

# Public Health, Epidemiology, and Clinical Research

100 Essential Concepts Made Easy

Flashcard Collection

A comprehensive study guide covering key concepts in public health, epidemiology, and clinical research.

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# Public Health Foundations

## 1. Determinants of Health

### Definition:

The range of personal, social, economic, and environmental factors that influence individual and population health outcomes.

### Example:

Access to clean water (environmental determinant) and level of education (social determinant) both affect rates of communicable diseases.

### Significance:

Understanding determinants guides interventions beyond clinical care—addressing root causes to improve public health equity.

## 2. Health Promotion

### **Definition:**

The process of enabling people and communities to increase control over—and improve—their health, through policies, education, and community actions.

### **Example:**

A city-wide campaign encouraging daily physical activity in parks to reduce obesity rates.

### **Significance:**

Empowers individuals and systems to prevent disease proactively, reducing healthcare costs and improving quality of life.

### 3. Social–Ecological Model

**Definition:**

A framework recognizing that individual behavior is shaped by interactions across multiple levels: individual, interpersonal, organizational, community, and policy.

**Example:**

Designing an anti-smoking program that includes personal counseling, family support groups, smoke-free workplace policies, and national legislation.

**Significance:**

Ensures multi-level strategies that target not only individuals but also social and environmental influences, maximizing impact.



## 4. One Health

### **Definition:**

An integrated approach recognizing that human health is connected to animal health and shared environments, aiming to prevent and control zoonotic diseases.

### **Example:**

Joint surveillance of avian influenza in poultry farms and human clinics to detect spillover events early.

### **Significance:**

Promotes cross-sector collaboration to manage emerging infectious diseases at the human–animal–environment interface.

## 5. Health Equity

### **Definition:**

The absence of systematic disparities in health between social groups who have different levels of social advantage.

### **Example:**

Implementing mobile clinics in underserved rural regions to close infant-mortality gaps.

### **Significance:**

Frames health as a social justice issue—driving policies that ensure every population has fair health opportunities.

## 6. Health Literacy

### **Definition:**

The capacity of individuals to obtain, process, and understand basic health information and services needed to make appropriate decisions.

### **Example:**

Simplifying consent forms with infographics to help patients understand treatment risks and benefits.

### **Significance:**

Critical for patient empowerment and adherence—low literacy is linked to poorer health outcomes and higher costs.

## 7. Universal Health Coverage

### **Definition:**

A system goal where all individuals and communities receive needed health services—promotion, prevention, treatment, rehabilitation—without financial hardship.

### **Example:**

A national insurance scheme covering antenatal care, immunizations, and essential surgeries.

### **Significance:**

Ensures financial risk protection and equitable access—key to achieving global health targets like the SDGs.

## 8. Sustainable Development Goals (SDGs)

### **Definition:**

A set of 17 global targets established by the UN to end poverty, protect the planet, and ensure prosperity for all by 2030.

### **Example:**

SDG 3's aim to reduce global maternal mortality to below 70 per 100,000 live births.

### **Significance:**

Provides a holistic framework linking health to broader social, economic, and environmental development objectives.

## Prevention & Control

### 9. Primary Prevention

**Definition:**

Interventions applied before disease onset to prevent occurrence, by reducing exposure or increasing resistance.

**Example:**

HPV vaccination of adolescents to prevent cervical cancer.

**Significance:**

The most cost-effective approach—averting illness before it begins saves lives and healthcare resources.

## 10. Secondary Prevention (Screening)

### **Definition:**

Early detection of asymptomatic disease through screening tests to enable prompt treatment and reduce complications.

### **Example:**

Mammography for women over 50 to detect breast cancer at an early, treatable stage.

### **Significance:**

Improves prognosis and reduces treatment intensity, but requires careful consideration of harms like false positives or overdiagnosis.

## 11. Tertiary Prevention

### **Definition:**

Interventions to reduce the impact of established disease by restoring function and reducing complications or disability.

### **Example:**

Cardiac rehabilitation programs for post-myocardial infarction patients to prevent recurrent events.

### **Significance:**

Enhances quality of life and reduces long-term morbidity, critical for chronic disease management.



## 12. Disease Surveillance

### **Definition:**

Continuous, systematic collection, analysis, and interpretation of health data to guide public health action.

### **Example:**

Weekly reporting of influenza-like illness by sentinel clinics to detect seasonal trends.

