

About Community Health Centers in the Main District of Chongqing Municipality Current Situation and Measures of Infectious Disease Prevention and Control Introduction

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Abstract: *With the acceleration of urbanization and the increase of population mobility, the public health and safety situation in the main urban area of Chongqing, as a modern metropolis with rapid economic development and dense population, has become increasingly complex and severe. The outbreak and spread of infectious diseases pose a serious threat to the lives and health of community residents and social stability, so it is crucial to strengthen the research on the prevention and control system of infectious diseases in grassroots community health service centers. Grassroots community health service centers in the main urban areas of Chongqing are the foundation and frontier of the entire public health prevention and control system, which is directly related to the health level of community residents and community public health safety. In the current global context of multiple, new, and frequent outbreaks of infectious diseases, it has become imperative to strengthen the construction of the infectious disease prevention and control system of grassroots community health service centers to improve the effectiveness and level of infectious disease prevention and control. This study will focus on the infectious disease prevention and control system of grassroots community health centers in the main urban areas of Chongqing, aiming to deeply analyze its composition structure, functional positioning, operation mechanism, personnel quality and facilities and equipment. Through the study and analysis of the infectious disease prevention and control system, existing problems and bottlenecks will be identified, and feasible and operable optimization suggestions will be made to promote the improvement and enhancement of the infectious disease prevention and control system. The significance of this study is not only to provide scientific basis and practical guidance for the improvement of the infectious disease prevention and control system in the main urban area of Chongqing, but also to provide reference and experience sharing for similar problems in other cities and regions, so as to jointly promote the modernization and standardization of the infectious disease prevention and control system of China's grassroots community health service centers, in order to ensure the health and safety of the community residents.*

Keywords: Infectious diseases, infectious disease prevention and control, public emergencies

1. OVERVIEW OF COMMUNITY HEALTH SERVICE CENTERS IN THE MAIN DISTRICT OF CHONGQING MUNICIPALITY

Community Healthcare Center (Community Healthcare Center) is a unit of healthcare activities in a certain community, provided by the health and related departments to residents for prevention, medical treatment, rehabilitation and health promotion. It takes general practitioners as the backbone, focuses on human health, takes the family as the unit, takes the community as the scope, and is demand-oriented, providing community residents with health care services such as prevention, medical treatment, rehabilitation and health promotion.

1.1 Organizational structure and responsibilities of community health service centers in the main urban areas of Chongqing Municipality

The organizational structure of community health service centers in the main urban areas of Chongqing City usually includes the following major departments:

(1) Comprehensive Department: it is responsible for the party construction work of the center, as well as the daily affairs of the branch committee and the director's office, and assumes the functions of target assessment, supervision and inspection. At the same time, the Comprehensive Department is also responsible for human resources management, official documents, meetings, reception, printing, seal, confidentiality, archives, legal affairs, security, logistics and other affairs.

(2) Medical Department: It is responsible for providing basic medical services to the community, including daily medical counseling, health checkups, and disease prevention and control. The department is also responsible for the management of medicines, medical equipment and the training of relevant medical personnel.

(3) Nursing Department: Responsible for providing professional nursing services to the elderly and disabled in the community, including rehabilitation care and long-term care.

(4) Preventive Health Care Department: responsible for preventive health care in the community, such as children's planned immunization and health education.

(5) Finance Department: Responsible for the financial management of the center, including budgeting, fund management, accounting and financial reporting.

(6) Logistics Department: Responsible for the logistics of the center, such as environmental health and facility maintenance.

Each department has its own duties and division of labor and collaborates with each other to complete the work of the community health service center. At the same time, the duties and division of labor of each department will be adjusted and optimized accordingly to the specific situation and needs of the center.

1.2 The critical role of community health centers in infectious disease prevention and treatment

Community health service centers play a crucial role in infectious disease control. The following are several aspects of the key role of community health centers in the prevention and control of infectious diseases:

(1) Epidemic monitoring and reporting: Community health centers are the first line of infectious disease prevention and control and play a crucial role in epidemic monitoring and reporting. Once an infectious patient or suspected infectious patient is found, the community health center needs to report immediately and according to the specified time limit, so that timely preventive and control measures can be taken.

