



Family Medicine and Disease Prevention: Core Topics for Modern and Healthy Society

Massimo Giangaspero*

Faculty of Veterinary Medicine, University of Teramo, Italy

***Corresponding author:** Massimo Giangaspero, Professor, Faculty of Veterinary Medicine, University of Teramo, Italy, E-mail: giangasp@gmail.com

Family medicine is expression of societal needs in terms of health and welfare standards. From newborn to elderly, all single members of the family are primary subjects for health strategies. Family physicians, practitioners, researchers in the field of healthcare, medicine and general practice are directly involved in first line to ensure adequate sanitary standards and promote preventive measures. Effective health and welfare strategies require the support of interdisciplinary interventions, in accordance with the “One health” principle. In particular, harmonious and coordinated efforts between the human healthcare sector and veterinary medicine are required in the field of zoonotic diseases. In this context, not only zootechnics but also wild fauna merit attention, taking into account that more than 60% of the newly identified infectious agents that have affected people over the past few decades have been caused by pathogens originating from animals or animal products. Of these zoonotic infections, 70% originate from wildlife. Examples are given by bat-borne diseases. Chiropters have been indicated as important reservoirs of new dangerous zoonoses such as Ebola, Marburg, Lissa virus (rabies), Melaka, Severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV) and Nipah virus.

Despite the “One health” principle is indicated as a basis for sustainable health strategies by various international organizations as the World Health Organization (WHO), Food and Agriculture Organization (FAO) and World Animal Health Organization (Office International des Epizooties - OIE), further work has to be done in this direction. Campylobacteriosis is an example of such further necessity to foster interdisciplinary cooperation among different sectors involved directly or indirectly with public health and welfare. Since 2005, campylobacteriosis become the most important gastrointestinal infectious disease in Europe. In 2012, 212,000 confirmed cases have been notified in Europe [1]. The disease affects especially infants under 4 years of age, causing primarily gastro enteric symptoms but also responsible of different extra intestinal pathologies. The most frequent way of infection by *Campylobacter* spp. is considered to be related to contaminated poultry meat consumption. In addition, prevalence of *Campylobacter* in raw red meat from cattle, pigs and small ruminants have been frequently reported in many countries [2]. The burden of the disease around the world is not known, and no estimations are available, especially in developing countries, where gastrointestinal diseases represent an important health

problem. However, even if the disease is well known in the medical sector, preventive measures are not sufficient, as demonstrated by the high number of notifications, and public awareness is poor. No restrictive measures are considered by the veterinary authorities. The disease is generally not included in monitoring plans in domestic animals. No contamination level limits are established by law for *Campylobacter* spp. in food (especially poultry meat) destined for human consumption. In addition, exception made for the genital form in bovines (not relevant for the transmission to humans), OIE international norms do not foreseen the compulsory notification of the campylobacteriosis in avian species, despite the proven and relevant zoonotic role.

Prevention constitutes a pillar of health strategies. In order to reduce the incidence of the diseases and minimise their impact, it is necessary to put greater focus primarily on precautionary measures, as well as on disease surveillance and research. Preventive approaches rely on a various number of essential elements of the healthcare system. Adequately staffed and funded health services, efficient information and early reporting systems, surveillance and preparedness, combined strategies against zoonotic risks combating threats to animal health and food safety, reinforcement of antigen and vaccine banks, and public education and awareness are among the most relevant aspects. Nowadays, it is generally accepted that prevention is better than cure. However, further efforts are required to optimize effective disease prevention, especially in fragile groups such as immunocompromised patients, or economically defavorized people with difficult access to healthcare support. Such aspects may be exacerbated in patient groups in the developing countries, where early detection and treatment are not available for many people. Furthermore, attention should be paid to country-specific factors.

With great pleasure, on behalf of the editorial team, we welcome you to the Journal of Family Medicine and Disease Prevention. The journal is an open access peer reviewed journal that focuses on all primary aspects of health, medicine and disease prevention. JFMDP concentrates on wide range of clinical, medical, healthcare research, therapies of diseases, evaluation of healthcare, and it is a great platform for family physicians, practitioners, researchers in the field of healthcare, medicine and general practice. We hope that you will find interest in our journal and that you will consider submitting your high quality findings in family medicine and disease prevention to us.

References

1. European Center for Disease Prevention & Control (ECDC) (2013) Annual epidemiological report. Reporting on 2011 surveillance data and 2012 epidemic intelligence data.
2. Kramer JM, Frost JA, Bolton FJ, Wareing DR (2000) Campylobacter contamination of raw meat and poultry at retail sale: identification of multiple types and comparison with isolates from human infection. *J Food Prot* 63: 1654-1659.