EOH-572
Communicable Diseases and Infection Control

Syllabus

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Course Description:
This course will provide the learner with an overview and understanding of the fundamentals of communicable diseases. Students will be presented with information on the microbiology of contagious pathogens, disease transmission, and infection control measures to prevent or stop the spread of communicable diseases. Emphasis will be placed on the pathogens that are likely to be used in a bioterrorism attack and new or re-emerging infectious diseases.

Course Objectives:
At the conclusion of this course a student will be able to:

- Name the infectious diseases with the largest global impact and discuss the financial, medical, and social affects of these diseases
- Define infectious diseases and differentiate them from other types of disease processes
- Describe normal immune functioning, compare it with immunosuppressed states, and identify how immune status affects the development of infectious diseases in normal and vulnerable populations
- Summarize methods of disease transmission and apply principles of infection control in describing measures to prevent transmission from occurring

- Identify vaccine preventable diseases and obstacles to compliance with recommended immunization schedules
- Identify infection prevention and control strategies to limit the secondary spread of infections, including assessment of strategies implemented during past outbreaks and disasters
- Describe pharmacological interventions for preventing, treating, and controlling infectious diseases
- List the steps in outbreak investigation
- Compare and contrast naturally occurring to man-made infectious disease disasters

Course Format: Lectures, readings, and seminar discussions

Evaluation of Performance:

- On-line exams (3)……...45%
  - Test 1……15%
  - Test 2……15%
  - Test 3……15%
- Assignments (2)…….……..35%
  - Assignment 1 [Chain of infection]....15%
  - Assignment 2 [Outbreak paper]…...20%
- Participation in online seminar discussions…….20%

According to the Saint Louis University Graduate School, the only final grades allowed are:

A (≥ 93 points)
B+ (90 – 92 points)
B (83 – 89 points)
B- (80 – 82 points)
C (73 – 79 points)
F (≤ 72 points)

Due Dates:

- Test 1……. Monday, September 25th – Sunday, October 1st
- Test 2……. Monday, October 30th – Sunday, November 5th
- Test 3……..… Monday, December 11th – Friday, December 15th
- Assignment 1 [Chain of infection]…. Sunday, October 8th
- Assignment 2 [Outbreak paper]…….Sunday, November 26th

Course Policies:

- All class-associated email communication should take place through the course WebCT email.
- The week for class readings, assignments, and lectures is defined as Monday through Sunday at midnight unless the section spans multiple weeks.
- The standard for the course professor will be to login to the course at least 3 days of the week.
- On the weeks for which there is a seminar discussion assignment, students are expected to access the WebCT seminar board at least twice a week unless you notify the instructor in advance of a schedule conflict. This will allow discussion of relevant topics in the electronic seminar.
- Responses to all individual comments are not possible although answers to specific questions will be given.
- Students should notify the course professor early if they are unable to participate in a scheduled seminar or assignment during a specific week.
- Students must notify the instructor in advance if some life event or obligation precludes them from submitting an assignment on time. Project due dates are very flexible for military personnel that are deployed; please discuss this with the instructor.
- It is at the instructor's discretion to allow students to make-up missed assignments.
- All University, Graduate School, and School of Public Health policies and procedures are in effect, including, but not limited to, academic standards, course withdrawals, and course incompletes. Please refer to the:
    - Catalog of the Graduate School
    - Office of the Bursar (Student Accounts)
    - Office of the University Registrar (Student Services)
    - Institute for Biosecurity Policy Statement on Academic and Professional Integrity. Details on the Biosecurity Policy Statement on Academic and Professional Integrity are provided in the Academic Integrity link to the left of your WebCT course page and in the MS in Biosecurity Student Handbook.
    - More information, policies, and guidelines relevant to your education are available on the School of Public Health web site at: SLU School of Public Health. It is your responsibility to become familiar with all information available through this and the Web sites above.

Required Texts:

None.

Suggested Text (not required for class, but is a great reference book that outlines infectious diseases):

1) Heymann, D. L. (Ed.). *Control of Communicable Diseases in Man* (18th edition). American Public Health Association. ISBN: 0-87553-034-6

The text may be purchased from any online vendor. Examples include the Amazon.com, Barnes and Noble, and ecampus.com. If you are a member of the American Public Health Association, you can purchase the text at a reduced rate from their website: American Public Health Association ($30 for members or $43 for non-members).

