



Why Are Infectious Diseases Contagious and Others Are Not?

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Abstract

Contagious Infectious Diseases, definitions, and modalities. Etiology, what's the difference between infectious diseases compared to noninfectious diseases? Diseases in developed and non-developed countries.

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Introduction

This journal is about infectious diseases, where they come from, and what the difference is between the big cities and the Congo. Infectious diseases originate from microorganisms such as bacteria, viruses, fungi, and parasites, that invade and multiply within living hosts. They often emerge through interactions between humans, animals, and the environment.

Where do infectious diseases come from?

Not all infectious diseases are contagious because contagiousness depends on how a pathogen spreads. Some microbes can easily pass from person to person (like flu or measles), while others require specific conditions (like contaminated water, insect bites, or internal overgrowth) and cannot spread directly between humans.

There are two main types of diseases: infectious and noninfectious. These types of infectious diseases are

caused by a harmful organism that enters your body, such as viruses and bacteria (pathogens or germs) that enter your body from the outside. Germs that cause infectious diseases include viruses, bacteria, fungi, parasites, and, rarely, prions. These two illnesses can cause a person to become ill, and a doctor is needed. The noninfectious diseases can still cause minor discomfort.

Infectious vs Contagious

Infectious disease

Any illness caused by microorganisms (bacteria, viruses, fungi, parasites) that invade and multiply inside the body.

Contagious Disease

A subset of infectious diseases that can spread directly from one person to another.

All contagious diseases are infectious, but not all infectious diseases are contagious.

Why Some Diseases Are Contagious

Pathogens must overcome barriers to spread between hosts. Factors include:

Mode of transmission

- Airborne (e.g., influenza, COVID-19) → highly contagious.
- Direct contact (e.g., chickenpox, herpes).
- Bodily fluids (e.g., HIV, hepatitis B).

Survival outside the body: Some microbes survive well on surfaces or in droplets, making them easier to spread.

Infectious dose: Diseases requiring only a few microbes to cause illness spread more easily.

Host behavior: Crowded living, poor hygiene, or close contact increase transmission opportunities.

Why Some Are NOT Contagious

Other infectious diseases don't spread person-to-person because:

- They require environmental exposure (e.g., Legionnaires' disease, which can be contracted by inhaling contaminated water droplets).
- They spread via vectors (e.g., malaria from mosquitoes, Lyme disease from ticks).
- They result from opportunistic overgrowth of microbes already living in the body (e.g., yeast infections).

They are foodborne or waterborne but not transmissible through casual contact (e.g., botulism from contaminated food).

See Examples:

Contagious Infectious Diseases

Influenza, Measles, Chicken pox
COVID-19, Tuberculosis (TB)

Non-contagious Infectious Diseases

Legionnaires' Disease, Tetanus, Malaria
Lyme's Disease, histoplasmosis, botulism

The Mayo Clinic states that

Common causes are viruses, bacteria, Fungi, and parasites. Infectious diseases usually spread from person to person, through contaminated food or water, and through bug bites. Infectious diseases originate from microorganisms. Infectious diseases originate from microorganisms such as bacteria, viruses, fungi, and parasites, that invade and multiply within living hosts.

They often emerge through interactions between humans, animals, and the environment.

What kind of population can attract an infectious disease?

You can get them from breathing in germs (like after someone coughs or sneezes), from bug bites, from contaminated food, and from the environment around you. Respiratory infections (colds, flu, and COVID), stomach flu, STIs, and even foot fungus are all examples of infectious diseases.

Big Picture

The difference lies in transmission pathways. Contagious diseases exploit direct human-to-human routes, while non-contagious ones depend on the environment, vectors, or internal imbalances. Understanding this distinction helps public health officials design targeted prevention strategies.

The main transmission routes (airborne, droplet, contact, vector, etc.) with real-world examples so you can see how they differ in practice

What type of infectious diseases can a population attract these diseases?

Populations can be affected by a wide range of infectious diseases caused by viruses, bacteria, fungi, parasites, and even rare prions. These diseases spread through person-to-person contact, contaminated food or water, insect bites, and environmental exposure.

Major Types of Infectious Diseases

Viral Infections

- Examples: Common cold, influenza (flu), COVID-19, HIV/AIDS, measles, hepatitis, chickenpox, RSV
- Spread: Respiratory droplets, sexual contact, blood transfusions, contaminated surfaces

Bacterial Infections

- Examples: Tuberculosis, strep throat, urinary tract infections (UTIs), pneumonia, Lyme disease
- Spread: Person-to-person contact, contaminated food/water, insect bites

Fungal Infections

- Examples: Ringworm, athlete's foot, yeast in-

- fections, valley fever (coccidioidomycosis)
- Spread: Overgrowth of fungi on skin or inhalation of spores from the environment

Parasitic Infections

- Examples: Malaria, hookworms, pinworms, toxoplasmosis
- Spread: Mosquito bites, contaminated soil, animal feces

Prion Diseases (Rare)

- Examples: Creutzfeldt-Jakob disease
- Spread: Abnormal proteins that damage the brain; extremely rare

How Populations “Attract” These Diseases

- Dense living conditions → Easier spread of respiratory and contact-based infections.
- Poor sanitation → Higher risk of waterborne and foodborne diseases.
- Climate and geography → Tropical regions often face malaria, dengue, and other vector-borne diseases.
- Healthcare access → Limited access increases vulnerability to outbreaks.
- Global travel → Populations can import new or emerging infectious diseases.

