

# Analyze the Characteristics of Susceptible Groups to Reduce the Pressure of Epidemic Prevention and Control

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## ABSTRACT

This paper seeks to investigate the traits of those who are susceptible to epidemic transmission, and to devise effective tactics to alleviate the strain of epidemic prevention and control. By examining those who are vulnerable, the risk of epidemic transmission can be more precisely predicted and reacted to, thus enhancing the prevention and control effect. This paper first defines the definition and scope of susceptible people, and then makes an in-depth analysis of the characteristics of susceptible people, including physiological characteristics, social characteristics and psychological characteristics. On this basis, this paper puts forward targeted prevention and control strategies, including strengthening health monitoring, enhancing public awareness of epidemic prevention, and optimizing the allocation of medical resources. This paper also discusses the feasibility and the implementation difficulties of the prevention and control strategies, and puts forward the corresponding solutions. By delving deeply into the traits of vulnerable populations, more precise strategies and measures can be devised to avert and manage epidemics, thus diminishing the danger of contagion. To guarantee public health security and social equilibrium, it is essential to reduce the strain of epidemic prevention and control.

## KEYWORDS

Essential Are the Prevention and Control of Epidemic-Related Diseases, Health Surveillance, Public Comprehension of Epidemic Prevention, and the Allocation of Medical Resources

## 1. INTRODUCTION OF THE CHARACTERISTICS OF SUSCEPTIBLE GROUPS

The population's susceptibility to infection is caused by their lack of immunity to the pathogen during an epidemic. This feeble immune system renders them unable to effectively resist the invasion of pathogens, thus rendering them vulnerable to infection and the spread of disease. Vulnerable to illness due to their low immunity and feeble resistance, elderly, children, pregnant women, and those with chronic illnesses are particularly vulnerable[1]. It is essential to comprehend the traits of those who are susceptible, so as to create more successful prevention and control tactics and lessen the contagion's transmission force[2-4]. Poor habits, such as staying up late, irregular eating, and lack of physical activity, can result in weakened immunity and raise the danger of infection. Here are three ways to analyze the characteristics of the susceptible population (Table 1):

**Table 1.** The way of the susceptible population characteristics

<b>fashion</b>	<b>analytic result</b>
epidemiological investigation	By collecting and analyzing outbreak data, we can identify people who are more susceptible to the virus. For example, infection rates can be analyzed in populations with different age, sex, occupation, health status, and geographical location, so as to identify common characteristics of susceptible populations. In addition, information about patient contact history, travel history and symptoms can be investigated to understand the route and mode of transmission of the virus.
lab study; laboratory investigation	Through laboratory research, we can deeply understand the biological characteristics and pathogenic mechanism of the virus, so as to find out the biological characteristics of the susceptible population. For example, the ability of the virus to infect different cell types, and the replication and transmission of the human body can be studied. This information can help identify the main target of the virus, and then identify susceptible people.
Sociological and psychological analysis	Sociological and psychological analysis helps to understand the social and psychological characteristics of susceptible people. For example, the influence of factors such as socioeconomic status, cultural background, psychological status, and behavioral habits on individual susceptibility can be analyzed. These factors may affect the individual's lifestyle, social activities, protective awareness, etc., thus increasing the risk of virus infection.

Combining the above three methods, the characteristics of susceptible groups can be more comprehensively understood, and then targeted prevention and control measures can be formulated. For example, health monitoring and medical security can be strengthened for high-risk groups such as the elderly and patients with chronic diseases; more epidemic prevention materials and publicity support can be provided for those with low socio-economic status; and psychological counseling and support can be provided for those with greater psychological pressure[5-7]. By taking these steps, the burden of averting and controlling epidemics can be lessened, while safeguarding the health and security of those who are most vulnerable.

