

Introduction

It is of major importance that all healthcare workers be aware of how to deal with Endemic disease because of cases spread in society, being preventable & curable.

Key Outlines:

Commonly used definitions describing Endemicity

- Major common endemic disease in KSA
- Importance of cost effective workup and prevention

Take home message:

Preventing & correctly treating endemic diseases will lead to better health and cost effective use of resources.

Recommended Books:

As recommended by the college and dept. of medicine

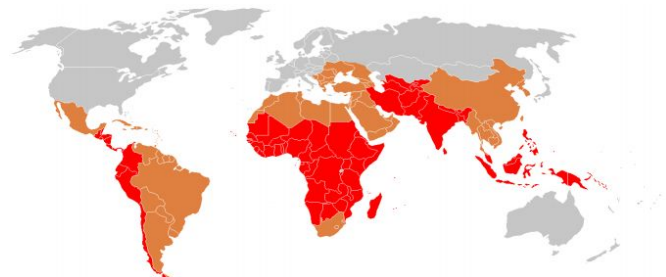
Some Definitions

- The amount of a particular disease that is usually present in a community is referred to as baseline or **endemic** level.
- **Sporadic** is a disease that occurs infrequently and irregularly.
- **Endemic** refers to the constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area.
- **Hyperendemic** refers to persistent, high levels of disease occurrence.
- **Epidemic** refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.
- **Outbreak** carries the same definition of epidemic, but is often used for a more limited geographic area.
 - E.g. food poisoning affecting 10 ppl in a restaurant in riyadh
- **Pandemic** refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people. E.g. the new Coronavirus

Typhoid fever

- It is an acute febrile disease, caused by **Salmonella typhi** and S. paratyphi A, B,C
- S. typhi and paratyphi lives only in humans.
- Persons with typhoid fever carry the bacteria in their bloodstream and intestinal tract.
- It's a gram negative bacilli which is related to the level of education & hygiene
 - Going to a restaurant where one of the workers is a carrier and didn't wash his/her hands before preparing the food → spreading the disease
- Carriers recovering from typhoid fever shed S. Typhi in their feces.
- It is transmitted through the ingestion of food or drink contaminated by infected people.

Epidemiology



- ◆ strongly endemic
- ◆ endemic
- ◆ sporadic cases

Enteric fever

Pathogenesis

- The organisms penetrate ileal mucosa
- Reach mesenteric lymph nodes - multiply there.
- Invade Blood stream
- Infect Liver, Gallbladder,, spleen, Kidney, Bone marrow.
 - When it reaches the gallbladder it will remain there and becomes very difficult to treat because in cases of gallstones or chronic gallbladder disease it won't let the antibiotics reach the gallbladder.
- After 7-10 days bacilli pass into blood stream (secondary bacteremia)

Clinical features

- Develop 1- 3 weeks after exposure.
- May be mild or severe. Gradual onset
 - intermittent fever
 - malaise, headache
 - abdominal pain
 - constipation or diarrhoea
 - rose-colored spots on the chest (skin rash)
 - enlarged spleen or liver.
- Healthy carrier state may follow acute illness.

Rash in Typhoid

- Rose spots: 2 -4 mm in diameter raised discrete irregular blanching pink maculae found on the chest
- Appear in crops of up to a dozen at a time
- Fade after 3 – 4 days



Enteric fever

Complications

- Pneumonia, meningitis, osteomyelitis
- Severe intestinal hemorrhage and intestinal perforation (most imp)
- If not treated can be fatal.

Carriers

- 5% of the survivors continue to excrete the organism for months (carriers).
- In carriers the bacteria remain in the gallbladder and are shed into the intestine.