Course Outline:

Module 1: Introduction to immunology
Module 2: Disease development
Module 3: Vulnerable populations
Module 4: Disease transmission
Module 5: Microbiology, laboratory tests, and the LRN
Module 6: Anti-infective therapy and chemoprophylaxis
Module 7: Vaccination and vaccine preventable diseases
Module 8: Infection prevention and control
Module 9: Outbreak investigation
Module 10: Bioterrorism, emerging infections, and other disasters

Seminar Discussions:

For selected sessions, there will be a threaded discussion question or series of questions and each student is expected to participate in that discussion. All opinions stated in the seminar discussions must be backed up by fact and accompanied with an abbreviated citation.

You must follow the guidelines for participating in threaded seminar discussions.
Seminar guidelines:

- Students must email (through WebCT course email) their answer to the seminar question(s) to the instructor by Thursday at midnight of the week that the question is posted.
- All student initial answers (that were emailed to the instructor) should be posted to the seminar discussion board by Friday at midnight of the week that the question is posted. Student must NOT post their answer until Friday at 12:01 am at the earliest. This time gap allows the instructor to receive all answers before students see other students' answers. To receive full points for seminar discussion interaction, students must respond to at least one other student's posting. Interaction responses should be posted by Sunday at midnight of the week that the question is posted. Comments should make a valuable contribution to the discussion by offering new insights or information. A simple "I agree" or some form thereof is *not* considered a sufficient posting for this class.
- All posts should be maintained under the initial posting (i.e., thread) started by the instructor for that week/session. This is accomplished by hitting "Reply" or "Quote" rather than "Compose message". This will allow for the week/session's postings to be compiled under one post initiated by the instructor. Do not start a new post.

Module Reading Assignments

Module 1: Intro to Immunology & Disease Development
Week 1 (Tuesday, September 5th – Sunday, September 10th):

Neuman, M. G. (2003). The immune system and the inflammatory response. *Alcohol Research & Health. 27(4),* 309. **Available in e-reserves**.

Patrick, W. C. (2002). Aerosol dose vs incubation. Prepared for Washington Institute. [Unpublished data.]. **Available in e-reserves.**

Tomes, N. (2000). The making of a germ panic, then and now. *American Journal of Public Health, 90(2),* 191-198. **Available in e-reserves**.

Module 2: Vulnerable Populations
Weeks 2 & 3 (Monday, September 11th – Sunday, September 24th):

Association for Professionals in Infection Control and Epidemiology. (2005). Assorted readings from the APIC Text. In R. Carrico. (Ed.). *APIC Text of Infection Control and Epidemiology*. Washington DC: Association for Professionals in Infection Control and Epidemiology, Inc. **Available in e-reserves.**

Baillargeon, J., et al. (2004). The infectious disease profile of Texas prison inmates. *Preventive Medicine, 38(5),* 607-612. **Available in e-reserves.**

Centers for Disease Control And Prevention. (2006). Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC Endorsed by the Advisory Council for the Elimination of Tuberculosis, the National Commission on Correctional Health Care, and the American Correctional Association. Morbidity and Mortality Weekly Report, *55(RR9),* 1-64. **Available in e-reserves.** [This excerpt is pages 1 – 5 only.]

Rebmann, T. (2005). Severe acute respiratory syndrome: implications for perinatal and neonatal nurses. Journal of Perinatal and Neonatal Nursing, 19(4), 332-347. **Available in e-reserves.**

Sepkowitz, K. A. (1996). Occupationally acquired infections in health care workers. Part I. *Annals of Internal Medicine, 125(10),* 826-834. **Available in e-reserves.**

White, S. R., Henretig, F. M., & Dukes, R. G. (2002). Medical management of vulnerable populations and co-morbid conditions of victims of bioterrorism. *Emergency Medicine Clinics of North America, 20(2),* 365-392. **Available in e-reserves.**

Module 3: Disease Transmission, Micro, Lab Tests, & LRN
Weeks 4 & 5 (Monday, September 25th – Sunday, October 8th):

Centers for Disease Control And Prevention. (2004). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. **Available in e-reserves.** [***Do not print this document.*** It is almost 200 pages long. It is for your future reference only.]

