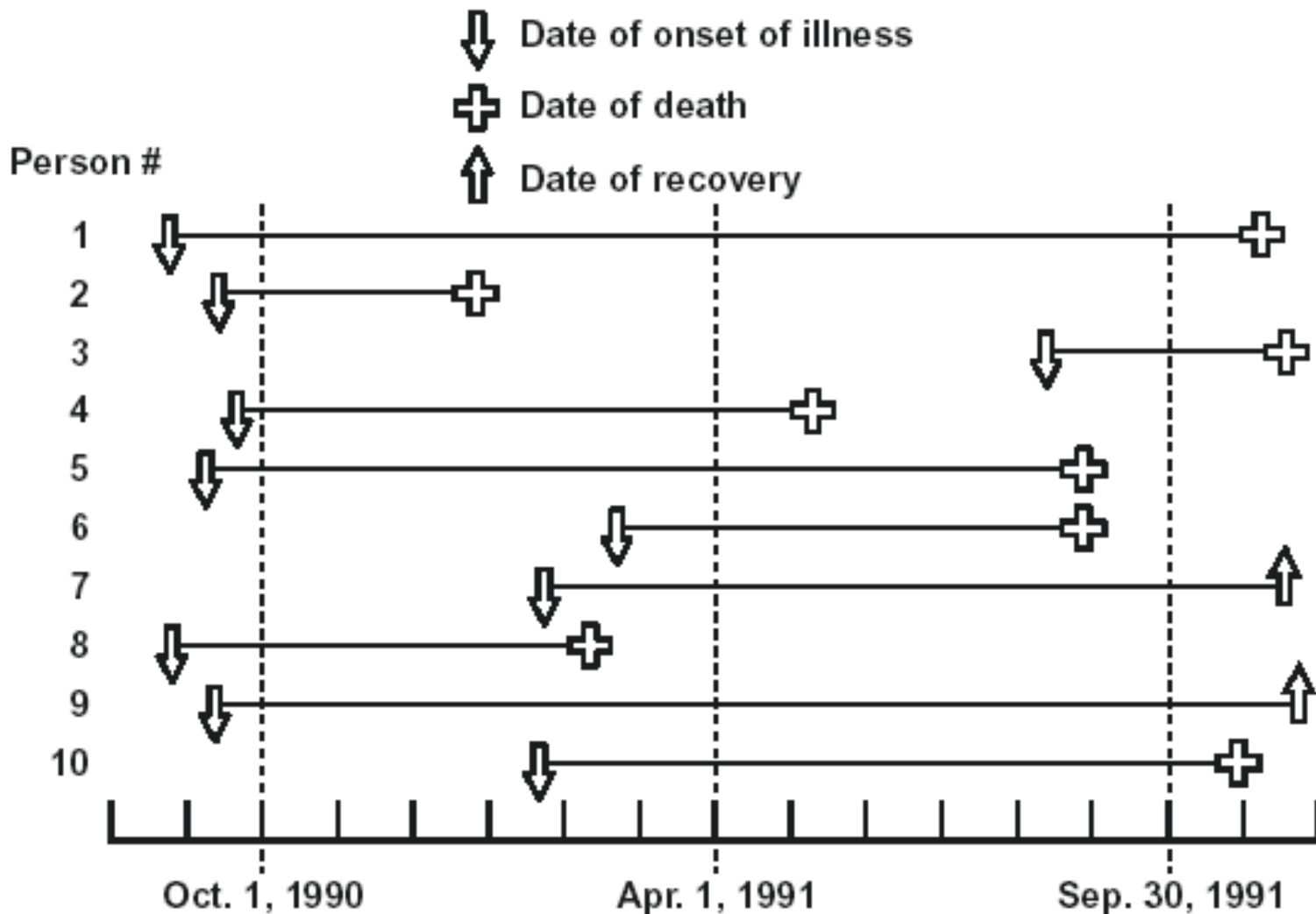
50/10,000 is the incidence rate of Ca breast in women above 40 years of age from January 1, 2010 to December 31, 2010 living in City X

Incidence of Ca Breast was 5/1000 women above the age of 40 years in 2010 in City X

