



Infectious Diseases that are Currently Emerging

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Editorial

Infectious diseases that are newly diagnosed in a community or that have existed but are rapidly expanding in incidence or geographic range are known as emerging infectious diseases (EID). Simply put, new infections may emerge as a result of changes or evolution in existing organisms, known infections spreading to new geographic areas or populations, previously unknown infections emerging in areas undergoing ecological transformation, or old infections resurfacing as a result of antimicrobial resistance in known agents or breakdowns in public health measures [1, 2]. According to the 10th International Conference on EID [3], emerging diseases account for at least 15% of all human illnesses. The synergistic connection between developing diseases and other infectious and non-infectious ailments is a major source of concern. Many developing diseases are zoonotic or synoptic, meaning that the organism is incubated in an animal receptacle and then spreads to humans at random. EID can also be transmitted by food, vectors, or the air. Regardless, the infectious agent must be

virus from rural to international areas. Before the new disease was diagnosed, human behaviours such as intravenous drug use, sexual transmission, and blood product transfer occurred, resulting in fast spread.

Consider the tropical disease chikungunya in light of climate change (discussed previously). This virus is spread by a mosquito that was once only found in tropical areas near the Indian Ocean. An epidemic of this disease killed more than 200 people in a village in Italy in 2007. As a result, outbreaks have occurred on every continent since then.

The shifting demography of the population warrants additional discussion as health care providers within health care systems. Aging increases the patient's vulnerability by increasing the likelihood of infection and subsequent hospitalisation. The author highlights the new fungus species *Candida auris*, which is linked to increased mortality in patients with underlying comorbidities and is producing outbreaks in health care facilities [2].

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Conflict of Interest

None

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