### **Significance:**

Enables timely outbreak detection and resource allocation, forming the backbone of epidemic control.

## 13. Outbreak Investigation

### **Definition:**

A structured process to verify an outbreak, define and identify cases, generate and test hypotheses, implement control measures, and communicate findings.

### **Example:**

Field team tracing a Salmonella foodborne outbreak to a contaminated restaurant batch.

### **Significance:**

Rapid, systematic investigations limit spread and inform prevention strategies for future outbreaks.

## 14. Immunization Programs

### **Definition:**

Coordinated efforts—policy, financing, logistics, cold-chain management, and community engagement—to deliver vaccines at scale.

### **Example:**

National measles–rubella campaigns combining routine immunization with school-based catch-up days.

### **Significance:**

Provide one of the most successful population-level disease prevention strategies, saving millions of lives annually.

## 15. Vector Control

### **Definition:**

Strategies to reduce or eliminate disease transmission by controlling insect or animal vectors via environmental management, insecticides, or biological methods.

### **Example:**

Distributing insecticide-treated bed nets to prevent malaria in endemic regions.

### **Significance:**

Essential for controlling vector-borne diseases, often a cornerstone of integrated disease management.

## 16. Disease Control vs. Elimination vs. Eradication

### Definition:

Control reduces disease incidence to acceptable levels; elimination interrupts transmission in a defined area; eradication permanently removes disease worldwide.

### Example:

Polio eliminated in the Americas but not yet eradicated globally.

### Significance:

Clarifies program goals and informs resource allocation; eradication demands highest commitment and coordination.

## Epidemiologic Study Designs

### 17. Cross-Sectional Study

**Definition:**

A snapshot survey measuring exposure and outcome status simultaneously to estimate prevalence.

**Example:**

Surveying dietary habits and obesity status in adults during a community health fair.

**Significance:**

Quick and cost-effective for hypothesis generation and prevalence estimation, but cannot establish temporality.

## 18. Case-Control Study

### **Definition:**

Retrospective comparison of exposure histories between individuals with disease (cases) and without (controls) to estimate odds of exposure.

### **Example:**

Comparing past antibiotic use among patients hospitalized for C. difficile infection vs. matched healthy controls.

### **Significance:**

Efficient for studying rare diseases and multiple exposures, but prone to recall and selection biases.

## 19. Cohort Study

### **Definition:**

Prospective or retrospective design following exposed and unexposed groups over time to measure incidence of outcomes, yielding relative risks.

### **Example:**

Following vaccinated vs. unvaccinated children for five years to compare rotavirus infection rates.

### **Significance:**

Strong for causal inference with clear temporality, but resource-intensive and subject to loss to follow-up.



## 20. Ecologic Study

### **Definition:**

Aggregate-level analysis exploring correlations between exposures and outcomes across groups or regions.

### **Example:**

Correlating regional measles vaccination coverage with outbreak incidence across provinces.

### **Significance:**

Useful for hypothesis generation and policy evaluation, but subject to ecological fallacy when inferring individual risk.

## 21. Nested Case–Control Study

### **Definition:**

A case–control study drawn from an existing cohort: cases and matched controls sampled from under-follow-up participants.

### **Example:**

Selecting rotavirus cases and matched controls from a birth cohort's biosample bank.

### **Significance:**

Combines cohort temporality with case–control efficiency, reducing bias and cost when assays are limited.

## 22. Case–Crossover Study

### **Definition:**

Each case serves as its own control by comparing exposure in a risk window before an event to other time windows.

### **Example:**

Comparing NSAID use in the week before peptic-ulcer perforation versus one month earlier.

### **Significance:**

Controls for fixed individual confounders, ideal for studying transient exposures and acute outcomes.

## 23. Randomized Controlled Trial (RCT)

### **Definition:**

Experimental design randomly assigning participants to intervention or control to minimize confounding and establish causality.

### **Example:**

Assigning infants to PCV13 vs. PCV10 and comparing pneumococcal disease incidence.

### **Significance:**

Gold standard for evaluating intervention efficacy, informing clinical practice and regulatory approval.

## 24. Cluster RCT

### **Definition:**

Randomizing groups (e.g., villages, clinics) rather than individuals to evaluate interventions delivered at community or institutional levels.

### **Example:**

Randomizing health centers to electronic immunization registries vs. paper-based systems to assess coverage.

