

Communicable diseases for district of columbia, maryland, and virginia

[History](#)



Communicable Diseases An epidemic is a significant outbreak of a disease. The disease spreads rapidly, killing many people in its wake (Gubler, 2002). In Maryland, deadly influenza was first diagnosed at Camp Meade on 17 September 1918. Death toll rose exponentially so that military officials compared it to number of deaths in wars. The death toll continued to rise. By 28th, the influenza had claimed lives of some 1, 700 people (Dinh et al., 2006). Health officials believed the actual number could be higher. Come October 12, death toll had risen to 25, 000. The state officials were overwhelmed and could not file a report. Health officials moved with speed to intervene such that by 16th November, the number of deaths significantly dropped to 5, 000. The epidemic was one of the worst in the American history. The influenza had a high virulence hence not easy to contain. The influenza is believed to have been transmitted by sailors in Norfolk (Dinh et al., 2006). About 200, 000 people were reportedly infected within the first month of the outbreak.

The District of Columbia was hit by the dengue fever epidemic in late September, 2010. By October 1st, 160 cases had been reported. The dengue fever spread exponentially such that by October 8th, about 2000 people had been infected with the flu. 450 victims of dengue fever were reported by mid October (Modis et al., 2004). By the third week of October, 750 people had been infected with the virus. The dengue fever was feared to become a pandemic in the rural areas and along the border. It took the intervention of the health and State authorities in Columbia to warn the people about the high prevalence of the fever along the borders since the disease is mostly transmitted through water and humidity (Gubler, 2002). To effectively

contain the disease, there was need for the government of Columbia to work hand in hand with the authorities in regions neighboring Columbia.

There was an Ebola outbreak in Reston, Virginia in 1989. An outbreak spread relatively fast; however it was nonlethal to humans. Several lab monkeys died, though. Many people tested positive. It was a unique Ebola outbreak in the U. S. history. Although the Ebola virus could only kill monkeys, it was a major health scare (Geisbert et al., 1992). Fortunately, the U. S. authorities were able to move with speed to contain the Reston virus. Patients exposed to the virus never really got sick. Many Americans viewed the Reston crisis as a health horror. Health officials who tried to contain the situation were exposed to the virus, albeit with minimal risks. The Ebola only causes mild diseases in humans but is asymptomatic (Geisbert et al., 1992). It was first reported in 1976, in Reston. Several people were exposed to the Reston Ebola virus in a few weeks.

References

Chin, J. (2000). Control of communicable diseases manual.

Dinh, P. N., Long, H. T., Tien, N. T. K., Hien, N. T., Mai, L. T. Q., Phong, L. H., ... & World Health Organization. (2006). Risk factors for human infection with avian influenza A H5N1, Vietnam, 2004. *Emerging infectious diseases*, 12(12), 1841.

Geisbert, T. W., Jahrling, P. B., Hanes, M. A., & Zack, P. M. (1992). Association of Ebola-related Reston virus particles and antigen with tissue lesions of monkeys imported to the United States. *Journal of comparative pathology*, 106(2), 137-152.

Gubler, D. J. (2002). Epidemic dengue/dengue hemorrhagic fever as a public

health, social and economic problem in the 21st century. *Trends in microbiology*, 10(2), 100-103.

Modis, Y., Ogata, S., Clements, D., & Harrison, S. C. (2004). Structure of the dengue virus envelope protein after membrane fusion. *Nature*, 427(6972), 313-319.