

Comments on the Communicable Disease Issue by the Guest Editors

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The focus on infectious diseases in public health ebbs and flows. Students of the field are taught that developed countries have undergone an epidemiological transition whereby morbidity and mortality from non-infectious diseases has eclipsed that of infectious causes.¹ Nevertheless, infectious etiologies of disease remain a substantial threat to the public's health. The last decade has seen a re-emergence of vaccine preventable diseases,² including pertussis and measles; an increase in sexually transmitted infections (STIs) most notably syphilis among gay, bisexual, and other men who have sex with men³; a worsening Hepatitis C infection (HCV) crisis in the setting of the opioid epidemic⁴; and the ongoing struggle to control the HIV epidemic well into its fourth decade.⁵ To that end, we have solicited a wide range of experts in infectious disease epidemiology, public health practice, and clinical medicine to contribute insightful, and at times, provocative discussions of important infectious diseases within Delaware. Globally, nationally, and locally, healthcare systems face many challenges related to infectious diseases, from creating the infrastructure and microenvironments to support responsible antibiotic prescribing practices to immunization advocacy (and rapid response to complications stemming from a lack of adequate vaccination coverage) to ongoing efforts to test and treat for STIs. This issue of the *Delaware Journal of Public Health* tackles these broad issues.

Certainly, we are all cognizant of the on-going debate surrounding vaccinations in our country. With the recent measles outbreak in Washington and elsewhere,⁶ public health is in the challenging position of advocating for vaccination while responding to disease outbreaks from those who choose to abstain from this remarkable preventive intervention. James Talbot and Paul Hess review the state of immunization in Delaware and how the Delaware Division of Public Health (DPH) has responded to recent vaccine preventable disease outbreaks. A pertussis outbreak in the Amish community in Delaware, as highlighted in the article by Paula Eggers et al., provides a local example of the repercussions of low vaccination rates. Margot Savoy enriches the immunization discussion with a closer examination of human papillomavirus vaccination and a call to action for us all to work collaboratively toward improved vaccination acceptance rates. A common theme throughout these articles is an emphasis on the importance of public health practitioners closely engaging with communities that have lower vaccination rates.

HCV presents a multi-faceted story of incredible therapeutic success and implementation challenges. There is much work still to tackle as we strive to meet the four goals of the national Viral Hepatitis Action Plan in 2020:

1. Prevention of new hepatitis infections,
2. Reduction of death and improvement in health of those living with hepatitis,
3. Reduction of viral hepatitis health disparities, and
4. Effective implementation of viral hepatitis activities.⁷

Continuing with the engagement of the community by public health professionals, William Mazur describes caring for patients with HCV who are incarcerated in Delaware's correctional facilities. With recent advances in HCV therapeutics, treating individuals in an institutionalized setting represents an opportune time to improve the patient's health and provide treatment as prevention of forward HCV transmission subsequently reduces the community HCV burden. Stephen Eppes highlights the unique opportunities surrounding HCV amongst women of childbearing potential and their children, while Navin Vij shares his profoundly personal story with HCV. While Eppes and Vij offer different perspectives, both share compelling arguments in support of universal HCV screening for all pregnant women and adults, respectively.

We have also included several articles that focus on the programmatic management of infectious diseases in Delaware. Vital statewide efforts to improve antimicrobial stewardship are eloquently outlined by Marci Drees et al. The eBrightHealth Choosing Wisely Initiative emphasizes the importance of sustainable multidisciplinary collaboration in working toward appropriate antibiotic utilization in upper respiratory tract infections in inpatient and ambulatory settings. Joanna Suder tackles the sometimes difficult task of public health in the prevention, isolation, and quarantine of individuals who have tuberculosis, focusing on the medicolegal implications.

This issue would be incomplete without including several articles focusing on HIV, both the successes and ongoing opportunities for improvement. Nguyen Tran and Seth Welles detail how understanding the epidemiology of HIV among sexual and gender minority communities, who have been particularly affected by HIV, is used to inform public health policy and action. As they discuss, the epidemiology of HIV has drastically changed since the disease was first recognized in the early 1980s. In large part due to the increase in HIV screening, reduction in stigma, and the development and roll-out of antiretroviral therapy (ART), HIV has transitioned from a death sentence to a chronic infection. Consequently, we are seeing an aging population with HIV, the focus of Brianne Olivieri-Mui's article which considers a Medicare-eligible HIV population and implications for ART access in a nursing home setting.

In closing, we hope you enjoy this issue and give pause to consider both the remarkable achievements of public health in reducing infectious disease sequelae and serious challenges that lay ahead. Lastly, we wish to express our sincere gratitude to the invited contributors who have devoted considerable time and energy to making this issue of the *DJPH* a success.

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