(2) Publicity and education: Community health centers popularize the knowledge of prevention and control of infectious diseases among residents through publicity and education activities and improve residents' self-protection awareness and ability. This kind of publicity and education includes not only lectures, publicity films and other forms, but also on-site demonstrations of correct hand-washing methods, the proportion and use of disinfectants, and the correct way to wear masks.

(3) Health management: Community health centers provide health management for residents, including the establishment of health records and regular health checks. These measures help to identify potential health problems in a timely manner and take appropriate preventive and control measures.

(4) Medical treatment: When an epidemic occurs, community health centers need to assume the responsibility of medical treatment. Provide residents with necessary medical services and support, including the provision of medicines and medical equipment.

(5) Psychological guidance: infectious disease outbreaks often bring some psychological pressure and distress to residents. Community health centers need to pay attention to the psychological health of residents and provide psychological guidance and support services to help residents relieve stress and anxiety.

In conclusion, community health centers play a pivotal role in the prevention and treatment of infectious diseases. By strengthening measures in epidemic monitoring and reporting, publicity and education, health management, medical treatment and psychological guidance, they can effectively control the spread of infectious diseases and protect the health and safety of residents.

2. THE CURRENT SITUATION OF INFECTIOUS DISEASES IN THE MAIN URBAN AREAS OF CHONGQING

2.1 Components of infectious diseases in the main urban area of Chongqing

(1) Tuberculosis is an infectious disease that can cause the pleura, lymph nodes, intestines, kidneys and other parts of the body, and it can be infected under air, digestive, skin or other ways of spreading, and it is characterized by many symptoms, strong contagiousness, and a long time of treatment [3].

(2) Influenza, referred to as influenza, mainly caused by influenza virus is an acute inhalation infectious disease, due to antigenic mutation fast, highly infectious, the population is generally susceptible, rapid transmission and other characteristics, easy to form outbreaks in child care institutions, schools and other places where people gather [4], the recent epidemic strains of influenza to type A (H3N2) type B Victoria lineage is dominant. Reason: In the fall and winter, the low temperature and low humidity climate are favorable for the survival and spread of the virus. As the weather gets colder, people tend to stay indoors. Dense crowds and poor ventilation increase the chances of the virus spreading in a closed environment. The incubation period is usually 1 to 7 days, mostly 2 to 4 days.

(3) Mumps. A common respiratory infection in children and adolescents caused by the mumps virus. With three lines of swelling as the specific characteristics of the onset of acute, fever, chills, headache, sore throat, poor appetite, nausea, vomiting, generalized pain for a few hours to 1 ~ 2 days. The parotid gland is significantly enlarged.

(4) Mycoplasma pneumoniae. Mycoplasma pneumoniae is a microorganism between bacteria and viruses in size. Pneumonia caused by Mycoplasma pneumoniae is the most important community-acquired pneumonia in children aged 5 years and older in China. It accounts for 10-40% of community-acquired pneumonia in hospitalized children. Regional pandemics occur every 3-8 years. Newer tetracycline antimicrobials are alternative drugs for the treatment of Mycoplasma pneumoniae pneumonia, mainly including doxycycline and minocycline. Mycoplasma pneumoniae is mainly transmitted by respiratory droplets, and the pathogen can be carried in secretions from coughing, sneezing, and runny nose. The onset of the disease is characterized by weakness, headache, sore throat, chills, fever, muscle aches, loss of appetite, nausea, vomiting, etc. Headache is significant. Fever varies and can be as high as 39°C. 2-3 days later, obvious respiratory symptoms appear, such as paroxysmal irritating cough, coughing up a small amount of mucous sputum or mucous thick sputum, sometimes with blood in the sputum. Fever can last for 2~3 weeks. Cough may remain after the fever returns to normal, accompanied by sub sternal pain, but no chest pain.