### **Significance:**

Reflects real-world program delivery and prevents contamination between individuals.

## 25. Stepped-Wedge Trial

### **Definition:**

Cluster RCT where all clusters sequentially cross over from control to intervention at randomized timepoints.

### **Example:**

Phased implementation of a hand-hygiene campaign across hospital wards in random order.

### **Significance:**

Balances ethical considerations with rigorous evaluation, ensuring all clusters receive intervention.

## 26. Adaptive Trial

### **Definition:**

Trial design permitting preplanned modifications based on interim analyses (e.g., dropping arms, adjusting sample size).

### **Example:**

Stopping the lowest-dose arm mid-trial to concentrate on more effective vaccine doses.

### **Significance:**

Enhances efficiency, ethical allocation, and resource use by learning during the trial.

## 27. Non-Inferiority Trial

### **Definition:**

Trial aiming to show a new treatment is not worse than the standard by more than a prespecified margin.

### **Example:**

Comparing single-dose vs. two-dose vaccine schedules with a 5% non-inferiority margin.

### **Significance:**

Enables adoption of simpler or safer regimens when placebo is unethical.



## 28. Case Series

### **Definition:**

Descriptive report of clinical features and outcomes among a group of patients without a comparison group.

### **Example:**

Describing symptom progression in the first 30 COVID-19 patients at an outbreak center.

### **Significance:**

Useful for early outbreak characterization and hypothesis generation for further studies.

## Bias & Confounding

### 29. Selection Bias

**Definition:**

Systematic differences between those selected for a study and the target population, leading to non-representative samples and distorted associations.

**Example:**

Recruiting only hospitalized patients to estimate community prevalence of diabetes may overestimate true rates.

**Significance:**

Threatens generalizability; recognizing and minimizing it ensures study findings apply to broader populations.

## 30. Information Bias

### **Definition:**

Systematic error from misclassification of exposures or outcomes due to inaccurate measurement or data collection methods.

### **Example:**

Self-reported alcohol intake often underestimates true consumption due to recall and social desirability.

### **Significance:**

Undermines internal validity; standardized assessments and blinding improve measurement accuracy.

## 31. Recall Bias

### **Definition:**

Error when participants do not accurately remember past exposures, causing differential misclassification between cases and controls.

### **Example:**

Mothers of children with birth defects may overreport medication use compared to mothers of healthy children.

### **Significance:**

Can exaggerate or mask associations; using medical records helps mitigate its effect.

## 32. Observer (Measurement) Bias

### **Definition:**

Systematic differences in data recording by observers, influenced by knowledge of exposure or outcome status.

### **Example:**

A clinician knowing a patient received the vaccine may overestimate symptom improvement.

### **Significance:**

Maintaining blinding and training observers reduces this bias.

## 33. Confounding

### **Definition:**

Distortion of an exposure–outcome relationship by a third variable associated with both but not on the causal path.

### **Example:**

Age confounding the link between exercise and heart disease if older adults both exercise less and have higher risk.

### **Significance:**

Controlling confounders via randomization or multivariate analysis is essential for valid inference.

## 34. Residual Confounding

### **Definition:**

Remaining confounding after adjustment due to imperfect measurement or unmeasured variables.

### **Example:**

Adjusting for smoking status (yes/no) leaves bias from pack-year differences.

### **Significance:**

Recognizing residual confounding informs cautious interpretation and further sensitivity analyses.

## 35. Healthy-User Bias

### **Definition:**

Bias where individuals engaging in preventive behaviors differ systematically in health status from non-users.

### **Example:**

Vaccinated individuals may also have healthier lifestyles, skewing effectiveness estimates upward.

### **Significance:**

Adjusting for health-seeking behavior reduces overestimation of intervention benefits.



## 36. Channeling Bias

### **Definition:**

Systematic prescribing patterns where patients with different prognoses are channeled into specific treatments.

### **Example:**

Sicker patients preferentially receiving second-line therapy, biasing outcome comparisons.

### **Significance:**

Distinguishing channeling from confounding by indication is key for correct adjustment.

## 37. Lead-Time Bias

### **Definition:**

Apparent survival benefit when early detection advances diagnosis date without actual extension of life.

### **Example:**

Screen-detected cancers appear to increase survival time from diagnosis without changing mortality.

### **Significance:**

Focusing on mortality rates rather than survival time avoids misleading screening benefits.

