

TRANSMISSIBLE DISEASES: A GENERAL CLASSIFICATION

*Rahimov Shermat Ismatovich**Bukhara state medical institute. raximov.shermat@bsmi.uz*

Abstract: Transmissible diseases, also known as communicable or infectious diseases, are a major public health concern worldwide. They are caused by pathogenic microorganisms and are spread from one host to another through various mechanisms. This article aims to provide a general classification of transmissible diseases based on their modes of transmission. We will explore different transmission routes, including direct, indirect, and vector-borne, and discuss common diseases associated with each category. A clear understanding of these classifications is essential for developing effective prevention and control strategies, as well as for public health education.

Keywords: Transmissible diseases, infectious diseases, communicable diseases, disease transmission, direct transmission, indirect transmission, vector-borne diseases, airborne transmission, droplet transmission, feco-oral transmission.

Introduction

Transmissible diseases have plagued humanity throughout history, causing epidemics and pandemics that have claimed millions of lives. Despite advancements in medicine and public health, these diseases continue to pose a significant threat, particularly in developing countries. The term "transmissible disease" refers to any illness caused by an infectious agent (e.g., bacteria, viruses, fungi, parasites) that can be transmitted from an infected individual, animal, or contaminated environment to a susceptible host. The mechanism by which these pathogens spread is a critical factor in determining their epidemiological patterns and the public health interventions required to control them.

Main Body

The classification of transmissible diseases is primarily based on their **modes of transmission**, which describe how the infectious agent moves from a source to a new host. These modes can be broadly categorized into direct and indirect transmission.

I. Direct Transmission

Direct transmission involves the immediate transfer of the infectious agent from an infected host to a susceptible host without an intermediate vehicle or vector.

- **Direct Contact:** This is the most common form of direct transmission and occurs through physical contact between an infected person or animal and a susceptible person.

- **Examples:** Skin-to-skin contact (e.g., ringworm, impetigo), sexual contact (e.g., sexually transmitted infections like HIV, syphilis, gonorrhea), kissing (e.g., mononucleosis, herpes simplex virus).

- **Droplet Spread:** This occurs when infectious droplets (larger than 5 micrometers) produced by coughing, sneezing, or talking are propelled a short distance (typically less than 1 meter) through the air and deposited on the conjunctiva, nasal mucosa, or mouth of a susceptible person.

- **Examples:** Influenza, common cold, pertussis (whooping cough), mumps, rubella.

II. Indirect Transmission

Indirect transmission involves the transfer of an infectious agent through an intermediate step, which can be an inanimate object, a contaminated food or water source, or a living vector.

- **Airborne Transmission:** This differs from droplet spread in that the infectious agents are contained within droplet nuclei (particles less than or equal to 5 micrometers in diameter) or dust particles that can remain suspended in the air for extended periods and travel over longer distances.

- **Examples:** Tuberculosis, measles, chickenpox.

- **Vehicle-Borne Transmission:** This occurs when the infectious agent is carried by an inanimate object (fomite), contaminated food, water, or blood.

- **Fomites:** Contaminated objects like doorknobs, toys, clothing, or surgical instruments.

- **Examples:** Norovirus (from contaminated surfaces), common cold (from shared objects).

- **Food-borne:** Ingestion of contaminated food.

- **Examples:** Salmonella, E. coli, Listeria (from undercooked meat, contaminated produce).

- **Water-borne:** Ingestion of contaminated water.

- **Examples:** Cholera, giardiasis, typhoid fever (from contaminated water sources).

- **Blood-borne:** Transmission through contaminated blood or blood products.

- **Examples:** Hepatitis B, Hepatitis C, HIV (from contaminated needles, transfusions).

- **Vector-Borne Transmission:** This involves the transmission of an infectious agent through a living organism, typically an arthropod (e.g., mosquitoes, ticks, fleas, flies), that carries the pathogen from an infected host to a susceptible host.

- **Mechanical Transmission:** The vector picks up the infectious agent on the outside of its body and transmits it through physical contact. The pathogen does not multiply in the vector.

- **Examples:** Flies transmitting *Shigella* from feces to food.

◦ **Biological Transmission:** The infectious agent undergoes a developmental cycle or multiplies within the vector before being transmitted to the host.

▪ **Examples:** Mosquitoes transmitting malaria, dengue fever, Zika virus; Ticks transmitting Lyme disease, Rocky Mountain spotted fever; Fleas transmitting plague.

• **Zoonotic Transmission:** While often involving vectors, it's important to specifically mention the transmission of diseases from animals to humans. This can occur through direct contact with infected animals, consumption of contaminated animal products, or via vectors.

◦ **Examples:** Rabies (from animal bites), leptospirosis (from contact with animal urine), brucellosis (from contaminated dairy products).