2.2 Trends in the incidence and spread of infectious diseases in recent years

(1) Pulmonary tuberculosis (PTB) is a chronic infectious disease caused by Mycobacterium tuberculosis. In 2020, China's disease burden of new tuberculosis cases was the second highest in the world, with an estimated 842,000 new cases, accounting for 8.50% of the global incidence rate. From 2011-2018, Chongqing Municipality cumulatively reported a total of 188,528 cases of tuberculosis patients, with an average annual reported incidence rate of 79.00/100,000. From 2011-2019, the reported incidence rate of tuberculosis in Rongchang District showed a decreasing trend, but was still higher than the national average [1].

(2) According to publicly available outbreak data, the reported influenza incidence rate in Chongqing in 2019 was 219.79/100,000, which is among the highest in the country. In addition, according to data published by the Chongqing Municipal Health and Wellness Commission, a total of 68,375 influenza cases and 21 deaths were reported in Chongqing in 2019. These data show that influenza has a high morbidity and mortality rate in Chongqing, posing a major threat to public health. Therefore, effective prevention and control measures are needed to reduce the spread of the epidemic and protect public health.

(3) A total of 100,277 cases of mumps were reported in Chongqing from 2011 to 2021, with an average annual reported incidence rate of 30.20/100,000, with the highest reported incidence rate in 2011 (59.14/100,000) and the lowest reported incidence rate in 2020 (12.31/100,000), and the overall trend of decreasing year by year ($\chi^2=71.458$, $P<0.01$); no deaths; peak incidence in April-July (53,212 cases, 53.06%) and November-January (20,850 cases, 20.79%); highest incidence in the age group of 4-6 years (294.62/100,000); and higher average annual incidence in males than in females (34.64/100,000s.25.65/100,000s). The highest average annual incidence rate was 32.19/100,000 in the metropolitan area, followed by 28.25/100,000 in the southeastern Yu town cluster, and the lowest was 25.72/100,000 in the northeastern Yu town cluster. A total of 316 mumps outbreaks were reported, all of which occurred in schools and kindergartens [2].

(4) Among the nine bacteria causing acute respiratory infections, *Mycoplasma pneumoniae* ranked second in the percentage of positivity, and accounted for 18.8% of the bacteria causing bacterial respiratory infections in children. Among the pathogens causing bacterial respiratory infections in preschool children, *Mycoplasma pneumoniae* accounted for the highest percentage, up to 56.7%. *Mycoplasma pneumoniae* accounted for 18.3% of the pathogens causing bacterial respiratory infections in adults, and *Mycoplasma pneumoniae* accounted for 2.5% of the pathogens causing bacterial respiratory infections in the elderly. *Mycoplasma pneumoniae* accounted for 21.9% of positivity among the nine pathogens causing pneumonia and 15.8% among the nine pathogens causing non-pneumonia diseases.

2.3 Threat of infectious diseases to community residents and public health

In recent years, infectious diseases have posed a serious threat to community residents and public health. Communicable diseases are caused by pathogens that can spread rapidly through the population by contact, airborne transmission, or other means. They are highly contagious and prevalent, and not only pose great risks to people's health, but also negatively affect social stability and economic development.

First, the threat of infectious diseases to community residents cannot be ignored. As an important space for people's lives, the community is a place for people's daily life and communication. The spread of infectious diseases often spreads rapidly in densely populated neighborhoods, posing great risks to the health and safety of community residents. Not only that, infectious diseases also cause disruption to the work, study and life of community residents, bringing many inconveniences to their daily lives.

Second, infectious diseases pose a major threat to public health. Public health is the foundation of social development and plays a key role in social stability and the improvement of people's quality of life. However, large-scale outbreaks of infectious diseases not only cause casualties and social panic, but also put a heavy burden on the public health system. Strained medical resources, inadequate preventive and control measures, and social incoherence will put public health to a severe test.

