

Exam 5 Study Guide

Please review the main concepts from the movie, Contagion, as well as R-Naught. Also, review your epidemiology math questions.

DHW - Ch. 14	Risk of Infectious and Communicable Diseases	ATI Ch. 3 pg. 23-25
<p>1. What are long-term signs and symptoms of the notifiable STDs?</p> <ul style="list-style-type: none"> • Chlamydia: May be asymptomatic at first but will travel up the reproductive tract and can possibly cause PID which may cause infertility; Chancroid • Gonorrhea: PID/infertility • Hepatitis B; HIV: • Syphilis: visual impairment, stroke, death, perinatal death, encephalopathy. 		
<p>2. Compare and contrast endemics, epidemics, and pandemics.</p> <ul style="list-style-type: none"> • Endemic: disease or infection that is prevalent within a population or geographic area. • Epidemic: increase of infection or disease in certain population or geographic area • Pandemic: global increase of infection or disease 		
<p>3. How do you break the chain of infection?</p> <ul style="list-style-type: none"> • With some diseases good hand hygiene breaks the chain by preventing the transmission of infectious agents from one person to another. 		
<p>4. What are the parts of the chain of infection (be specific)?</p> <ul style="list-style-type: none"> • Host, agent, reservoir, portal of exit, transmission, portal of entry, and on. 		
<p>5. What are host factors at increase the risk of contracting a disease?</p> <ul style="list-style-type: none"> • Age, race, sex, physical and emotional health, immune status. 		
<p>6. What is the incubation period?</p> <ul style="list-style-type: none"> • Time between exposure to an infectious agent and the manifestation of symptoms. 		
<p>7. Whom is a provider required to report diseases to?</p> <ul style="list-style-type: none"> • State and local health departments. 		
<p>8. What are risk factors for acquiring a STD (STI)?</p> <ul style="list-style-type: none"> • Using unsafe sex practices such as not using a condom, having multiple sex partners, and having sex with a partner that has an STD. 		
<p>9. What are the steps of an outbreak investigation? Pg 302</p> <ul style="list-style-type: none"> • Establish and verify diagnosis of reported cases; identify agent. • Search for additional cases; collect critical data and specimens. • Characterize cases by person, place, and time. • Formulate and test tentative hypotheses regarding possible causative factors. • Implement control measures to control the outbreak. • Evaluate efficacy of control measures. • Communicate findings; prepare written report. 		

DHW - Ch. 15	Emerging Infectious Diseases	ATI Ch. 3 pg. 23-25
<ul style="list-style-type: none"> • What are factors that affect emerging diseases? • Microbial adaptation and change • Human susceptibility to infection • Climate and weather • Changing ecosystems • Human demographics and behavior 		

<ul style="list-style-type: none"> • Economic development and land use • International travel and commerce • Technology and industry • Breakdown of public health measures • Poverty and social inequality • War and famine • Lack of political will • Intent to harm (bioterrorism)
<p>1. What are the most common vector borne diseases? WHO website.</p> <ul style="list-style-type: none"> • Yellow fever, malaria, west nile virus, zika, dengue (mosquito) • Plague (fleas) • Lyme (tick)
<p>2. What are Primary prevention strategies for infectious/communicable diseases?</p> <ul style="list-style-type: none"> • Hand hygiene, proper PPE use of healthcare employees.
<p>3. What are Secondary prevention strategies for infectious/communicable diseases?</p> <ul style="list-style-type: none"> • Screen for these diseases.
<p>4. What are the nationally notifiable diseases? CDC website</p> <ul style="list-style-type: none"> • Cholera • Cryptosporidiosis • Cyclosporiasis • Giardiasis • Hepatitis A • Legionellosis • Malaria* • Salmonellosis • Shigellosis • Typhoid fever • Vibriosis • Yellow Fever*
<p>5. What is herd immunity?</p> <ul style="list-style-type: none"> • Type of immunity in which a large proportion of people in a population are not susceptible to a communicable disease and the few people who are susceptible will not likely be exposed and contract the illness.
<p>6. Compare and contrast active vs. passive immunity? How do you get them?</p> <ul style="list-style-type: none"> • Passive, person is given antibodies to a disease rather than producing them through their own immune system (Babies getting antibodies from mom) only lasts for weeks to months. • Active, results when an exposure to a disease triggers the immune system and produces antibodies. (Can be immunizations)
<p>7. Why are some diseases reported?</p> <ul style="list-style-type: none"> • Allows for the collection of statistics that show how often the disease occurs. • Helps researchers identify disease trends and track disease outbreaks. • help control future outbreak
<p>8. What is natural immunity?</p> <ul style="list-style-type: none"> • Exposure and infection of the actual live organism.
<p>9. What is the antigenic shift?</p> <ul style="list-style-type: none"> • Sudden change in the DNA and RNA, resulting in a new strain of the microorganism;