# What is the incidence rate from October 1, 1990 to Sep 30, 1991?



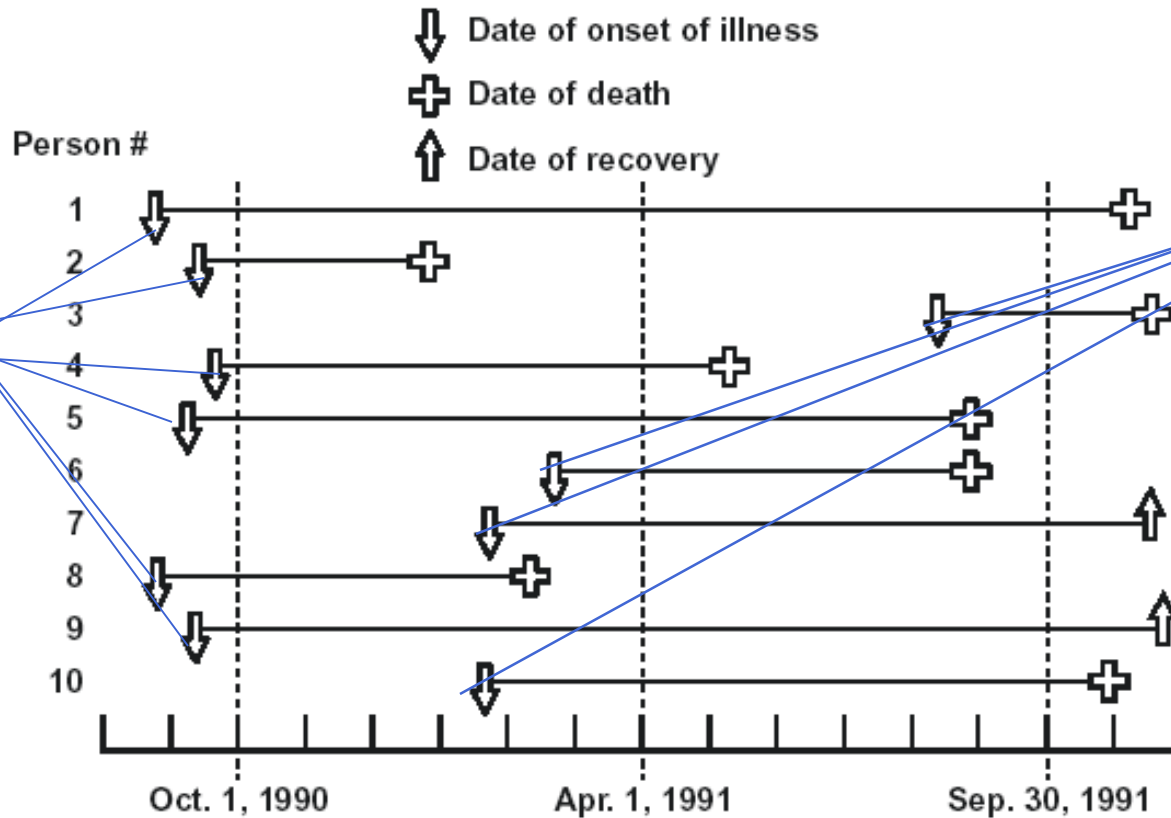
Ten episodes of an illness in a population of 20



# What is the incidence rate from October 1, 1990 to Sep 30, 1991?



Ten episodes of an illness in a population of 20



As they have disease; exclude from denominator; not at risk of developing disease

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# Factors affecting incidence rate



## □ New risk factor

- oral contraceptives as exposure and increase in thrombo-embolism in women;
- food additives and cancer
- New virus (HIV and AIDS)

## □ Changing habits

- increased smoking and development of lung cancer
- fluoridated water and decrease in dental caries

# Factors affecting incidence rate



## ❑ Changes in virulence of causative organisms

- drug-resistant bacteria (TB)
- Influenza virus mutation Increase influenza (H1N1)
- drug resistance to malaria prophylaxis and increase in malaria

## ❑ Changes from intervention programs

- vaccination against measles ↓ incidence of measles
- Polio eradication campaigns ↓ incidence of polio
- Chemoprophylaxis ↓ meningitis, Rheumatic diseases

# Factors affecting incidence rate



- ❑ **Selective migration** of susceptible persons to an endemic area ↑ incidence
- ❑ **Population pattern**
  - Aging ↑ incidence of Degenerative diseases
- ❑ **Reporting**
  - Increased reporting ↑ incidence
- ❑ **Screening**
  - Early detection of cases ↑ incidence
- ❑ **New diagnostic tools**
  - New diagnostic tools ↑ detection of cases

# Attack Rate



An attack rate is a variant of an incidence rate, applied to a narrowly defined population observed for a limited time, such as during an epidemic.