## 38. Ecological Fallacy

### **Definition:**

Incorrect inference about individuals based on group-level data, because aggregate associations may not hold at individual level.

### **Example:**

A country with high fat intake and low heart disease incidence does not imply individuals eating fat are protected.

### **Significance:**

Highlights need for individual-level studies to guide clinical decisions.

## Measures of Disease Frequency & Association

### 39. Incidence Rate

**Definition:**

The rate at which new cases occur in a population per unit of person-time at risk.

**Example:**

Reporting 5.2 new rotavirus cases per 1,000 child-years in a birth cohort.

**Significance:**

Allows comparison of disease risk accounting for varying follow-up durations.

## 40. Cumulative Incidence

### **Definition:**

The proportion of an initially disease-free population that develops the disease over a specified time period.

### **Example:**

Noting that 8% of participants develop type 2 diabetes over 10 years.

### **Significance:**

Directly informs individual risk and aids in public-health planning.

## 41. Prevalence

### **Definition:**

The proportion of a population with a disease or condition at a point or over a period, reflecting both incidence and duration.

### **Example:**

Finding that 12% of surveyed adults have hypertension at a health fair.

### **Significance:**

Guides healthcare service planning and resource allocation.

## 42. Risk Ratio (Relative Risk)

### **Definition:**

The ratio of cumulative incidence in exposed vs. unexposed groups, quantifying relative likelihood of an outcome.

### **Example:**

A RR of 3.0 for lung cancer among smokers vs. non-smokers indicates triple the risk.

### **Significance:**

Provides an intuitive measure of association in cohort studies.

## 43. Odds Ratio

### **Definition:**

The ratio of the odds of exposure among cases to odds among controls; approximates RR when outcome is rare.

### **Example:**

An OR of 2.5 for high cholesterol among heart-attack survivors vs. controls.

### **Significance:**

Widely used in case-control studies and logistic regression analysis.



## 44. Hazard Ratio

### **Definition:**

The ratio of hazard rates between two groups in survival analysis, indicating relative risk at any time point.

### **Example:**

A HR of 0.7 for mortality in vaccinated vs. unvaccinated indicates 30% reduction.

### **Significance:**

Crucial for time-to-event analyses in clinical trials and cohort studies.

## 45. Rate Ratio

### **Definition:**

The ratio of incidence rates between two groups, comparing new-case rates per person-time at risk.

### **Example:**

A rate ratio of 1.8 for measles in unvaccinated vs. vaccinated children per 1,000 child-years.

### **Significance:**

Enables comparison of dynamic rates across different populations or periods.

## 46. Risk Difference

### **Definition:**

The absolute difference in cumulative incidence between exposed and unexposed groups.

### **Example:**

If 15% of smokers and 5% of non-smokers develop COPD over 10 years, RD is 10%.

### **Significance:**

Quantifies absolute effect for decision-making and NNT calculations.

## 47. Number Needed to Treat (NNT)

### **Definition:**

The number of individuals who need the intervention for one additional beneficial outcome compared to control.

### **Example:**

An NNT of 50 for a vaccine means vaccinating 50 children prevents one disease case.

### **Significance:**

Simplifies communication of clinical benefit to practitioners and policy-makers.

## 48. Population Attributable Fraction

### **Definition:**

Proportion of disease incidence in a population that would be prevented if an exposure were eliminated.

### **Example:**

Calculating that eliminating smoking would prevent 30% of lung cancer cases.

### **Significance:**

Informs prioritization of public-health interventions by highlighting high-impact exposures.

# Statistical Methods & Inference

## 49. P-Value

### Definition:

Probability of observing data as extreme as those observed, assuming the null hypothesis is true; not a measure of effect size.

### Example:

$p=0.02$  in a vaccine trial suggests a 2% chance the efficacy difference occurred by random variation.

### Significance:

Guides statistical hypothesis testing but should be interpreted alongside effect sizes and confidence intervals.

## 50. Confidence Interval (CI)

### **Definition:**

Range of values derived from sample data within which the true population parameter is expected to lie with a specified probability (e.g., 95%).

### **Example:**

A 95% CI of 0.8–1.2 for a risk ratio indicates the true effect likely falls in that range.

### **Significance:**

Conveys precision and uncertainty; narrow intervals suggest more reliable estimates.

## 51. Statistical Power

### Definition:

Probability that a study will detect a true effect of a specified size at the chosen significance level ( $1-\beta$ ).