Centers for Disease Control And Prevention. (2005). Foodborne illness. **Available in e-reserves**.

Centers for Disease Control and Prevention. (2005). Laboratory Response Network fact sheet. **Available in e-reserves**.

Centers for Disease Control and Prevention. (2005). Summary of notifiable diseases in the United States, 2003. *MMWR: Morbidity and Mortality Weekly Report, 52(54),* 1-88. **Available in e-reserves.**

Centers for Disease Control and Prevention. (2006). When you swim, swim healthy! What are recreational water illnesses? **Available in e-reserves**.

Fletcher, R. H., & Halstead, S. B. (2001). Evaluation of diagnostic tests. In TJ. C. Thomas (Ed.). Epidemiologic Methods for the Study of Infectious Diseases. Oxford University Press. **Available in e-reserves**.

Module 4: Anti-Infective Therapy and Chemoprophylaxis
Week 6 (Monday, October 9th – Sunday, October 15th):

Centers for Disease Control and Prevention. (2001). Update: investigation of bioterrorism-related anthrax and adverse events from antimicrobial prophylaxis. *MMWR: Morbidity and Mortality Weekly Report, 50(44),* 973-976. **Available in e-reserves**.

Centers for Disease Control and Prevention. (2001). Update: adverse events associated with anthrax prophylaxis among postal employees -- New Jersey, New York City, and the District of Columbia metropolitan area, 2001. *MMWR: Morbidity and Mortality Weekly Report, 50(47),* 1051-1054. **Available in e-reserves**.

Fishman, N. (2006). Antimicrobial stewardship. *American Journal of Infection Control, 34(5S),* S55 – S63. **Available in e-reserves**.

Kirton, C. A. (2001). Medication administration. In P. A. Potter and A. G. Perry (Eds.). Fundamentals of Nursing. Mosby: St Louis, MO. **Available in e-reserves**.

Module 5: Vaccines & Vaccine Preventable Diseases
Weeks 7 - 8 (Monday, October 16th – Sunday, October 29th):

Ada, G. (2001). Vaccines and vaccination. *New England Journal of Medicine, 345(14),* 1042-1053. **Available in e-reserves**. [Skip the entire section on Non-communicable diseases: from page 1050 – the end.]

Centers for Disease Control and Prevention. (2001). Effectiveness of a middle school vaccination law -- California, 1999-2001. *MMWR: Morbidity and Mortality Weekly Report, 50(31), 660-663.* **Available in e-reserves**.

Centers for Disease Control and Prevention. (2005). Recommended Adult Immunization Schedule --- United States, October 2005--September 2006. *Morbidity and Mortality Weekly Report, 54(40),* Q1 – Q4. **Available in e-reserves**.

Centers for Disease Control and Prevention. (2005). Guidelines for vaccinating pregnant women. A**vailable in e-reserves**.

Centers for Disease Control and Prevention. (2005). Vaccine adverse event reporting system. **Available in e-reserves**.

Centers for Disease Control and Prevention. (2006). Recommended Childhood and Adolescent Immunization Schedule --- United States, 2006 Harmonized Childhood and Adolescent Immunization Schedule, 2006. *Morbidity and Mortality Weekly Report, 54(MM51),* 1301 –1332. **Available in e-reserves**. [This excerpt is pages 1317 - 1320 only.]

Chattergoon, M., Boyer, J., & Weiner, D. B. (1997). Genetic immunization: a new era in vaccines and immune therapeutics. *Federation of American Societies for Experimental Biology Journal, 11(10),* 753-763. **Available in e-reserves**. [Skip the sections on Immunomodulatory Properties of DNA & DNA Vaccine Applications in Cancer Treatment; skip Figure 2].

Cowan, A. E., Winston, C. A., Davis, M. M., Wortley, P. M., & Clark, S. J. (2006). Influenza vaccination status and influenza-related perspectives and practices among US physicians. *American Journal of Infection Control, 34(4),* 164-169. **Available in e-reserves**.

Goldstein, K. P., Philipson, T. J., Joo, H., & Daum, R. S. (1996). The effect of epidemic measles on immunization rates. *Journal of the American Medical Association, 276(1),* 56-58. **Available in e-reserves**.

