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## RE: Association between the cheeseburger-in-a-can and the mystery illness.

Iam writing to inform that the epidemiology team of CDC wants to conduct a study to establish an association between the cheeseburger-in-a-can and the mystery illness. Three patients introduce at the crisis division with indications of an unfamiliar disease. In spite of the fact that the etiology of the malady remains hazy, patients with comparable indications have been recorded in Atlanta, Detroit, and San Antonio. Our main event ponder the riddle sickness: While the etiology of the illness remains vague, restorative crews have recorded three phases of ailment. Throughout the first stage, introductory manifestations incorporate a towering review fever, muscle hurts, and bizarre tiredness. ln the second stage, patients enter a senseless state.   
ln the last phase of the disease, patients stir, showing exceedingly irritated and domineering conducts. Notwithstanding the revival of physical capacity, failing to offer any heart rate or neurological capacity. There is no known medication for the malady. There have been no reported recuperations. The brooding period is unknown on how the ailment spreads: It is accepted that the sickness is spread through straight contact with respiratory droplets from hacking and wheezing and salivation from a spoiled individual.   
The disease may have very detrimental effects on the population if quick measure are not put in place. The aggressive behavior that a patient develops could be very dangerous because it may cause the population to wage war against each other. The disease is airborne and so its spread may be very fast. The negative impact of the disease can be measured by calculating the percentage of cases in the population. The epidemiologist are going to use odds ratio because the study design to be used is case control given that the disease has already occurred. Preventive measures that can be put in place are;   
- Sensitizing people to avoid overcrowding   
- Ventilation in in all the rooms where patients with named symptoms are admitted.   
- Enrolling an immunization program of all the people at risk of the disease.   
The team is going to use case control study design. Those with the disease in the population are identified as the cases while those who do not have the disease are the controls. After identifying cases and controls, one establishes exposure that is whether they were exposed or not. The potential sources of biases are during selection of cases and controls. Professionals to ensure that cases and controls are identified accurately can solve this problem through careful examination of the population. Choice of a reliable and valid test is paramount.

## References

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