### Example:

A trial with 80% power has an 80% chance to detect a 20% reduction in disease incidence if it exists.

### Significance:

Ensures studies are adequately sized to avoid false negatives and wasted resources.



## 52. Type I & Type II Errors

### Definition:

Type I ( $\alpha$ ): False positive—incorrectly rejecting a true null. Type II ( $\beta$ ): False negative—failing to reject a false null.

### Example:

Claiming a vaccine is effective when it isn't (Type I) vs. missing a real vaccine benefit (Type II).

### Significance:

Balancing error rates is crucial in trial design to minimize misleading conclusions.

## 53. Multiple Testing & False Discovery Rate (FDR)

### Definition:

When multiple hypotheses are tested, false positives increase; FDR controls the expected proportion of false discoveries among significant results.

### Example:

Adjusting p-values across 1,000 gene tests to maintain  $FDR \leq 5\%$ .

### Significance:

Protects against spurious findings in high-dimensional studies like genomics.

## 54. Alpha Spending

### **Definition:**

Framework for allocating the overall Type I error budget across interim analyses to maintain the specified  $\alpha$  level.

### **Example:**

Using O'Brien–Fleming boundaries to allocate  $\alpha$  in sequential looks of a clinical trial.

### **Significance:**

Allows ethical interim assessments without inflating false positive rates.

## 55. Bayesian vs. Frequentist Inference

### Definition:

Frequentist interprets probability as long-run frequency; Bayesian updates prior beliefs with data to yield posterior distributions.

### Example:

Bayesian trial incorporates prior efficacy data to refine current vaccine effectiveness estimates.

### Significance:

Bayesian methods offer flexibility and direct probability statements, while frequentist methods are widely established.

## 56. Fixed-Effects vs. Random-Effects Models

### Definition:

Fixed-effects assume one true effect size; random-effects model variation across studies and incorporate between-study heterogeneity.

### Example:

Random-effects meta-analysis of PCV trials accounts for differences in geography and study design.

### Significance:

Choosing the correct model impacts generalizability and pooled estimate interpretation.

## 57. Meta-Analysis

### **Definition:**

Statistical pooling of results from multiple studies to generate a combined effect estimate, enhancing precision and exploring heterogeneity.

### **Example:**

Combining rotavirus vaccine RCTs to estimate overall efficacy of 85%.

### **Significance:**

Strengthens evidence synthesis and informs clinical guidelines and policy.

## 58. Sensitivity Analysis

### **Definition:**

Analyses under alternative assumptions (e.g., variable definitions, missing data methods) to assess robustness of main findings.

### **Example:**

Re-running analyses excluding early dropouts to evaluate consistency of vaccine effectiveness.

### **Significance:**

Demonstrates the stability of results, bolstering confidence in conclusions.

## Clinical Trials & Intervention Designs

### 59. Allocation Concealment

**Definition:**

Ensuring recruiters cannot foresee upcoming assignments (e.g., sealed envelopes, centralized randomization) to prevent selection bias.

**Example:**

Using a web-based system that reveals treatment only after patient enrollment.

**Significance:**

Maintains trial integrity by preventing enrollment manipulation.



## 60. Blinding (Masking)

### **Definition:**

Keeping participants, caregivers, and/or assessors unaware of allocated interventions to reduce performance and ascertainment biases.

### **Example:**

Double-blind PCV trial where neither parents nor clinicians know the vaccine type administered.

### **Significance:**

Enhances objectivity in outcome assessment and participant management.

## 61. Intention-to-Treat (ITT) Analysis

### **Definition:**

Analyzing all randomized participants in their assigned groups regardless of adherence to preserve randomization benefits.

### **Example:**

Including children who missed doses in their original group when assessing PCV efficacy.

### **Significance:**

Reflects real-world application and avoids attrition bias.

## 62. Per-Protocol Analysis

### **Definition:**

Analyzing only participants who fully adhere to the protocol, excluding major deviations and dropouts.

### **Example:**

Evaluating vaccine efficacy among infants who received all scheduled doses on time.

### **Significance:**

Estimates efficacy under ideal conditions but may overstate real-world effects.

## 63. Trial Registration & CONSORT

### **Definition:**

Registering trials in public databases and reporting according to CONSORT guidelines for transparency and completeness.

### **Example:**

Including a CONSORT flow diagram in the published PCV trial report.