Henderson, D. A. (1987). Principles and lessons from the smallpox eradication programme. *Bulletin of the World Health Organization, 65,* 535-546. **Available in e-reserves**.

McDonnell, W. M., & Askari, F. K. (1997). Immunization. *Journal of the American Medical*

Association, 278(22), 2000-2007. **Available in e-reserves**.

Mell, L. K., et al. (2005). Compliance with national immunization guidelines for children younger than 2 years, 1996-1999. *Pediatrics, 115(2),* 461-467. **Available in e-reserves**.

Milstien, J., & Kaddar, M. (2006). Managing the effect of TRIPS on availability of priority vaccines. *Bulletin of the World Health Organization, 84(5),* 360-365. **Available in e-reserves**.

Talbot, T. R., et al. (2005). SHEA position paper. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. *Infection Control and Hospital Epidemiology, 26(11), 882-890.* **Available in e-reserves**.

Module 6: Infection Prevention and Control
Weeks 9 - 11 (Monday, October 30th – Sunday, November 19th):

Centers for Disease Control And Prevention. (2004). Interim Recommendations for the Selection and Use of Protective Clothing and Respirators Against Biological Agents. **Available in e-reserves**.

Centers for Disease Control And Prevention. (2005). Surveillance for waterborne-disease outbreaks, United States, 1999 – 2000. *MMWR: Morbidity and Mortality Weekly Report, 51(SS-8),* 29 – 44. **Available in e-reserves**.

Center to Protect Worker's Rights. (2004). Biological hazards in sewage and wastewater treatment plants. **Available in e-reserves**.

Dayan, G. H., Ortega-Sanchez, I. R., LeBaron, C. W., & Quinlisk, M. P. (2005). The cost of containing one case of measles: the economic impact on the public health infrastructure--Iowa, 2004. *Pediatrics, 116(1),* 1-4. **Available in e-reserves**.

Division of Healthcare Quality Promotion. (2002). Sterilization or disinfection of medical devices. **Available in e-reserves.**

Environmental Protection Agency. (2005). Emergency disinfection of drinking water. Available at: http://www.epa.gov/ogwdw000/faq/emerg.html. **Available in e-reserves.**

Fung, C., et al. (2004). Rapid creation of a temporary isolation ward for patients with severe acute respiratory syndrome in Taiwan. *Infection Control and Hospital Epidemiology, 25(12),* 1026-1032. **Available in e-reserves**.

Moore, D., Gamage, B., Bryce, E., Copes, R., & Yassi, A. (2005). Protecting health care workers from SARS and other respiratory pathogens: Organizational and individual factors that

affect adherence to infection control guidelines. *American Journal of Infection Control, 33(2),* 88-96. **Available in e-reserves**.

Ooi, P. L., Lim, S., & Chew, S. K. (2005). Use of quarantine in the control of SARS in Singapore. *American Journal of Infection Control, 33(5),* 252-227. **Available in e-reserves**.

Module 7: Outbreak Investigation
Week 12 (Monday, November 20th – Sunday, November 26th):

Checko, P. J. (2005). Outbreak investigation. In R. Carrico (Ed.). *APIC Text of Infection Control and Epidemiology*. Washington DC: Association for Professionals in Infection Control and Epidemiology, Inc. **Available in e-reserves.**

Sarynov, E., & Kulmakhanov, B. (2003). Report on measures taken to contain and eradicate the smallpox outbreak locale in the city of Aralsk, Part II. *Critical Reviews in Microbiology, 29(2),* 145-148. **Available in e-reserves.**

Sarynov, E., Kulmakhanov, B., & Makatov, Z. (2003). Report on measures taken to contain and eradicate the smallpox outbreak locale in the city of Aralsk (September/October, 1971). *Critical Reviews in Microbiology, 29(2), 109-144.* **Available in e-reserves.** [Skip section on the patient/case descriptions, pages 123 – 130.]

Module 8: Bioterrorism, Emerging Infections, and Other Disasters
Weeks 13 & 14 (Monday, November 27th – Sunday, December 10th):

Some of the following articles are editorial responses to other articles. For that reason, some of these articles must be read in order to make any sense. I have grouped the articles and their editorial responses together. The other articles may be read in any order.

