

Screening for disease

⇒ Define:

Screening is the presumptive identification of unrecognized disease or defect in an apparently healthy population by the application of tests.

- The major submerged portion of ice is iceberg phenomenon of disease correspond to subclinical cases, carriers, undiagnosed cases. They are responsible for constant prevalence of the disease.

Criteria for screening:

This is based on two considerations,

- ⇒
- the disease to be screened
 - test to be applied

Principle of screening:

1. Disease Related criteria: (Wilson And Jungner)

- The condition sought should be an imp public health problem
- There should be a recognizable latent or early asymptomatic stage.

— The natural history of the disease should be well understood.

— The disease should cause significant morbidity, mortality or disability.

— The test should be Acceptable to the Population.

2. Test Related Criteria

— There should be suitable screening test or examination.

— The test should be simple, safe, Rapid, Reliable and Acceptable to the population.

— The test should be cost-effective & feasible for large population.

— The test should have high sensitivity & specificity.

3. H/t of health system criteria

— There should be an accepted effective H/t for the disease.

— Facilities for confirmation of diagnosis at H/t

— There should be an agreed policy as to whom to H/t

4. Program - Related Criteria

— Case finding should be a continuous process

— cost of case finding should be economically balanced

test and briefly describe the features of a disease which make it suitable for screening.

It must satisfy certain disease related criteria

Wilson & Jungner classification

1) Top Public health problem.

eg TB, cancer, diabetes

2) Recognizable latent or early asymptomatic stage

- There must be a detectable pre-clinical phase

3) Amenable to effective treatment

4) Natural history should be well understood

5) Pathogenic sequence of disease

6) Social and economic importance

Sensitivity And Specificity

- These are measures of the validity of a screening or diagnostic test.

They indicate how well a test correctly identifies disease of non-diseased individuals.

(a) True (+) = Disease, Result is +ve

(b) False (+) = NoD, Result +ve

(d) True (-) = NoD, Result -ve

(c) False (-) = Disease, Result -ve

Sensitivity

- Sensitivity is the ability of a test to correctly identify those who actually have the disease

$$= \frac{a}{a+c} \times 100$$

ie, true positive

$$= \frac{\text{True (+)}}{\text{True (+), False (+)}} \times 100$$

eg: HIV, Mammogram screening test.

→ Best for screening.

Specificity

- Ability of a test to correctly identify those who do not have the disease

ie, True -ve

$$= \frac{d}{b+d} \times 100$$

eg: Biopsy for cancer, culture, biopsy for TB, Best for confirmation.

$$\text{Predict the level of test} = \frac{a}{a+b} \times 100$$

$$\text{-ve test} = \frac{d}{c+d} \times 100$$

$$\text{False +ve} = \frac{b}{b+d} \times 100$$

$$\text{False -ve} = \frac{c}{c+a} \times 100$$

Lead time = time b/w the detection of the disease by screening & the detection of the disease by clinical signs & symptoms.

Types of Screening: - 5.

Mass Screening:

- Screening of a whole population or large group
- usually done by govt / PHA.
- eg: folic acid, HIV, DM.

High Risk Screening / Multiple Screening

- Screening restricted to high risk groups only (targeted groups).
- More cost effective if practice
- eg: Screening for GB-DNA in obese women >30y

Preventive Screening

- Screening tests applied to those known or the same individual change in health check up.

eg: Screening of pregnant women w/ B.P, DM, HIV, venereal, syphilis, etc.

Opportunistic Screening (case finding screening)

- Screening done for specific disease in specific group or place when a person visit a health center for some other complaint.

Multiphasic Screening

- Screening of population by applying different tests in diff. phases for the diagnosis of one disease.
- eg: trike, glycosuria $\rightarrow$ subjected to FBS.