The attack rate is usually expressed as % **percent**.

$$\textit{Attack rate} = \frac{\textit{Number of new cases among the population during the period}}{\textit{Population at risk at the beginning of the period}} \times 100$$



# *Example*



Of 76 persons who attended a picnic, 46 subsequently developed gastroenteritis.

Calculate the attack rate of gastroenteritis

**Attendees = 76**

**ILL = 46**

**Attack rate =  $(46 \div 76) \times 100$   
= 61%**

# Prevalence Rate



Two types:

Point prevalence

Period prevalence

# Prevalence Rate



It is the number of old and new cases occurring over a specific period of time divided by the mid year population

$$\textit{Prevalence} = \frac{\textit{all new and pre-existing cases during a given time period}}{\textit{population during the same time period}} \times 10^n$$

(when the type of prevalence rate is not specified it is usually point prevalence)

# Prevalence rate



- The **numerator** for prevalence includes:
  - **all** persons ill from a specified cause during a specified time interval (or at a specified point in time)
  - **regardless of when the illness began Old and New cases.**
- The **denominator** for prevalence includes
  - total population in the same place during a specified time interval (or at a specified point in time)

$$\textit{Prevalence} = \frac{\textit{all new and pre-existing cases during a given time period}}{\textit{population during the same time period}} \times 10^n$$

# Point Prevalence



- Question asked:

Does your child have diarrhea today? Yes/No

- e.g. 80 mothers said yes and 1000 were questioned
- What is the point prevalence of diarrhea in children?
- $=80/1000=8\%$

# Period Prevalence



Proportion of individuals in a specified population who have the disease of interest over a specified period of time. *e.g. annual prevalence, lifetime prevalence rate.*

## ***Question asked:***

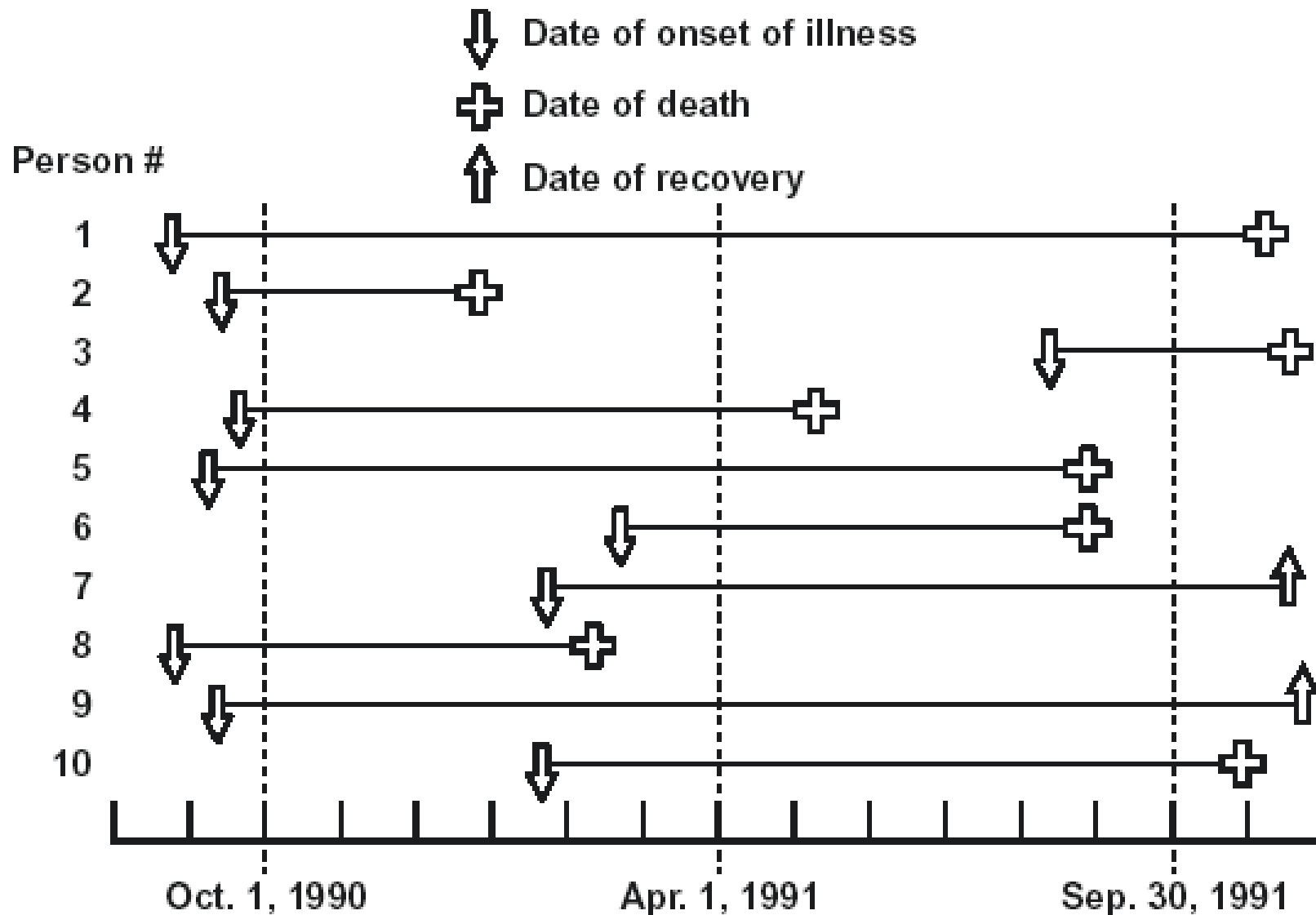
‘Had you ever had asthma?’ Response was either Yes /No