### **Significance:**

Reduces selective reporting and enhances replicability.

## 64. Data and Safety Monitoring Board (DSMB)

### **Definition:**

An independent committee reviewing unblinded safety and efficacy data and advising on trial continuation or modification.

### **Example:**

DSMB halts a vaccine trial after detecting serious adverse events at interim analysis.

### **Significance:**

Protects participant safety and maintains trial validity.

## 65. Interim Analysis

### **Definition:**

Preplanned assessment of accruing trial data at predefined points using statistical boundaries to control overall error rates.

### **Example:**

Analyzing efficacy data after 50% of events in a rotavirus trial.

### **Significance:**

Enables early stopping for efficacy or safety, optimizing resources and ethics.

## 66. Composite Endpoints

### **Definition:**

Combining multiple outcomes into a single measure (e.g., death or hospitalization) to increase event rates and power.

### **Example:**

Using 'heart attack, stroke, or cardiovascular death' as one endpoint.

### **Significance:**

Improves efficiency but requires careful interpretation of component events.

## 67. Adaptive Design Features

### **Definition:**

Preplanned trial modifications such as dose adjustments or arm dropping based on interim data.

### **Example:**

Dropping ineffective vaccine arms mid-trial to focus on promising candidates.

### **Significance:**

Enhances trial flexibility and participant welfare.



## 68. Equivalence & Non-Inferiority Margins

### **Definition:**

Predefined thresholds for acceptable differences when demonstrating equivalence or non-inferiority.

### **Example:**

A 5% margin for single-dose vaccine schedule comparison.

### **Significance:**

Determines interpretation of trials without placebo arms.

## Surveillance & Outbreak Investigation

### 69. Passive vs. Active Surveillance

#### Definition:

Passive relies on routine reporting by providers; active involves proactive case-finding by health authorities.

#### Example:

Clinic reports of measles (passive) vs. door-to-door case searches during an outbreak (active).

#### Significance:

Active surveillance detects more cases but requires more resources; choice impacts outbreak control efficacy.

## 70. Sentinel Surveillance

### **Definition:**

Monitoring disease trends via selected reporting sites that represent larger populations, balancing cost and representativeness.

### **Example:**

A network of pediatric hospitals reporting rotavirus hospitalizations seasonally.

### **Significance:**

Provides timely data on disease trends without exhaustive data collection.

## 71. Case Definition & Line List

### **Definition:**

Case definition sets standard criteria for identifying cases; line list is a table of individual case data.

### **Example:**

Using WHO's Ebola suspect case definition and compiling dates, symptoms, and outcomes in a line list.

### **Significance:**

Ensures consistent case identification and organized data for rapid outbreak analysis.

## 72. Attack Rate & Secondary Attack Rate

### Definition:

Attack rate is the proportion of at-risk individuals who become ill; secondary attack rate is proportion of contacts who become ill.

### Example:

20% attack rate in village cholera outbreak and 15% secondary rate among household contacts.

### Significance:

Helps quantify transmissibility and target control measures during outbreaks.

## 73. Epidemic Curve

### **Definition:**

Graphical display of case counts by onset time, revealing outbreak dynamics such as point-source or propagated spread.

### **Example:**

A sharp peak two days post-exposure indicates a point-source salmonella outbreak.

### **Significance:**

Aids hypothesis generation on exposure and guides control interventions timing.

## 74. Basic & Effective Reproductive Number ( $R_0$ & $R_e$ )

### Definition:

$R_0$  is average secondary cases in susceptible population;  $R_e$  is reproduction number accounting for immunity/interventions.

### Example:

Measles  $R_0 \approx 15$ ; after 80% vaccination,  $R_e$  falls below 1, halting transmission.

### Significance:

Informs vaccination targets and outbreak potential assessments.

## 75. Contact Tracing

### **Definition:**

Identifying, notifying, and monitoring individuals exposed to confirmed cases to interrupt transmission.

### **Example:**

Tracing and quarantining contacts of a confirmed COVID-19 patient.

### **Significance:**

Critical for containing infectious disease spread at early stages.



## 76. Ring Vaccination

**Definition:**

Vaccinating contacts and contacts-of-contacts around a case to create immunity buffer and contain spread.

**Example:**

Ring vaccination strategy used successfully in Ebola outbreaks.

**Significance:**

Efficiently targets limited vaccine resources to achieve rapid outbreak control.