Investigations

- WBC
- ESR (for follow up not for diagnosis!)
- Blood, bone marrow, or stool cultures
- Widal test (serum agglutination test). It has cross reactions– false positives. Also false negatives. Not a good test. (don't do it it's useless)

Blood Culture in Typhoid fever

- Bacteremia occurs early in the disease
- Blood Cultures are positive in
 - 1st week in 90%
 - 2nd week in 75%
 - 3rd week in 60%
 - 4th week and later in 25%

Enteric fever

Differential Diagnosis

- Brucellosis
- Tuberculosis
- Infective endocarditis
- Lymphoma
- Adult Still's disease
- Malaria

Treatment

- 3rd generation cephalosporins, like Ceftriaxone are effective
- Fluoroquinolones, like ciprofloxacin are also effective
- Fever may continue for several days after starting antibiotics
- The majority are cured with antibiotics.
- 10% may relapse.

Prevention and control (WHO, 2009)

Control measures:

- Health education
 - Antibiotic treatment
 - Excluding disease carriers from food handling.
 - A vaccine is available recommended for travelers to high risk areas.
- It does not provide full protection.

Brucellosis

- Systemic febrile illness
- Zoonosis. It occurs worldwide.
- B. melitensis and B. abortus are the most frequent.
- The incubation period is 1 – 4 weeks.

Transmission

Infection transmitted to humans by:

- contact with **fluids or meat from infected animals** (sheep, cattle, goats, pigs, camels or other animals)
- eating/drinking food products such as unpasteurized milk and cheese
- The disease is rarely, if ever, transmitted between humans

Pathogenesis

Enters the body → to lymph nodes → to bloodstream → to the reticuloendothelial system → blood → any organ

- It can also cross the placenta in pregnant infected women
- It can cause infertility in both men and women

Clinical Manifestations

Often fits one of the three pattern:

- Acute febrile illness resembling typhoid
 - Fever & acute mono-arthritis (hip/knee)
 - low grade fever, low back pain, hip pain
-
- Symptoms : Fever, Night sweats, Fatigue Anorexia, Weight loss Arthralgia ,Low back pain Depression
 - Signs: Arthritis Lymphadenopathy Hepatosplenomegaly

Brucellosis

Localised Brucellosis

- Osteoarticular disease: especially sacroileitis, vertebral spondylitis and large joints arthritis
- Genitourinary disease, especially epididymoorchitis
- Neurobrucellosis, usually presenting as meningitis, radiculopathy.
- Abscess involving the liver, spleen, abdomen.

Differential

- Typhoid fever
- Tuberculosis
- Infective endocarditis
- Collagen vascular disease
- lymphoma

Investigations

- WBC
- ESR
- Blood cultures slow growth 4 to 6 weeks
- Serology: SAT positive in recent infection No diagnostic level...>1:320
 - Serology neither confirms nor disconfirms the diagnosis

Brucellosis

Treatment

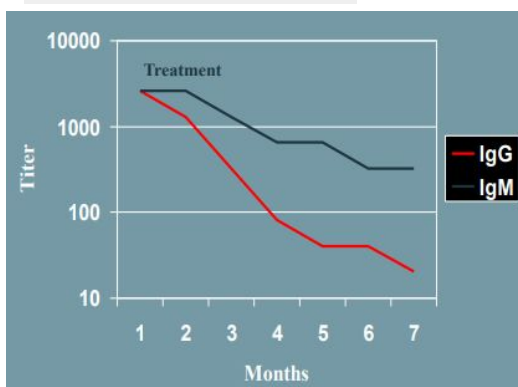
Treatment for uncomplicated Brucellosis:

- Streptomycin (2-3 wks), or Gentamicin (5days) + Doxycycline for 6 weeks
- Rifampicin(specific indications) + Doxycycline for 6 weeks
- TMP/SMX + Doxycycline for 6 weeks
 - **RIFAMPICIN**(1 ST Line RX Of TB),in Brucellosis use RIFAMP. ONLY in:Br Endocarditis, NeuroBrucellosis,Pregnancy&Certain Children populations.
- Treatment of complicated Brucellosis
- Endocarditis, meningitis • No uniform agreement
- Usually 3 antibrucella drugs for Not Less than 3 months
 1. Empirical treatment if the patient is very sick
 2. Streptomycin + Doxycycline is your first line treatment
 3. Rifampicin is used only in neuro-brucellosis, very young children, brucello-endocarditis and pregnancy

Relapse

- About 10 percent of patients relapse after therapy.
- Most relapses occur within three months following therapy and almost all occur within six months.
- Relapse calls for prompt assessment for a focal lesion, especially hepatosplenic abscess
- Most relapses can be treated successfully with a repeat course of a standard regimen.
 - When the patient relapses use the same treatment and once they get better discontinue the treatment. How to know if they got cured or not? IgG level ↓

Treated Brucellosis



Q : A 22 year old student presented with nausea, abdominal pain and diarrhea for 2 days. On examination, he was febrile with mild peri-umbilical tenderness.