With the development of technology, the ability of data collection and analysis is enhanced to more accurately identify susceptible population characteristics, such as age, gender, underlying diseases, etc[8]. The continuous improvement of the monitoring system, such as regular health checks and symptom monitoring, can detect potential infected persons in time. The allocation of resources in epidemic prevention and control has become increasingly prudent, ensuring those in need are provided with the necessary medical care. Certain regions or nations have established special funds to back the epidemic prevention and control efforts of those who are vulnerable. Strengthening the popularization of epidemic prevention and control knowledge, as well as raising awareness of protection of vulnerable groups, should be accomplished through the utilization of social media, television, radio, and other channels. More specific and practical prevention and control guidelines and suggestions should be formulated for different vulnerable groups[12]. The provision of psychological aid to the vulnerable, in order to alleviate their anxiety and stress, is a crucial part of epidemic prevention and control. Communities are essential in supplying these vulnerable groups with the necessary assistance and backing. Despite the intensification of information transmission, there remains the issue of information asymmetry, and some vulnerable groups may not be able to obtain precise information in a timely fashion. In some areas or populations, the allocation of resources is still uneven, resulting in some vulnerable people not getting adequate protection and treatment[13-16]. The current analysis of the characteristics of susceptible people to reduce the burden of epidemic prevention and control has made both positive strides and challenges, yet it is still facing deficiencies. This is due to the fact that some vulnerable groups may have misconstrued or overlooked

the epidemic, resulting in inadequate implementation of prevention and control measures. In order to better respond to the outbreak, research, surveillance, resource allocation, information transmission and social support need to be further strengthened[17].

## **2. EXAMINE THE TRAITS OF THE VULNERABLE POPULATIONS TO ALLEVIATE THE DIFFICULTIES POSED BY EPIDEMIC PREVENTION AND CONTROL.**

### **2.1. Identification difficulties**

It can be challenging to precisely recognize those in danger; for instance, age, health, and lifestyle habits are all highly subjective and individuals may have different standards of evaluation. Additionally, when resources are scarce for prevention and control, it is a challenge to allocate them fairly and effectively to vulnerable groups. Some susceptible people do not have obvious symptoms, and it is difficult to identify them in time. Limited medical resources prevent extensive screening and testing of all possible susceptible populations. Some susceptible people may not have the opportunity to seek medical treatment in time due to social status, income and other reasons, resulting in undetection. The characteristics of the susceptible people are diverse, including age, health status, living habits and many other aspects[18]. The difficulty of creating a uniform criterion to precisely recognize all vulnerable groups is thus compounded. Detailed data collection for vulnerable groups is often incomplete. The lack of key information, including health, past medical history, and other such details, may make it more challenging to identify and analyze them. As the outbreak evolves and the virus changes, the characteristics of susceptible people may also change. The difficulty of identification and analysis is heightened by this dynamic character.[19].

### **2.2. Uneven distribution of resources**

The difficulty of apportioning resources to vulnerable groups equitably and efficiently when resources are scarce in terms of prevention and control is a challenge. Some regions or groups may be difficult to obtain timely and effective quarantine measures and medical services due to the lack of resources. Some vulnerable groups may not be able to obtain timely medical treatment and prevention and control resources due to their remote geographical location and inconvenient transportation. The transmission of inadequate data will have a detrimental effect on the implementation and outcome of preventive and control measures for those at risk. Some vulnerable people may be unable to take proper protective measures due to lack of knowledge. The allocation of resources may vary in different regions, resulting in some vulnerable people receiving insufficient resources and attention. People with lower SES tend to become more susceptible, but they tend to have less healthcare resources[20]. Despite the policy's requirement of equitable distribution of resources, the actual distribution of them may be uneven due to a variety of causes, such as malfeasance, bureaucracy, and so on.

### **2.3. Poor information transmission**

At times, the target population may not be apprised of the vulnerable groups and their protective measures in a timely and accurate manner. Economic hardship, such as being unable to purchase the necessary protective gear or receive medical attention, can lead to psychological issues like depression and anxiety, which can impede the prevention and control of epidemics. The unequal data procured by the authorities and specialists is not up to par with that of the common people, thus hindering those vulnerable from obtaining precise information and direction promptly. Some vulnerable groups may not be able to use modern communication tools effectively due to their age and education level, thus missing important information[21]. For multilingual or multicultural areas,

information transmission may be influenced by linguistic and cultural differences, leading to poor information transmission.