## Diagnostics & Screening

### 77. Sensitivity & Specificity

#### Definition:

Sensitivity: True-positive rate—proportion of diseased individuals correctly identified.  
Specificity: True-negative rate—proportion of healthy individuals correctly excluded.

#### Example:

A rotavirus test with 95% sensitivity and 90% specificity accurately identifies most infected and excludes most healthy children.

#### Significance:

Fundamental metrics for evaluating diagnostic tests and guiding interpretation of results.

## 78. Positive & Negative Predictive Values

### Definition:

PPV: Proportion of test-positive individuals who truly have the disease. NPV: Proportion of test-negative individuals who are disease-free.

### Example:

In a high-prevalence flu season, a rapid test PPV of 85% indicates 85% of positives are true cases.

### Significance:

Reflect real-world test performance based on disease prevalence, informing clinical decisions.

## 79. Receiver-Operating Characteristic (ROC) Curve

### Definition:

Plot of sensitivity vs.  $1 - \text{specificity}$  across thresholds, illustrating a test's discriminative ability.

### Example:

Using ROC analysis to select optimal viral-load cutoff for HIV diagnosis.

### Significance:

Helps choose test thresholds balancing true- and false-positive rates.

## 80. Area Under the Curve (AUC)

### **Definition:**

The area under the ROC curve, summarizing overall test accuracy; ranges from 0.5 (no discrimination) to 1.0 (perfect).

### **Example:**

An AUC of 0.88 indicates excellent performance for a cancer biomarker.

### **Significance:**

Provides a single measure to compare diagnostic tests and assess improvements.

## 81. Likelihood Ratios

### Definition:

Metrics combining sensitivity and specificity to update disease odds:  $LR+ = \text{Sensitivity} / (1 - \text{Specificity})$ ,  $LR- = (1 - \text{Sensitivity}) / \text{Specificity}$ .

### Example:

A test with  $LR+=9.5$  and  $LR-=0.06$  greatly shifts disease probability.

### Significance:

Facilitates accurate application of Bayes' theorem in clinical diagnosis.

## 82. Kappa Statistic (Inter-rater Agreement)

### Definition:

Chance-corrected measure of agreement between observers classifying categorical outcomes; ranges from  $-1$  to  $1$ .

### Example:

A kappa of  $0.80$  for X-ray readings indicates substantial agreement among radiologists.

### Significance:

Assesses reliability of diagnostic or observational measures.

## 83. Diagnostic Odds Ratio

### Definition:

Ratio of odds of a positive test in diseased vs. non-diseased:  $(\text{sensitivity}/(1-\text{sensitivity})) \div ((1-\text{specificity})/\text{specificity})$ .

### Example:

A DOR of 50 indicates strong discrimination by a tuberculosis assay.

### Significance:

Offers a single performance metric combining sensitivity and specificity.



## 84. Lead-Time & Length-Time Bias in Screening

### Definition:

Lead-time: Early detection advances diagnosis date without extending life. Length-time: Screening picks slower-progressing cases, overstating benefit.

### Example:

PSA screening may detect indolent prostate cancers, inflating survival statistics.

### Significance:

Crucial to interpret screening benefits accurately and avoid overestimation.

## Immunization & Vaccine Concepts

### 85. Vaccine Efficacy

**Definition:**

The relative reduction in disease incidence under ideal (trial) conditions:  $(1 - RR) \times 100\%$ .

**Example:**

A PCV trial demonstrating 90% efficacy means vaccinated children had 90% fewer pneumococcal cases.

**Significance:**

Establishes baseline protection level for regulatory approval and public-health recommendations.

## 86. Vaccine Effectiveness

### **Definition:**

Observed reduction in disease incidence in real-world settings, accounting for programmatic factors like cold chain and adherence.

### **Example:**

A rotavirus program showing 80% effectiveness in routine use, lower than its 90% trial efficacy.

### **Significance:**

Reflects true public-health impact, guiding resource allocation and program improvements.

## 87. Vaccine Impact

### **Definition:**

The overall reduction in disease burden at the population level, including both direct and indirect (herd) effects.

### **Example:**

After PCV introduction, under-five pneumonia hospitalizations fell by 40% nationwide.

### **Significance:**

Demonstrates broader benefits of vaccination programs beyond individual protection.

## 88. Herd Immunity

### **Definition:**

Indirect protection of susceptible individuals when a critical proportion of the population is immune, halting transmission chains.