Gastroenteritis

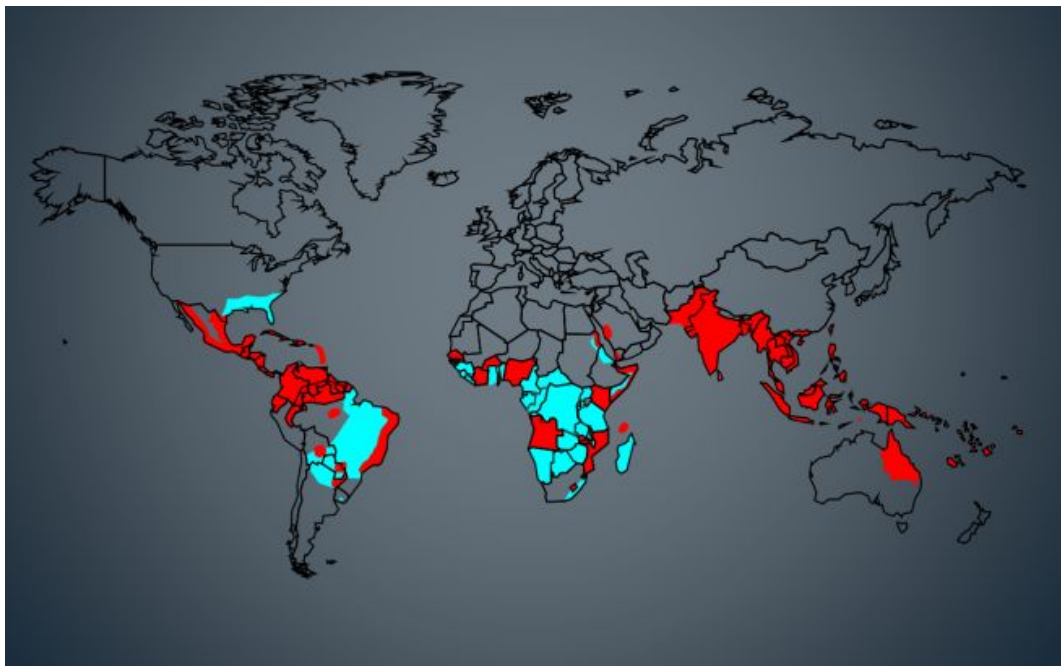
Intestinal Amebiasis

- Transmission: by cysts
- Causes invasive colitis
- Presentation: asymptomatic acute dysentery chronic amebiasis
- Complications: liver abscess
- Diagnosis: stool microscopy, serology
- Treatment: metronidazole

Giardiasis:

- Transmission:
- Colonise upper small intestine
- Presentation: asymptomatic – mild to moderate: abd. pain, flatulence
- May become chronic
- Diagnosis: stool microscopy
- Treatment: metronidazole

Viral Hemorrhagic fever



Dengue Virus

- Causes dengue and dengue hemorrhagic fever
- Is an arbovirus
- Transmitted by mosquito: *Aedes Aegypti*
- Composed of single-stranded RNA
- Has 4 serotypes (DEN-1, 2, 3, 4)

Dengue Clinical Syndromes

- Undifferentiated fever
- Classic dengue fever
- Dengue hemorrhagic fever
- Dengue shock syndrome

Clinical Characteristics of Dengue Fever

- Fever
- Headache
- Muscle and joint pain
- Nausea/vomiting
- Rash (skin rash mainly over the palm)
- Hemorrhagic manifestations