***Those who said yes (100)/All from whom question was asked (1000)  
= 10%***

This is an example of a lifetime prevalence rate, a period prevalence rate in this population

# What is the point prevalence on April 1, 1991?

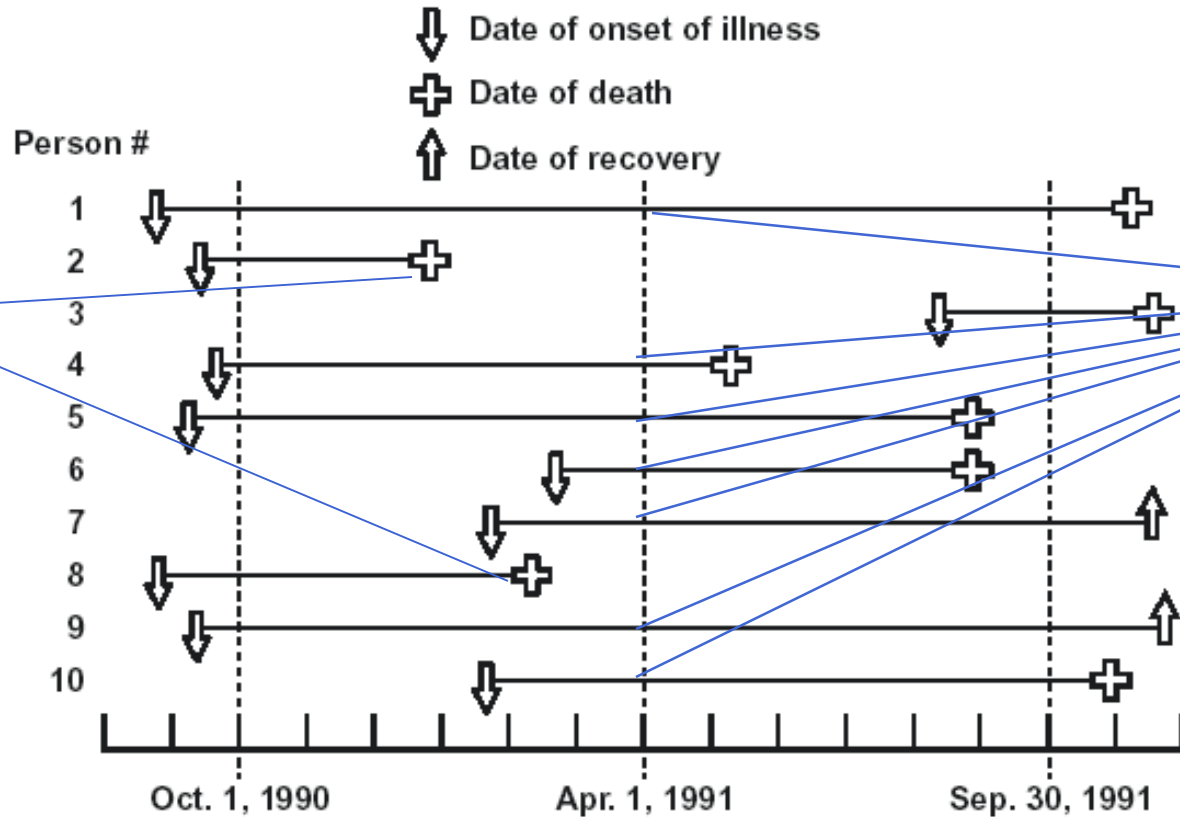
Ten episodes of an illness in a population of 20