Group 1:

1) Fowler, R. A., et al. (2005). Cost-effectiveness of defending against bioterrorism: a comparison of vaccination and antibiotic prophylaxis against anthrax. *Annals of Internal Medicine, 142(8),* 601-610. **Available in e-reserves.**
2) Webb, G. F. (2005). Being prepared: modeling the response to an anthrax attack. *Annals of Internal Medicine, 142(8),* 667-668. **Available in e-reserves.**

Henderson, D. A. (1998). Bioterrorism as a public health threat, *Emerging Infectious Diseases, 4(3),* 488-492. Available at: http://search.epnet.com/login.aspx?direct=true&db=afh&an=976497

Institute for Biosecurity. Anthrax Fact Sheet. (2001). **Available in e-reserves.** [You will not be tested on the fact sheets. They are for your reference only.]

Institute for Biosecurity. Plague Fact Sheet. (2001). **Available in e-reserves.** [You will not be tested on

the fact sheets. They are for your reference only.]

Institute for Biosecurity. Tularemia Fact Sheet. (2002). **Available in e-reserves.** [You will not be tested on the fact sheets. They are for your reference only.]

Institute for Biosecurity. Smallpox Fact Sheet. (2001). **Available in e-reserves.** [You will not be tested on the fact sheets. They are for your reference only.]

Institute for Biosecurity. Botulism Fact Sheet. (2001). **Available in e-reserves.** [You will not be tested on the fact sheets. They are for your reference only.]

Kirkis, E. J. (2006). A myth too tough to die: The dead of disasters cause epidemics of disease. *American Journal of Infection Control, 34 (6),* 331 – 334. **Available in e-reserves.**

Meselson, M., Guillemin. J., Hugh-Jones M, et al. (1994). The Sverdlosk anthrax outbreak of 1979. *Science, 226,* 1202-1208. **Available in e-reserves.**

Morens, D. M., Folkers, G. K., & Fauci, A. S**.** (2004). The challenge of emerging and re-emerging infectious diseases. *Nature, 430(6996),* 242-249. **Available in e-reserves.**

Rebmann, T.**,** English, J.F., & Carrico, R. (under review). Disaster Preparedness: Results from Focus Groups Conducted at the 2006 APIC Conference. Manuscript submitted to *American Journal of Infection Control*. **Available in e-reserves.**

Week 15 (Monday, December 11th – Friday, December 15th):

No Required Reading for Finals Week

Other Assignments

Assignment 1: Chain of Infection (15% of course grade) Due Sunday, October 8th

Pick a communicable disease that is described in detail on the CDC website (http://www.cdc.gov/ and click on the "Diseases and Conditions" link on the left hand side of the page; the direct link: http://www.cdc.gov/node.do/id/0900f3ec8000e035) or from another credible source (such as a class reading, the suggested text: Heymann, D. L. *Control of Communicable Diseases in Man,* etc). You may use any communicable disease (except MRSA/ORSA which is described in the lecture). Describe each "link" in the chain of infection for that disease. You do not need to follow APA for this assignment in relation to using a cover sheet, running head, double-spacing, etc. However, you must include the reference(s) you used for this assignment and the reference must be in APA format. See the Student Orientation and Reference webpage within WebCT for a learning tutorial on APA. Grading will be as follows:

Accurate and complete content (address all 6 links of the infection chain): 90%
Appropriateness of reference(s): 5%
APA (correct use): 5%
You must submit the assignment via the WebCT Assignment tool (there is an icon for it on the homepage).

Assignment 2: Paper (20% of course grade) Due Sunday, November 26th

Write a 4 - 6 page (not counting reference list or cover page) double-spaced paper comparing the response to the 2003 SARS outbreak to the 1971 Smallpox outbreak in Aralsk (in the former Soviet Union). Describe how the diseases are similar and different. Use broad descriptions, such as the existence or lack of an effective therapy, prophylaxis, and/or vaccine rather than listing the specifics of either disease. Describe how the two outbreaks were similar and how they were different. Your paper must address the following: a) description and comparison of the diseases, b) description and comparison of the outbreaks, and c) description and comparison of the interventions used to control/stop the outbreak. You must include reference citations for the information provided in the paper. Use information from previous readings in the class [Fung, Moore, Ooi, Rebmann, Sarynov, Institute for Biosecurity Smallpox Fact Sheet, etc]—you do not need to obtain extra references. The paper and reference citations must be in the American Psychological Association (APA) 5th Edition style. See the Student Orientation and Reference webpage within WebCT for a learning tutorial on APA.