Key Risk Factors

- Weakened immune systems (HIV, cancer, immunosuppressive drugs)
- Age extremes (children under 5, adults over 60)
- Occupation (healthcare workers, farmers exposed to soil/animals)
- Pregnancy (higher susceptibility to certain infections)

Here is a breakdown of which diseases are most common in developing vs developed countries.

That way, we can see how different populations face different infectious disease burdens.

Quick Answer

In developing countries, infectious diseases like malaria, tuberculosis, HIV/AIDS, diarrheal diseases, and respiratory infections dominate due to poor sanitation, limited healthcare, and poverty. In developed countries, the burden shifts toward non-communicable diseases (NCDs) such as heart disease, cancer,

diabetes, and chronic respiratory illnesses, though infectious diseases like influenza and pneumonia still occur.

Disease Burden in Developing Countries

- Malaria: Endemic in sub-Saharan Africa and parts of Asia; major killer of children under five.
- Tuberculosis (TB): High prevalence due to crowded living conditions and limited access to treatment.
- HIV/AIDS: Disproportionately affects women; maternal-to-child transmission remains a challenge.
- Diarrheal diseases: Caused by unsafe water and poor sanitation; a leading cause of child mortality.
- Respiratory infections (e.g., pneumonia): Often deadly in children due to a lack of antibiotics.
- Neglected tropical diseases, Such as schistosomiasis and leishmaniasis, are common in rural poor populations.
- These diseases are preventable and treatable, but weak health infrastructure, poverty, and limited education amplify their impact.

Disease Burden in Developed Countries

- Cardiovascular diseases: Ischemic heart disease and stroke are the leading causes of death.
- Cancers: Lung, breast, colorectal, and prostate cancers dominate mortality statistics.
- Diabetes & obesity-related conditions: Lifestyle factors (diet, inactivity) drive high prevalence.
- Chronic respiratory diseases: COPD and asthma are common, often linked to smoking and pollution.
- Neurodegenerative diseases: Alzheimer's and Parkinson's increasingly burden aging populations.
- Infectious diseases: Still present but less dominant—seasonal influenza, pneumonia, and emerging infections (e.g., COVID-19) remain significant.

Here, lifestyle, aging, and environmental exposures are the main drivers, not sanitation or lack of access to basic care. (See EBSCO for key contrast about diseases)

Case Study

“Case Study in Infectious Disease” is a broad request. To make this useful, I’ll need to know a bit more context:

- Who is the audience? (medical students, clinicians, or general readers)
- What format do you want? (a detailed clinical case, a teaching scenario, or a simplified example)
- Why are you using it? (study, teaching, presentation, or practice exam prep)
- Where is it set? (hospital, community, global health context)

For example, if you said, “I need a teaching case for medical students about tuberculosis in a community setting”, I could create something like this:

Sample Case Study (Tuberculosis in a Community Setting)

Patient Profile

- 32-year-old male, immigrant from Southeast Asia
- Presents with chronic cough, night sweats, and weight loss

History

- No significant past medical history
- Works in a crowded factory
- No recent travel outside the U.S.

Examination

- Cachectic appearance, low-grade fever
- Crackles in the upper lung fields

Investigations

- Chest X-ray: cavitary lesion in right upper lobe

- Sputum smear: acid-fast bacilli positive
- HIV test: negative

Diagnosis: Pulmonary tuberculosis

Management

- Initiate RIPE therapy (Rifampin, Isoniazid, Pyrazinamide, Ethambutol)
- Directly observed therapy is recommended
- Contact tracing in the workplace

Teaching Points

- Importance of social determinants (crowded living/working conditions)
- Public health measures (contact tracing, DOT)
- Differential diagnosis of chronic cough (TB vs. lung cancer vs. fungal infection)

Conclusion

The difference lies in transmission pathways. Contagious diseases exploit direct human-to-human routes, while non-contagious ones depend on the environment, vectors, or internal imbalances. Understanding this distinction helps public health officials design targeted prevention strategies. Populations can be affected by viral, bacterial, fungal, parasitic, and rare pri-on diseases, depending on environmental, social, and health conditions. The most common contagions are the transmittal and airborne pathways.

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