<p>people usually have little immunity to this.</p>
<p>10. What equipment is needed for an outbreak of the avian influenza?</p> <ul style="list-style-type: none"> • Use appropriate personal protective equipment (PPE) <ul style="list-style-type: none"> ○ Disposable gloves or gloves ○ Protective clothing (long-sleeved coveralls with a waterproof apron) ○ Disposable shoe covers or footwear that can be disinfected ○ Safety goggles
<p>11. What indicates a positive TB-skin test?</p> <ul style="list-style-type: none"> • 5-15mm skin reaction at PPD site.
<p>12. What factors increase the spread of TB?</p> <ul style="list-style-type: none"> • Spread from person-person through air (ABN precautions) when a person w/ TB coughs, sneezes, speaks, etc. Increased risk of people with HIV. • People infected with Mycobacterium tuberculosis within the previous 2 years • People with a history of untreated or inadequately treated TB disease, including people with chest radiograph findings consistent with previous TB • Infants and children aged <5 years who have a positive TB test result • Silicosis • Diabetes mellitus • Chronic renal failure • Certain hematologic disorders (leukemias and lymphomas) • Other specific malignancies (e.g., carcinoma of the head, neck, or lung) • Body weight >10% below ideal body weight • Prolonged corticosteroid use • Other immunosuppressive treatments • Organ transplant • End-stage renal disease • Intestinal bypass or gastrectomy
<p>13. What factors can lead to the emerging/re-emerging infectious diseases?</p> <ul style="list-style-type: none"> • increasing number of people living and moving on earth: rapid and intense • international travel; overcrowding in cities with poor sanitation; changes in handling and processing of large quantities of food; and increased exposure of humans to disease vectors and reservoirs in nature

DHW - Ch. 20	Community Preparedness: Disaster and Terrorism	ATI Ch. 8
<p>1. What client classifies as a "Black" triage tag?</p> <ul style="list-style-type: none"> • Dead or no salvageable give available resources. 		
<p>2. What client classifies as a "Red" triage tag?</p> <ul style="list-style-type: none"> • Critical, Unstable, immediate intervention. 		
<p>3. What client classifies as a "Yellow" triage tag?</p> <ul style="list-style-type: none"> • Urgent, Stable but may later deteriorate. 		
<p>4. What client classifies as a "Green" triage tag?</p> <ul style="list-style-type: none"> • Delayed, injured or ill but stable and not likely to deteriorate (walking but wounded) 		
<p>5. What is the nurse's role in a Risk Assessment during disaster preparedness? Pg 494</p> <ul style="list-style-type: none"> • IDENTIFY HAZARDS. • Public health nurses as first responders 		

<ul style="list-style-type: none"> • Assess community needs as events unfold • Conduct surveillance for communicable disease • Prevent and control spread of disease • Maintain communication channels • Organize and manage PODs • Provide on-site triage as needed • Manage behavioral responses to stress • Ensure health and safety of self, colleagues, and public • Document events and interventions
<p>6. What occurs in the Planning phase of disaster management?</p> <ul style="list-style-type: none"> • Developing plans for what to do, where to go, or who to call for help before an event occurs; actions that will improve your chances of successfully dealing with an emergency.
<p>7. What is the purpose of evaluation and After Action Report?</p> <ul style="list-style-type: none"> • Retrospective analysis used to evaluate emergency response drills.
<p>8. What are key areas of concern for data collection in disaster preparedness?</p> <ul style="list-style-type: none"> • Data collection in 3 areas: Risk Assessment, All hazard vulnerability studies, Federal and state response networks. Identify all possible hazards.
<p>9. What is included in an epidemiological analysis report (look at the recovery phase)?</p> <ul style="list-style-type: none"> • analysis of the distribution (who, when, and where), patterns and determinants of health and disease conditions in defined populations.
<p>10. What are the actions of a public health nurse in a disaster?</p> <ul style="list-style-type: none"> • Assess the needs of the community as the events unfold • Conduct surveillance for communicable disease and unmet needs • Prevent and control the spread of disease • Maintain communication channels to ensure accurate dissemination of information to colleagues and the public • Organize and manage points of distribution centers and mass immunization sites as required • Provide on-site triage as needed • Manage behavioral responses to stress • Ensure the health and safety of self, colleagues, and the public • Document events and interventions
<p>11. What are the emergency preparedness steps from the American Red Cross?</p> <ul style="list-style-type: none"> • Identify hazards • Proactive planning • Evaluate possible damage.
<p>12. What does the nurse need to document during a disaster?</p> <ul style="list-style-type: none"> • Not possible that normal standards will be maintained. Time, place, general assessment of the field, name of incident commander should be noted, Document observations.
<p>13. What are the nurse's roles in a bioterrorism disaster?</p> <ul style="list-style-type: none"> • May perform duties outside of their scope, may be a triage officer, ensures safety.
<p>14. What are the manifestations of smallpox?</p> <ul style="list-style-type: none"> • Influenza-like, high fever, body aches • Early rash, raised bumps (most contagious) • Pustular rash, raised firm bumps (contagious) • Pustules with scab formation (contagious) • Resolving scabs (contagious)

<ul style="list-style-type: none"> • Scabs resolved (noncontagious)
<p>15. Where would the community receive supplies, food, water and possibly medications after a disaster?</p> <ul style="list-style-type: none"> • Point of distribution (POD) or Emergency dispensing sites (ESD)
<p>16. What are factors that hinder disaster response in culturally diverse areas?</p> <ul style="list-style-type: none"> • Social and economic inequalities should be thought of during the planning process. Poor and disenfranchised live in less desirable parts of a town, these areas aren't as resistant to natural weather extremes. They lack transportation for evacuation, immigrants may not be familiar with possible resources.
<p>17. What are the nurse's role in field triage in a disaster? May perform duties outside of their scope, may be a triage officer, ensures safety.</p>
<p>18. What are examples of vulnerabilities in communities included in their disaster preparedness plans?</p> <ul style="list-style-type: none"> • Social determinants.
<p>19. What are the phases of emergency management response?</p> <ul style="list-style-type: none"> • Preparedness • Mitigation • Response • Recovery • Evaluation

DHW Ch. 6, 7	Epidemiology-Rates	ATI Ch. 3
1. Calculation of rates related to bioterrorism, and communicable diseases.		
2. Review prevalence rate, prevalence proportion, and cause-specific mortality rates.		
3. Review how to calculate R-naught (R-0).		
4. What are the uses of the principles of epidemiology?		