# What is the point prevalence on April 1?



Ten episodes of an illness in a population of 20



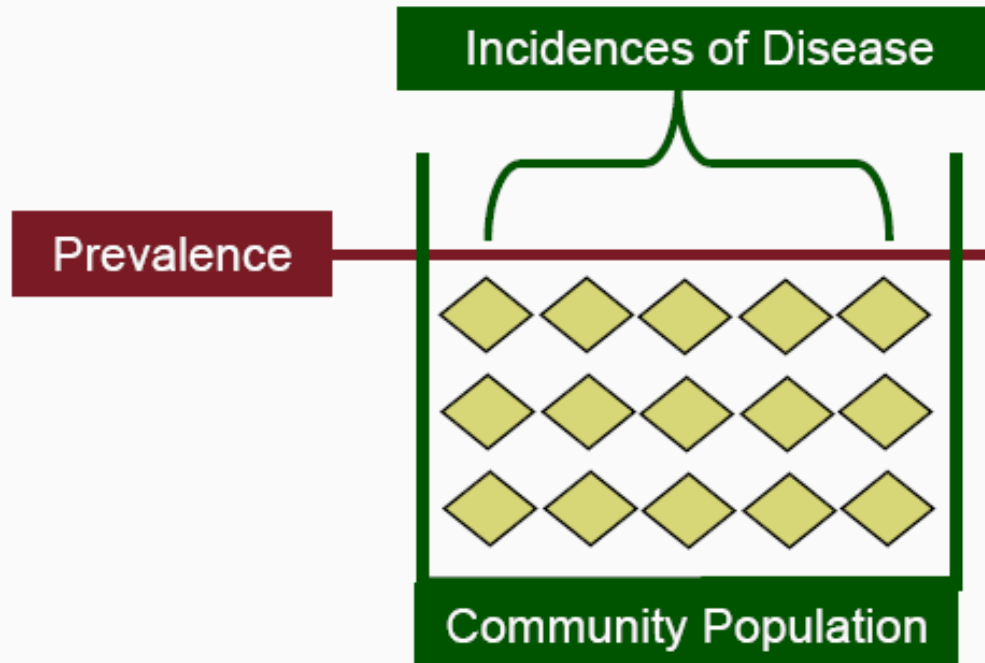
2 deaths  
Pop~18  
On April 1

7

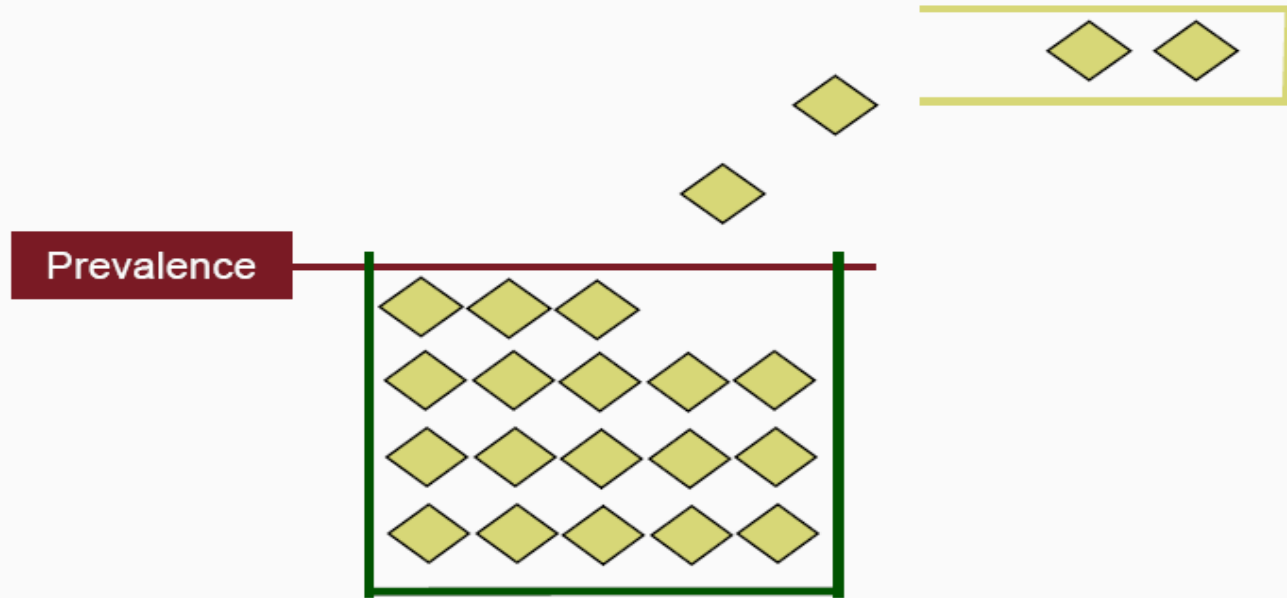
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# Relation between incidence and prevalence

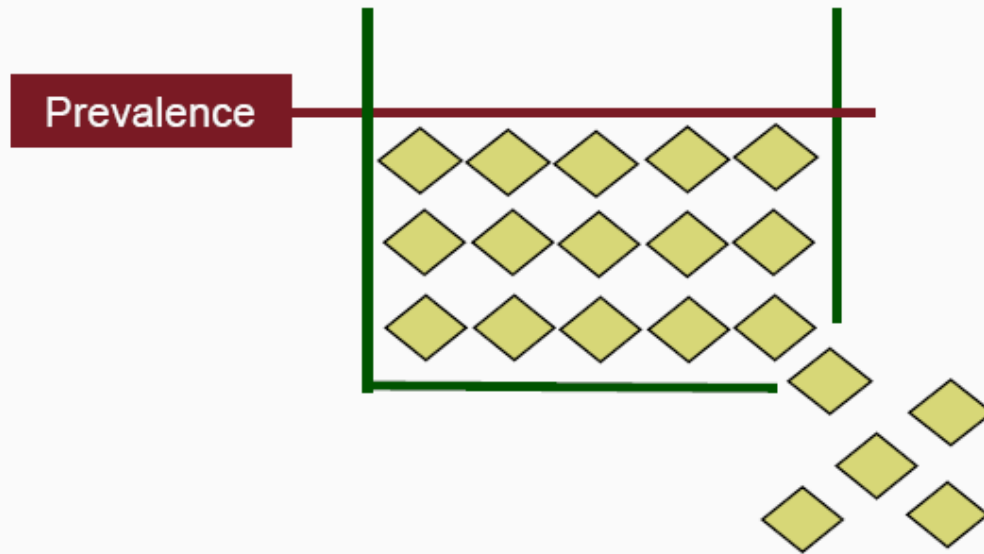


# Relation between incidence and prevalence



Prevalence increases as new incidences are added to the population

# Relation between incidence and prevalence



Prevalence decreases as incidences are subtracted from the population by death or cure

# Relation between incidence and prevalence



**Prevalence ~ incidence x duration of disease**

- Higher incidence results in higher prevalence  
(with short duration of illness & recovery prevalence may or may not change)
- Longer disease duration leads to higher prevalence

# Several factors may affect prevalence rate



- Incidence
- Duration of disease
- Selective Migration
- Disease treatments & outcome

# Factors affecting Prevalence:



- **Changes in incidence**

**Prevalence rate = Incidence rate x average duration of disease**

**High incidence produces high prevalence**

- **Changes in disease duration and chronicity**

- **Longer duration of disease, higher the prevalence rate**
- **Chronic diseases are accumulating so increase the prevalence**
- **Acute diseases of a high recovery rate or high case fatality rate decrease prevalence**

# Factors affecting Prevalence:



## Intervention programs

- Better treatment with high cure rate decrease prevalence
- If treatment only increase survival without cure, increase prevalence

## Selective attrition

- selective migration of cases, or susceptible or immune persons

## *Changing classifications:*

- the data coding according to various disease categories often changes, and variations in prevalence may be reported due to misclassification).