### **Example:**

Non-vaccinated infants gain protection when >90% of community members are immunized against measles.

### **Significance:**

Informs vaccination coverage targets necessary to prevent outbreaks.

## 89. Herd Immunity Threshold

### Definition:

The proportion of immune individuals required to reduce the effective reproductive number ( $R_{\text{eff}}$ ) below 1:  $1 - 1/R_0$ .

### Example:

For measles with  $R_0 \approx 15$ , the threshold is ~93%.

### Significance:

Guides policy on minimum vaccine coverage to achieve community protection.

## 90. Leaky Vaccine

### **Definition:**

A vaccine that reduces the probability of infection per exposure but does not confer full immunity to any individual.

### **Example:**

A malaria vaccine that halves the risk of infection per mosquito bite.

### **Significance:**

Affects modeling of vaccine impact and design of immunization strategies.

## 91. All-or-Nothing Vaccine

### **Definition:**

A vaccine where a proportion of recipients gains complete protection while the rest receive no benefit.

### **Example:**

An adenovirus-vectored vaccine fully protects 70% of recipients, with 30% unprotected.

### **Significance:**

Influences interpretation of efficacy and informs booster or alternative strategies.



## 92. Waning Immunity

### **Definition:**

The gradual decline of protective immunity over time post-vaccination or infection, necessitating booster doses.

### **Example:**

Pertussis immunity decreases after 5–10 years, prompting adolescent booster recommendations.

### **Significance:**

Shapes vaccination schedules and booster policies to maintain long-term protection.

## 93. Antibody-Dependent Enhancement (ADE)

### **Definition:**

A phenomenon where non-neutralizing antibodies facilitate viral entry into cells or enhance inflammation, worsening disease.

### **Example:**

ADE concerns in dengue vaccine development where prior antibodies exacerbated subsequent infections.

### **Significance:**

Essential consideration in vaccine design to prevent unintended exacerbation of disease.

## 94. Vaccine Hesitancy

### **Definition:**

Delay in acceptance or refusal of vaccination despite availability, driven by complacency, convenience, and confidence factors.

### **Example:**

Community dialogues addressing COVID-19 vaccine safety to reduce hesitancy.

### **Significance:**

A major barrier to achieving coverage targets; understanding drivers informs communication strategies.

## 95. Cold Chain

### **Definition:**

The temperature-controlled vaccine supply chain (typically 2–8°C) from manufacturer to administration point, preserving potency.

### **Example:**

Solar-powered refrigerators in off-grid clinics maintain measles vaccine cold-chain.

### **Significance:**

Critical for vaccine efficacy; breaks can lead to reduced effectiveness or wastage.

## 96. Vaccine Coverage

### **Definition:**

The percentage of a target population that has received a specific vaccine dose or complete schedule.

### **Example:**

An 85% DTP3 coverage rate indicates three-dose completion in 85% of infants.

### **Significance:**

Key metric for program performance and identifying coverage gaps.

## 97. Booster Dose

### **Definition:**

An additional vaccine dose given after the primary series to counter waning immunity and prolong protection.

### **Example:**

Tetanus boosters recommended every 10 years to sustain immunity.

### **Significance:**

Ensures long-term disease prevention and informs revaccination policies.

## 98. Multi-Dose Vial Policy

### **Definition:**

WHO guidelines on safely using opened vaccine vials for multiple sessions (up to 28 days), balancing wastage reduction with contamination risk.

### **Example:**

Using BCG vials across several immunization days under controlled cold-chain and hygiene measures.

### **Significance:**

Improves vaccine access and cost-efficiency in resource-limited settings.

## 99. Vaccine Vial Monitor (VVM)

### **Definition:**

A heat-sensitive label on vaccine vials that changes color as cumulative heat exposure increases, indicating when vials should be discarded.

### **Example:**

Discarding OPV vials once the VVM's inner square matches the outer circle in color.

### **Significance:**

Provides a simple, visual check to maintain vaccine quality at point of use.



## 100. Thermostability

### **Definition:**

The ability of a vaccine formulation to withstand temperature variations without significant loss of potency.

### **Example:**

A rotavirus vaccine stable for up to 14 days at 40 °C enables outreach in remote areas.

### **Significance:**

Enables controlled temperature chain approaches, expanding immunization in challenging environments.

## References and Further Reading

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