#### **2.4. Difficulties in information interpretation and application**

There may be some misunderstanding or prejudice towards susceptible people, which may affect their life, work and social interaction. During an outbreak, a large amount of information emerges, and vulnerable people may struggle to tell which information is useful and which is negligible. Some technical terms and complex data analysis may go beyond the comprehension of susceptible people, preventing them to apply this information effectively to protect themselves. In the Internet age, information is difficult to tell between true and false. If vulnerable people do not trust certain sources of information, they may not act on that information., improve information interpretation and application ability[22].

### **3. ANALYZE THE CHARACTERISTICS OF VULNERABLE POPULATIONS AND OPTIMIZE STRATEGIES TO REDUCE THE PRESSURE ON EPIDEMIC PREVENTION AND CONTROL**

#### **3.1. Strengthening research and monitoring**

Through in-depth research and continual monitoring, more precise identification of vulnerable populations can be achieved, thus providing more effective support and assistance. Deeply study the physiological and psychological characteristics of susceptible people to understand their susceptibility to the virus and possible complications. In order to avert the spread of the epidemic, it is essential to bolster the health surveillance of those who are at risk and swiftly identify and separate any suspected cases.[23].

#### **3.2. Reasonable allocation of resources**

To ensure that prevention and control resources can be reasonably allocated according to actual needs may require multi-party cooperation between the government, society and enterprises. According to the needs and characteristics of susceptible groups, medical resources should be rationally allocated, such as the increase of beds and medical staff. Maximizing the utilization and apportionment of medical resources to guarantee that those in need can promptly acquire efficacious treatment is essential.[24].

#### **3.3. Improve the efficiency of information transmission**

Employ multiple methods and channels, such as social media, public service ads, and community activities. to promptly and precisely disseminate the pertinent protection knowledge and data to vulnerable groups. Develop information dissemination strategies that are easy to understand and accept for susceptible people, such as using simple and clear language and providing popular science materials with pictures and pictures. Various channels and platforms, such as social media and television broadcasts, will be used to timely convey the knowledge and the latest developments of epidemic prevention and control to vulnerable people[25].

#### **3.4. Enhance social support**

Aid those in need with psychological, economic, and other aid, diminish social bias and bias, and assist them in assimilating into society. Establish and enhance the social aid system for vulnerable populations. such as providing psychological counseling services and carrying out health education activities. Vulnerable groups are urged to be given the attention and backing they deserve in order to

prevent and manage epidemics across all areas of society so as to create an atmosphere with the participation of the whole society.

## 4. CONCLUSION

We must take decisive action to protect the health and safety of those who are vulnerable, due to their lack of immunity, age and health, and poor living habits. Through a thorough examination of these characteristics, we can recognize the significance of this group in epidemic prevention and control. To ensure the protection of vulnerable individuals, we must bolster health education and publicity, raising their cognizance of self-defense, so that they can comprehend and master the techniques and knowledge of averting contagious illnesses. The government and all parts of society should be more attentive to the vulnerable, supplying them with the necessary protective materials and medical resources, and guaranteeing that they receive timely treatment and care in the event of an epidemic. Moreover, we must bolster scientific research investment and thoroughly examine the physiological and pathological traits of those who are vulnerable to preventative and therapeutic measures. Heeding the social and psychological needs of those who are exposed, we must provide them with the necessary psychological aid and support to reduce the psychological distress caused by the epidemic. To put it simply, to lessen the strain on epidemic prevention and control, the entire society must work together. We anticipate that by delving deeply into the traits of those at risk and implementing specific steps, we can more effectively confront the epidemic's difficulties and safeguard their health and safety. Looking ahead, we anticipate continually enhancing our epidemic prevention and control capability through perpetual scientific exploration, creativity, and public health practice, and thereby contributing to the well-being of humanity.