**Factors  
Influencing  
Observed  
Disease  
Prevalence**

**Longer duration  
of the disease**

**Prolongation of life of patients  
without care**

**Increase in new cases  
(increased incidence)**

**Shorter  
duration  
of the  
disease**

**Higher case-fatality  
rate of disease**

**In-migration of cases**

**Out-migration of  
noncases**

**Decrease in new cases  
(decreased incidence)**

**In-migration of  
susceptible people**

**In-migration of noncases**

**Improved  
diagnostic facilities  
(better reporting)**

**Out-migration of cases**

**Out-migration of susceptible people**

**Improved cure rate of cases**



# Measures of Impact



- **Measure of potential impact**

Quantifies the potential impact of removing a hazardous exposure as to how much disease development is prevented if the risk factor is removed from population

Assumption of causality need to be satisfied meaning that cause effect elation ship must exist between risk factor and disease outcome

**Attributable Risk= Incidence in exposed – Incidence in exposed**

# Measure of Impact: Attributable risk



- Absolute comparison is derived by subtraction
- Incidence of lung cancer among smokers =20%
- Incidence of lung cancer among non smokers is 3%
- 17% of lung cancer cases can be prevented if smoking is removed from the population

# Measures of Effect



- **Measures of association:**  
**Relative comparison derived by division**  
Quantifies the relative relationship between an exposure and a disease  
(risk factor & disease development)
- Two types mainly
  - Relative Risk (RR)
  - Odds Ratio (OR)

# Measure of Effect: Relative Risk



- Risk in the exposed / Risk in the unexposed
- Incidence in exposed/incidence in unexposed
- Risk is studied after following up population over a time period
- Usually two groups of population are followed
- One group exposed to risk factor (e.g. smokers) and another not exposed to risk factor (e.g. non smokers)

# Measure of Effect: Relative Risk



- Is the risk of developing lung cancer twice more in those exposed to smoking compared to those who do not smoke ?
- If yes then Relative risk is 2 calculated from
- = incidence in exposed/incidence in unexposed

# Measures of Effect (Measure of Association)



Men and women between 30-35 years of age in a city were followed up in program to determine the occurrence of Migraine headaches. The migraine headaches were found in 10 of 1000 women aged 30 to 35 years and in 5 of 1000 men aged 30 to 35 years.

**Can you name and interpret a measure of effect?**

Relative risk in women is higher than men in this age group

$$\text{Incidence in Women} / \text{Incidence in men} \sim \frac{10/1000}{5/1000} = 2$$

**Women have a two times greater risk of developing migraine headache than do men in this age group.**

# Measure of Effect: Odds Ratio



- If it is not possible to follow up in time; disease cases can be inquired about the exposures they had in past; and compared to healthy people (controls) exposures in past
- Diseased cases of coronary heart disease (CHD) were interviewed as to how many were smokers and similarly healthy persons were interviewed for smoking prevalence in past.
- If smoking is associated with CHD then a higher prevalence would be found in CHD cases compared to non cases.

# Measure of Effect: Odds Ratio



- Relative comparison would be between two odds
- Odds of exposure in cases / odds of exposure in non cases
- An Odds ratio of 2 would be explained as
- Odds of exposure to cigarette smoking were twice more in CHD cases compared to non cases



# Summary



## Measures of disease frequency:

- Incidence, Attack Rate, & Prevalence

## Measures of Association (Effect):

- Relative Risk (RR) & Odds Ratio (OR)

## Measures of Impact:

- Attributable Risk

# References



- Epidemiology by Leon Gordis. 3<sup>rd</sup> Edition. Elsevier & Saunders 2004
- Chapter 3 Measuring the occurrence of Disease I. Morbidity: pages 32-42.
- Chapter 6 Natural History of Disease : Ways of Expressing Prognosis :pages 96-97