Conclusion

A comprehensive understanding of the general classification of transmissible diseases, based on their diverse modes of transmission, is fundamental to effective public health practice. By identifying the specific routes through which pathogens spread, we can implement targeted prevention and control measures, such as vaccination programs, improved sanitation, vector control, safe food handling practices, and public health education campaigns. Continuous surveillance and research into emerging and re-emerging infectious diseases are also crucial to adapting our strategies and mitigating the impact of these health threats globally.

References

1. Abdulazizov A.I., Abdulpaxatova S.B. Parazitozy u ambulatornykh i statsionarnykh bolnykh detey // Med. parazitolog. — 2007. — № 1. — S. 14–16.
2. Avdyuxina T.I., Kucherya T.V. Effektivnost albendazola i pirantelya dlya lecheniya lyamblioza i enterobioza u detey // Uspexi teoreticheskoy i klinicheskoy meditsiny. — M.: RMAPO, 2001. — S. 345.
3. Bronshteyn A.M., Malyshev N.A., Luchshev V.I. Gelmintozы organov pishchевareniya: problemy diagnostiki i lecheniya // Rus. med. jurn. — 2005. — T. 7, № 2. — S. 67–69.
4. Zaprudnov A.M., Salnikova S.I., Mazankova L.N. Gelmintozы u detey. Prakticheskoe rukovodstvo dlya vrachey. — M., 2002.
5. Ye Shermatov, Sh.I. Raximov, ZK Mirxasilova, MA Yakubov REGULIROVANIE SOLEVOGO REJIMA POChV S POMOSHCHYU ZIMNIX PROMYIVOK I RASChET PROMYIVNYX NORM //Scientific Impulse 1 (3), 778-781
6. MR Mirzoeva, ShI Raximov BOLALARDA PARAZITAR KASALLIKLARINING LYaMBLIOZ VA ASKARIDOZ BILAN BIRGA KEChISHI, DAVOLASH-PROFILAKTIKA ChORA-TADBIRLARI VA KLINIK XUSUSIYatLARI. // Ta'lim innovatsiyasi va integratsiyasi, 2024
7. Sh.I. Raximov Allergicheskie Reaksii Pri Parazitozax U Detey //

8. Central Asian Journal of Medical and Natural Science 4 (6), 1223-1227
Rakhimov Sh I. Post-covid syndrome: prevalence, course forms, diagnostic aspects
Galaxy international interdisciplinary research journal (giirj) issn (e): 2347-6915vol.
11, issue 10, oct. (2023)
9. SPECIFIC FEATURES OF GIARDIASIS IN YOUNG CHILDREN Rakhimov
Sh.I. <https://grnjournal.us/index.php/AJPMHS/article/view/2264>
10. Co-occurrence and Clinical Features of Ascariasis and Giardiasis in Children
Rakhimov Shermat Ismatovich
<https://miastoprzyszlosci.com.pl/index.php/mp/article/view/4291>
11. АЛЛЕРГИЧЕСКИЕ РЕАКЦИИ, ВОЗНИКАЮЩИЕ ПРИ НЕКОТОРЫХ
ПАРАЗИТОЗАХ У ДЕТЕЙ Ш.И.Рахимов https://www.bio-conferences.org/articles/bioconf/pdf/2024/40/bioconf_glsbia2024_03022.pdf
12. Sh.I. Raximov Чакалокларда аскаридозларнинг клиник учраши
https://newdayworldmedicine.com/en/new_day_medicine/11-73-2024
13. Co-occurrence and Clinical Features of Ascariasis and Giardiasis in Children
Rakhimov Shermat Ismatovich https://www.bio-conferences.org/articles/bioconf/abs/2024/40/bioconf_glsbia2024_03022/bioconf_glsbia2024_03022.html
14. BOLALARDA PARAZITAR KASALLIKLARINING LYaMBLIOZ VA
ASKARIDOZ BILAN BIRGA KEChISHI, DAVOLASH-PROFILAKTIKA ChORA-
TADBIRLARI VA KLINIK XUSUSIYatLARI. // <https://web-journal.ru/index.php/ilmiy/article/view/4196>
15. Болаларда аскаридоз ва лямблиёз касаллигининг бирга кечиши ҳамда
клинико хусусиятлари ҳамда профилактикасини такомиллаштириш
<https://journal-web.uz/index.php/07/article/view/395>
16. RAHIMOV SHERMAT ISMATOVICH IMPROVING THE PREVENTION
AND CLINICAL FEATURES OF THE COOCCURRENCE OF ASCARIASIS
AND GIARDIASIS IN CHILDREN.
file:///C:/Users/User/Documents/Downloads/IMPROVING+THE+PREVENTION+AND+CLINICAL+FEATURES+OF+THE+COOCCURRENCE+OF+ASCARIASIS+AND+GIARDIASIS+IN+CHILDREN.pdf
<https://inlibrary.uz/index.php/tbir/article/view/92860?ysclid=mbezeclv80269655873>