Hemorrhagic Manifestations of Dengue

- Skin hemorrhages: petechiae, purpura, ecchymoses
- Gingival bleeding
- Nasal bleeding
- Gastro-intestinal bleeding: hematemesis, melena,
- Hematuria
- Increased menstrual flow

Dangerous signs in Dengue Hemorrhagic Fever

- Abdominal pain - intense and sustained
- Persistent vomiting
 - Abrupt change from fever to hypothermia, with sweating and prostration
- Restlessness or somnolence

Prevention

- Elimination & destruction of mosquitos and larval habitat:
Space Spraying of insecticide is not usually effective. Spraying residual insecticides in-door.
Larval source reduction : Cover water holding containers.
- Personal protection against mosquito biting:
Screening
Protective clothing
Repellents
- Centralized, vertically-structured programs with military-type organization, strict supervision, high level of discipline.
- Vaccine not yet available, though human trials conducted

Treatment

- Symptomatic treatment
- Hydration
- Avoid NSAIDS or Aspirin, only acetaminophen for fever, headache or arthralgia
 - Don't give the patient steroids
- Platelet transfusion only if platelets $<10-20$

Rift Valley Fever

What is Rift Valley fever?

- Rift Valley fever (RVF) is an acute, fever-causing viral disease that affects domestic animals (such as cattle, buffalo, sheep, goats, and camels) and humans. RVF is most commonly associated with mosquito-borne epidemics during years of unusually heavy rainfall.

- The disease is caused by the RVF virus, a member of the genus *Phlebovirus* in the family *Bunyaviridae*. The disease was first reported among livestock by veterinary officers in Kenya in the early 1900s.

On 11 September 2000, the Ministry of Health (MOH) of the Kingdom of Saudi Arabia (Riyadh) received reports of unexplained severe hepatitis in 7 patients from the Jizan region at the southwestern border of Saudi Arabia.

A team from the MOH started investigations within 24 h after notification. Clinical manifestations included low-to-moderate-grade fever, abdominal pain, vomiting, diarrhea, and elevated liver enzyme levels progressing to liver failure, encephalopathy or encephalitis, disseminated intravascular coagulation (DIC), renal failure, and, in 5 of the 7 patients, death.

- Next outbreak was reported in Yemen.
- Now Rift valley fever is considered to be at a low level of endemicity in Saudi Arabia (mostly in Yemen & Jazan)
- Treatment is symptomatic
- Vaccines for veterinary use are available

Leishmaniasis

Leishmaniasis is a protozoal disease caused by Leishmania parasite, which is transmitted by the sand fly.

Leishmaniasis is of three types ; cutaneous leishmaniasis, muco-cutaneous and the visceral (Kala-azar)

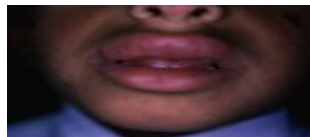
Saudi Arabia & Leishmaniasis

It is known in the Kingdom since 1950. (in Qassim & Hail)

Ministry of Health established the Leishmaniasis unit in the 1980s to follow the disease in the country.



Types of Cutaneous Leishmaniasis



Mucosal



Plaque



Erysipeloid

Hyperkeratotic



Recidivans



MERS CoV : MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS

OUTBREAK :

- 2012 emerged in Saudi Arabia
- 2014 March -April increased dramatically in Arabian Peninsula → declined sharply in ensuing months. → still detected cases
- 2015 May -early July : in South Korea : large outbreak (the index case was an individual who had traveled to the Arabian Peninsula)
- 2015: large outbreak began in a hospital in Riyadh, Saudi Arabia

Where Does the Virus Come From?