This paper should not read like a Fact Sheet or a clinical description of the diseases, but you will need to be familiar with each in order to compare them. For instance, you would not list the recommended therapy for each disease (in terms of the name of the medication, dosages, etc), but you would need to discuss them broadly (such as whether an antibiotic, antiviral, or antifungal medication exists for the disease). For example, if you were doing a similar paper comparing a pneumonic plague outbreak to the 2001 anthrax bioterrorism incident, you would note that both diseases are caused by bacteria and have effective antibiotic therapies that decrease the mortality rate if the therapy is initiated early in the disease process. You would not list the antibiotics or dosage schedules for either disease. You would also indicate that the incubation period for pneumonic plague is shorter than that of anthrax, making the response time much more critical for plague outbreaks in order to decrease associated morbidity and mortality. You would also point out that pneumonic plague is transmitted via respiratory droplets mandating that patients be isolated, whereas inhalational and cutaneous anthrax do not require patient isolation because anthrax is not a communicable disease. Grading will be based on the Grading Rubric used by the Institute for Biosecurity. It is reproduced in full in this syllabus for your reference (see below).
You must submit the assignment via the WebCT Assignment tool (there is an icon for it on the homepage).

General Evaluation Rubric for Papers			
Thesis	Addresses questions posed by instructor; points easily identifiable, plausible, novel, sophisticated, and crystal clear.	23	
	Promising, but may be slightly unclear, or lacking in insight or originality.	17	
	May be unclear (contain many vague terms), appear unoriginal, or provides little around which to structure the paper.	11	
	Difficult to identify at all, may be bland restatement or summary of obvious points.	5	
Logic and argumentation	All ideas in the paper flow logically; the argument is identifiable, reasonable, and sound.	23	
	Argument of paper is clear, usually flows logically and makes sense.	17	
	Logic may often fail, or argument may often be unclear.	11	
	Ideas do not flow at all, usually because there is no argument to support. Simplistic view of the topic.	5	
Use of evidence	Primary source information used to buttress every point with at least one example. Examples support the mini-thesis and fit within paragraph. Excellent integration of quoted material into sentences.	23	
	Examples used to support most points. Some evidence does not support point, or may appear where inappropriate. Quotes well integrated into sentences.	17	
	Examples used to support some points. Points often lack supporting evidence or evidence used where inappropriate (often because there is no clear point). Quotes may be poorly integrated into sentences.	11	
	Very few or very weak examples. General failure to support statements, or evidence seems to support no statement. Quotes not integrated into sentences; "plopped in" in improper manner.	5	
Structure	Evident, understandable, appropriate for thesis. Excellent transitions for point to point. Paragraphs support solid topic sentences.	23	
	Generally clear and appropriate, though may wander occasionally. May have a few unclear transitions, or a few paragraphs without strong topic sentences.	17	
	Generally unclear, often wanders or jumps around. Few or weak transitions, many paragraphs without topic sentences.	11	
	Unclear, often because thesis is weak or non-existent. Transitions confusing and unclear. Few topic sentences.	5	
Mechanics	Sentence structure, grammar, and diction excellent; correct use of punctuation; minimal to no spelling errors; absolutely no run-on sentences or comma splices.	3	
	Sentence structure, grammar, and diction strong despite occasional lapses; punctuation often used correctly. Some (minor) spelling errors; may have one run-on sentence or comma splice.	2	
	Problems in sentence structure, grammar, and diction (usually not major). Errors in punctuation, citation style, and spelling. May have several run-on sentences or comma splices.	1	
	Big problems in sentence structure, grammar, or diction. Frequent major errors in punctuation and spelling. May have many run-on sentences and comma splices.	0	
References	Correct use of APA citation style; appropriate number and type of references use.	5	
	Citation style usually used correctly with very few minor errors; fair number of appropriate references used.	3	
	Citation style often used correctly with some minor errors; a few appropriate references used.	1	
	Citation style usually used incorrectly or not at all; too few or inappropriate references used.	0	
Total			%