## REFERENCES

- [1] Liu, Y., Gayle, A. A., Wilder-Smith, A., & Rocklöv, J. (2020). The reproductive number of COVID-19 is higher compared to SARS coronavirus. *Journal of Travel Medicine*, 27(2), taaa021.
- [2] Wang, C., Horby, P. W., Hayden, F. G., & Gao, G. F. (2020). A novel coronavirus outbreak of global health concern. *The Lancet*, 395(10223), 470-473.
- [3] Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., ... & Cheng, Z. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The Lancet*, 395(10223), 497-506.
- [4] Chen, N., Zhou, M., Dong, X., Qu, J., Gong, F., Han, Y., ... & Yu, T. (2020). Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *The Lancet*, 395(10223), 507-513.
- [5] Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., ... & Tan, W. (2020). A novel coronavirus from patients with pneumonia in China, 2019. *New England Journal of Medicine*, 382(8), 727-733.
- [6] Li R, Pei S, Chen B, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV-2)[J]. *Science*, 2020, 368(6490): 489-493.
- [7] Lauer S A, Grantz K H, Bi Q, et al. The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application[J]. *Annals of internal medicine*, 2020, 172(9): 577-582.
- [8] Guan W J, Ni Z Y, Hu Y, et al. Clinical characteristics of coronavirus disease 2019 in China[J]. *New England journal of medicine*, 2020, 382(18): 1708-1720.
- [9] Wu Z, McGoogan J M. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention[J]. *Jama*, 2020, 323(13): 1239-1242.
- [10] Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China[J]. *The lancet*, 2020, 395(10223): 497-506.
- [11] Yang J, Zheng Y, Gou X, et al. Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: a systematic review and meta-analysis[J]. *International Journal of Infectious Diseases*, 2020, 94: 91-95.
- [12] Chen N, Zhou M, Dong X, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study[J]. *The lancet*, 2020, 395(10223): 507-513.

- [13] Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus–infected pneumonia in Wuhan, China[J]. *Jama*, 2020, 323(11): 1061-1069.
- [14] Grasselli G, Zangrillo A, Zanella A, et al. Baseline characteristics and outcomes of 1591 patients infected with SARS-CoV-2 admitted to ICUs of the Lombardy Region, Italy[J]. *Jama*, 2020, 323(16): 1574-1581.
- [15] Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study[J]. *The lancet*, 2020,
- [16] Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study[J]. *The lancet*, 2020, 395(10229): 1054-1062.
- [17] Yang X, Yu Y, Xu J, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study[J]. *The lancet respiratory medicine*, 2020, 8(5): 475-481.
- [18] Wang Y, Lu X, Li Y, et al. Clinical course and outcomes of 344 intensive care patients with COVID-19[J]. *American journal of respiratory and critical care medicine*, 2020, 201(11): 1430-1434.
- [19] Zhang J J, Dong X, Cao Y Y, et al. Clinical characteristics of 140 patients infected with SARS-CoV-2 in Wuhan, China[J]. *Allergy*, 2020, 75(7): 1730-1741.
- [20] Grasselli G, Pesenti A, Cecconi M. Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response[J]. *Jama*, 2020, 323(16): 1545-1546.
- [21] Wu C, Chen X, Cai Y, et al. Risk factors associated with acute respiratory distress syndrome and death in patients with coronavirus disease 2019 pneumonia in Wuhan, China[J]. *JAMA internal medicine*, 2020, 180(7): 934-943
- [22] Liang W, Liang H, Ou L, et al. Development and validation of a clinical risk score to predict the occurrence of critical illness in hospitalized patients with COVID-19[J]. *Jama internal medicine*, 2020, 180(8): 1081-1089.
- [23] Petrilli C M, Jones S A, Yang J, et al. Factors associated with hospital admission and critical illness among 5279 people with coronavirus disease 2019 in New York City: prospective cohort study[J]. *Bmj*, 2020, 369.
- [24] Guo T, Fan Y, Chen M, et al. Cardiovascular implications of fatal outcomes of patients with coronavirus disease 2019 (COVID-19)[J]. *JAMA cardiology*, 2020, 5(7): 811-818.
- [25] Richardson S, Hirsch J S, Narasimhan M, et al. Presenting characteristics, comorbidities, and outcomes among 5700 patients hospitalized with COVID-19.