

Communicable Skin Infections among Patients Attending Government Medical College in North Kashmir

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ABSTRACT

Background: Many communicable diseases affect skin primarily and are easily transmitted from person to person. The knowledge of burden of such disease in the community can help to promote the preventive strategies and thus help to prevent further transmission.

Methods: This was a hospital bases cross sectional study done in Government Medical College Hospital in North Kashmir.

Results: Around one third of the patients were clinically diagnosed with communicable skin infections/infestations. Most common being Scabies and Tinea, followed by Herpes infection.

Conclusion: Majority of the communicable skin infection were those which are associated with lack of personal and environmental hygiene.

Key words: Communicable skin disease, Scabies, Tinea, Herpes infection

INTRODUCTION

Skin being the largest organ of the body is affected by a variety of diseases and these diseases are one of the most common human illnesses. Skin diseases are the 4th leading cause of non-fatal disease burden world-wide. And in developing countries it affects around 20-30% of the general population. ^[1] The common skin conditions which are among the top 50 most prevalent diseases globally are: fungal skin diseases, acne vulgaris, pruritus, eczema, impetigo, molluscum contagiosum and scabies. ^[2] There are many communicable diseases which affect skin primarily and are easily transmitted from person to person. Further many of these are easily preventable and related to personal and environmental hygiene. ^[3] There is a scarcity of data

regarding the burden of communicable skin disease in India. Our study aims to assess the burden of these problems in rural Kashmiri population.

METHODOLOGY

This was a cross sectional study conducted at Government Medical College associated hospital in North Kashmir. Data was collected from the outdoor patients visiting the Dermatology department for a period of one month from February to March 2019. Demographic data was collected and the patients were diagnosed by the dermatologist on duty. Data was entered in Microsoft Excel and continuous variables were summarized as mean with standard deviation as categorical variables were summarized as frequency distributions.

RESULTS

In this study a total of the 1008 patients were analyzed. Among them 50.9% were females. Mean age of the patients was 26.5 ± 16.9 years (Table 1). Out of the total, 348 patients were having infectious skin lesions. Among them maximum patients were diagnosed with scabies (33.4%)

followed by tinea (31.3%), herpes zoster (11.49%), herpes simplex (5.17%) and others (Table 2). Among the total 348 patients, majority (87.3%) were having communicable infectious skin disease (Table 3). Majority of the patients having communicable skin lesions were in the age group of 10 -30 years (Table 4).

Table 1: Demography of the study participants

| Sex | Male | | Female | |
|---------------------------|--------------------|-------------|------------|-------------|
| | | 494(49.08%) | | 514(50.99%) |
| Diagnosis | Infectious disease | | Others | |
| | 348(34.5%) | | 660(65.4%) | |
| Age distribution in years | <10 | 10-30 | 30-60 | >60 |
| | 182((18.56) | 494(49.08) | 308(30.56) | 24(2.31) |
| Mean age | 26.50±16.93 years | | | |

Table 2: Distribution of patients with skin lesion due to infectious/infestation

| Distribution of the infection/infestations involved | Number | Percentage |
|---|--------|------------|
| Scabies | 115 | 33.04 |
| Tinea | 109 | 31.3 |
| Herpes simplex | 18 | 5.17 |
| Herpes zoster | 40 | 11.49 |
| Molluscum contagiosum | 8 | 2.29 |
| Pediculosis | 10 | 2.87 |
| Varicella | 4 | 1.14 |
| Folliculitis | 16 | 4.59 |
| Frunclosis | 28 | 8.04 |
| Total | 348 | 100 |

Table 3: Distribution of Patients having communicable infection/infestations

| Disease | Number | Percentage |
|-----------------------|--------|------------|
| Scabies | 115 | 37.8 |
| Tinea | 109 | 35.8 |
| Herpes zoster | 40 | 13.15 |
| Herpes simplex | 18 | 5.92 |
| Pediculosis | 10 | 3.28 |
| Varicella | 4 | 1.31 |
| Molluscum contagiosum | 8 | 2.54 |
| Total | 304 | 100 |

Table 4: Age distribution of the patients with communicable skin disease.

| Age group | Number of patients | | | | | |
|-------------|--------------------|----|-------|-------------|-----------|---|
| | Scabies | Hs | Tinea | Pediculosis | Varicella | M |
| <10 years | 20 | - | 30 | 4 | - | - |
| 10-30 years | 68 | 20 | 52 | 6 | - | 2 |
| 30-60 years | 22 | 36 | 30 | - | 2 | 2 |
| >60 years | 2 | 2 | - | - | 2 | 4 |

DISCUSSION

In our study population, scabies and tinea were the most common communicable skin manifestations. Globally as well as in India these results are consistent with other studies. [2,4-6] The herpes infection was also prevalent in many cases and many studies have shown similar prevalence of herpes in the study population. All these infections are highly contagious and person to person transmission is preventable if presented early and the patients are given proper health education regarding that. [3] Scabies was seen in majority of patients having communicable skin disease and this problem is often associated with poor hygiene and overcrowding. In order to prevent further transmission and recurrence,

proper patient and attendant counselling is important in this disease especially among the patients in pediatric age group. Tinea, which is a fungal infection, was the second most common infection in our study population and was present in children in high numbers. This skin infection also spreads through skin to skin contact and use of unhygienic towels, thus with proper personal hygiene its spread can be prevented. [7] Scabies, tinea and pediculosis were the only infectious diseases present in age less than 10 years. In this age group these problem can lead to severe health and psychological issues with further increased risk of person to person transmission. Parents/guardians play a crucial role in such cases and need to be educated about the

symptoms, management, and preventive methods for such diseases.

CONCLUSION

Our study concludes that communicable skin diseases are prevalent in significant numbers in the rural Kashmir. Further studies to assess the impact of such diseases on the community needs to be done. Health education regarding personal and environmental hygiene should be emphasized to prevent the transmission of these diseases.

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