INFECTIOUS DISEASES

What’s the issue?

“Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans” [293]. “Infectious agents can enter the body through skin contact or injuries, inhalation of airborne germs, ingestion of contaminated food or water, tick or mosquito bites, and sexual contact” [294]. There are many such infectious diseases, however, mortality is low within England with the exception of pneumonia and sepsicaemia. Some vaccines available which are generally given within the first five years of birth, for example, for vaccines for diphtheria, polio, measles, etc.

Tuberculosis (TB) is one infectious disease which is a serious condition, but can be cured with proper treatment. It usually only spreads after prolonged exposure to someone with the illness. Some people can have latent TB where the bacteria is in the body but does not spread or cause symptoms, but this can develop into an active TB infection at a later date. Before antibiotics were introduced, TB was a major health problem in the UK. Nowadays, the condition is much less common. However, in the last 20 years TB cases have gradually increased, particularly among ethnic minority communities who are originally from places where TB is more common. In 2013 around 8,000 cases of TB were reported in the UK (over 5,000 among those born outside the UK). It is estimated around one-third of the world’s population is infected with latent TB. Of these, up to 10% will become active at some point. With antibiotics, TB can usually be cured, but some forms of TB are resistant to certain drugs (then treatment can take up to two years). In the UK, the Bacille de Calmette et Guérin (BCG) vaccine provides effective protection against TB in up to 80% of people who are given it. The vaccine is only offered to people at a higher risk of developing TB” [295].

What's our situation?

The incidence of TB was around half that of England for 2013-15 with 50 new cases diagnosed in Hull (6.5 and 12.0 per 100,000 population for Hull and England respectively). Nine in ten (21 out of 23 cases; 91.3%) of drug-susceptible TB cases reported in Hull in 2012 completed treatment within 12 months, which was higher than England (83.3%). The data for 2013 or 2014 are not available for Hull as the numbers are too small [26, 53].

In 2013-2015 the all age directly standardised mortality rate (DSR) for communicable diseases (infectious and parasitic disease, and influenza) was 12.9 per 100,000 population in Hull which was higher than England (11.5) [26, 77, 82]. There were 76 deaths in total. The DSR for people living in the most deprived fifth of areas of Hull was around double that of those in the least deprived fifth of areas [82, 296]. There were 75 deaths from certain infectious and parasitic diseases (30 prior to the age of 75 years), and 335 deaths from influenza and pneumonia (57 prior to the age of 75 years) [83]. For 2012-14, the under 75s pneumonia standardised mortality ratio was 136 for men and 128 for women denoting a mortality rate around 30% higher for Hull compared to England, but it was not significantly higher than England [78, 296]. In 2012-2014 the all age DSR for infectious and parasitic diseases was 17.1 per 100,000 men and 9.7 per 100,000 women which was statistically significantly higher than England for men (11.0) but not for women (9.1) [78].

For more detailed information, see the JSNA Toolkit: Infectious Diseases report.

What are the strategic needs?

People can reduce their risk of getting an infection and spreading any infection to other people by washing hands, avoiding touching your eyes, nose or mouth with their hands, getting vaccinated, staying at home if signs and symptoms of infectious diseases such as vomiting or fever are present, preparing food safely, practicing safe sex, not sharing personal items such as toothbrushes or drinking glasses, and travelling wisely by getting special vaccinations” [294]. Identify those at risk of
TB and protect them with the BCG vaccine, and ensure those who are receiving treatment for TB continue to take their medication.

References


