Rates of QRNG are also high among people who acquire gonorrhea in Asia, the Pacific Islands, England, and Wales (Division of STD Prevention, 2004a).

Four strategies have been suggested to slow the development of drug-resistant microorganisms (Huey, 2004). First and foremost, providers should avoid unnecessary use of antimicrobials and should promote their use as directed. Failure of clients to complete an entire course of medication offers opportunities for development of drug-resistant strains of microorganisms. Second, local providers should establish guidelines for the use of antimicrobial agents based on local epidemiology and patterns of drug resistance. Third, testing should be available and used to identify drug resistance, and finally, antimicrobials should be used in combinations and strengths best suited to eliminate susceptible organisms.

Provider attitudes to persons with stigmatizing diseases may also influence care. Potential questions for exploring health system factors in the development of communicable diseases are presented in the focused assessment below. A communicable disease risk inventory for assessing the risk of communicable diseases in population groups is included in the Community Assessment Reference Guide designed to accompany this text.

**FOCUSED ASSESSMENT**

**Health System Considerations in Assessing Communicable Disease Risk**

- What primary preventive measures are available for the disease? Are they widely used?
- To what extent do health care providers educate the public on primary prevention of the disease?
- Is there a vaccine available for the disease?
- Is there a screening test for the disease? If so, are persons at risk for the disease screened?
- How is the disease diagnosed?
- To what extent are health care providers conversant with the signs and symptoms of the disease?
- To what extent do health care providers report cases of the disease? Do they engage in contact notification?
- To what extent do health care settings or provider behaviors contribute to the development of disease? What is the extent of nosocomial infection in the community?
- To what extent do routine medical interventions contribute to the incidence of communicable disease?
- Is there an effective treatment for the disease? Are diagnostic and treatment services for the disease available and accessible to infected persons?
- To what extent do health care providers engage in practices that might lead to the development of drug-resistant microorganisms?
- What are the attitudes of health care providers to persons with the disease? How do these attitudes affect willingness to seek diagnostic and treatment services? To what extent do they affect the quality of care provided?

**COMMUNITY HEALTH NURSING AND CONTROL OF COMMUNICABLE DISEASES**

Community health nurses play a variety of roles in controlling communicable diseases in individual clients and in population groups. These roles are incorporated into the nursing process and include assessing factors contributing to communicable diseases as well as the presence and extent of communicable disease in the individual or population, planning and implementing control strategies for communicable diseases, and evaluating the effectiveness of communicable disease interventions. In some official health agencies, community health nurses may be responsible for administering entire communicable disease programs.

**Assessing Risk Factors for Communicable Diseases**

Factors in each of the six dimensions of health influence the development of communicable diseases in individuals and in population groups, and the community health nurse assesses factors related to each dimension. The nurse may assess factors related to the development of communicable diseases in individual clients or in the population at large.

In the biophysical dimension, a community health nurse may recognize symptoms of an existing communicable disease in an individual client. Recognition of communicable disease in specific clients is an element of the case finding role of the community health nurse discussed in Chapter 1. At the community or aggregate level, the community health nurse may become aware of the development of outbreaks of disease in the population.

Community health nurses may also assess individuals or populations for risk factors for communicable disease in each of the six dimensions of health. For example, the nurse might assess the adequacy of sanitary facilities at a summer camp, or explore the extent of condom use among sexually active adolescents or correctional inmates. Similarly, the nurse would collect information on the extent of injection drug use in the population or by an individual. Nurses might also explore the attitudes of health care providers to specific communicable diseases and the extent to which they engage in preventive education with their clients.

**Diagnostic Reasoning and Control of Communicable Diseases**

The community health nurse may derive a variety of nursing diagnoses related to communicable diseases. These diagnoses may reflect the health needs of individuals, families, or population groups. Diagnoses may also reflect the potential for infection or the presence of active disease. For example, the nurse working with a