- Partial sequence found in bat in Saudi Arabia near location of human case
- Growing evidence that camels play an important role in transmission across the region
- Virus has been detected in dromedary camels in: Qatar, Saudi Arabia and Egypt
- Antibodies have been found in camels in: (? Cross reactivity !!) Jordan, Tunisia, Ethiopia, Nigeria, Egypt, Saudi Arabia, Canary Islands, UAE
- MERS-CoV likely widespread in camels throughout region
- Transmission likely occurring from camel to human



II. Case definition and surveillance guidance [2]

Suspect case (patients who should be tested for MERS-CoV)^{1,2}

- I. A person with fever and community-acquired pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence.³
OR
- II. A hospitalized patient with healthcare associated pneumonia based on clinical and radiological evidence.³
OR
- III. A person with 1) acute febrile ($\geq 38^{\circ}\text{C}$) illness, **AND** 2) body aches, headache, diarrhea, or nausea/vomiting, with or without respiratory symptoms, **AND** 3) unexplained leucopenia ($\text{WBC} < 3.5 \times 10^9/\text{L}$) and thrombocytopenia ($\text{platelets} < 150 \times 10^9/\text{L}$).⁴
OR
- IV. A person (including health care workers) who had protected or unprotected exposure⁵ to a confirmed or probable case of MERS-CoV infection and who presents with upper⁶ or lower⁷ respiratory illness within 2 weeks after exposure.⁸

MERS CoV

Diagnosis and Treatment

DIAGNOSIS:

Real-time reverse-transcriptase polymerase chain reaction (rRT-PCR) for respiratory secretions

EXPERIMENTAL TREATMENT:

- Convalescent plasma
- IVIG
- IFN
- Protease Inhibitors used In HIV infection
- Ribavirin
- Corticosteroids
- Nitazoxanide
- Cyclosporin A
- Combination therapy

Treatment is mainly SUPPORTIVE No vaccine available

Other Endemic Diseases of Saudi Arabia

- Malaria is endemic in Saudi Arabia
- Tuberculosis is endemic in Saudi Arabia These are amongst the most important of the endemic diseases.

Malaria and Tuberculosis have been covered fully in previous lectures.

Summary:

	Typhoid (enteric) fever	Brucellosis	Gastroenteritis
Causative organism	Salmonella typhi and S. paratyphi A, B, C	B. melitensis and B. abortus	Either Amebiasis or Giardiasis
Route of transmission	Ingestion of contaminated food or drink Also crosses placenta	Ingestion of contaminated food or drink Also crosses placenta	Cysts
Incubation period	1-3 weeks	1-4 weeks	
Clinical features	Rose spots: 2-4 mm Fade after 3-4 days	Mono-arthritis Low grade fever, back pain, hip pain Acute fever like typhoid	Dysentery Abdominal pain
Complications	Severe intestinal hemorrhage and perforation		Liver abscess
Investigations	Blood culture +ve 90% in 1st week ESR for follow up	Blood culture is bad, slow growth	Stool microscopy, serology Stool microscopy
Treatment	Ceftriaxone ciprofloxacin	Strptomycin +doxycycline	Both Metronidazole
Prevention	Education Antibiotic Vaccine		

Summary:

	Dengue virus	Rift valley fever	Leishmania sis	MERS CoV
Causative organism	Arbovirus	Rift valley fever virus	Leishmania parasite	Middle east respiratory syndrome coronavirus
Route of transmission	Mosquito		Sand fly	Camels
Clinical features	Hemorrhagic manifestations like: bleeding, hematemesis, petechiae			
Complications		Disseminated intravascular coagulation		
Investigations				Real-time reverse-transcriptase polymerase chain reaction (rRT-PCR)
Treatment	Hydration			supportive
Prevention	Elimination and destruction of mosquitos Cover water Protective clothing	Vaccines for animals (veterinary vaccine)		

Questions:

1- A 45 year old man presented to the clinic complaining of fever and abdominal pain. On examination, you found pinkish spots on his chest. What do you think is the size of these spots?

- A. 1-2
- B. 2-4
- C. 5-7
- D. 8-10

2- What is the suspected serious complication if left untreated?

- A. Pneumonia
- B. Liver abscess
- C. Intestinal hemorrhage
- D. Petechiae

3- A patient presented with fever, malaise, abdominal pain and enlarged liver.

Which of the following investigations would help you differentiate?

- A. WBC
- B. ESR
- C. Blood culture
- D. Widal test

4- If that test was positive, what would be your management?

- A. Cephalosporin
- B. Metronidazole
- C. Streptomycin + Doxycycline
- D. Rifampicin