Therefore, in order to safeguard the safety of community residents and public health, we must attach great importance to the threat of infectious diseases. The Government should strengthen its monitoring and early warning mechanism for infectious diseases and enhance its ability to respond to public health emergencies. At the same time, community residents should also actively co-operate with the prevention and control work and strengthen their personal hygiene awareness and health education. It is only through the joint efforts of the whole community that the threat of communicable diseases can be effectively countered and the health of community residents and the safety of public health maintained.

3. MEASURES TO PREVENT AND CONTROL INFECTIOUS DISEASES IN COMMUNITY HEALTH CENTERS

With the rapid progress of the times, the prevention and control capacity of medical institutions for infectious diseases in urban areas has been improved, but the prevention and control capacity of primary health care institutions still needs to be strengthened.^[7] Community service centers in the main urban areas of Chongqing have the following infrastructure for infectious disease prevention and control: cleaning and disinfection measures, establishment of infectious disease monitoring and diagnostic systems, establishment of isolation rooms to ensure isolation of infectious disease viruses, establishment of a community epidemiological surveillance network, and the use of data analysis to keep abreast of the epidemiological dynamics of infectious diseases in the community. Provide medical supplies and equipment to help communities prevent epidemics, such as protective clothing, medical masks and disinfectant solutions. Strengthen the training of grassroots medical personnel, further enhance the ability of urban and rural grassroots medical and health institutions to identify common infectious diseases and basic treatment capacity, and build a network system of medical treatment of infectious diseases from townships, counties, to prefectures and municipalities and even at the provincial level.^[5] Organize personnel from community health service centers to attend training courses on the prevention and control of infectious diseases, to enhance the ability of each individual to cope with infectious diseases, to coordinate the prevention and control of infectious diseases by private medical institutions and community organizations, and to provide health education to the general public. work, and health education for the public.

3.1 Surveillance and reporting system of community health centers and timely response to infectious disease outbreaks

Chongqing Health Service Center collects and monitors indicators related to residents' health, such as their personal physiological indicators, disease incidence rates transmission health behaviors, etc. These indicators can help assess the health status of community residents and identify potential infectious disease risks in a timely manner. In addition, it will be responsible for collecting and organizing surveillance data. The data will be synthesized through questionnaires, medical record review, field research, etc., and the data will be analyzed to understand the health status and needs of the residents, and the corresponding health reports will be provided to the relevant departments. Based on the monitoring of data and presentation of reports, community health centers will develop appropriate initiatives and carry out appropriate protective activities, while responding to outbreaks of infectious diseases in a timely manner.

Through the establishment of a sound monitoring and reporting system for community service centers, the public health emergency response capacity has been improved, providing good conditions for timely detection of infectious disease outbreaks and risks. And it can provide a basis for the government to formulate a scientific infectious disease prevention and control system, which will be communicated from the upper level to the lower level and strengthen the prevention and control capacity of community health centers.

3.2 Cooperation and coordination between community health services and other health institutions, community residents and relevant departments

Graded diagnosis and treatment refer to the grading of diseases according to their lightness, severity, slowness, urgency and the difficulty of treatment, and different levels of medical institutions undertake the treatment of different diseases, each with its own strengths, and gradually realize the process of medical treatment from general practice to specialization. [6] We also use the hierarchical diagnosis and treatment system and the rehabilitation service guarantee system to carry out cooperation and coordination among various institutions. The construction of infectious disease departments in general hospitals above the second level should be done effectively to improve the screening, early warning, prevention and control capacity of infectious diseases and the diagnosis and treatment level of infectious diseases, so as to realize the early detection of infectious diseases, early reporting, early treatment, timely control of the spread of infectious diseases, effective treatment of infectious diseases and protection of people's bodies. [9] Community service centers establish contact and cooperation with hospitals, clinics and other medical institutions above the second level to realize medical resource sharing and referral. In the hierarchical diagnosis and treatment system, how to do a better job of infectious disease prevention and treatment, need to effectively sort out the information related to infectious diseases, in order to rationally allocate medical resources and infectious disease professionals, to adapt to the needs of the new situation to do a good job of infectious disease prevention and control. [8] We set up different levels of medical resources and services to provide appropriate treatment for different types and severity of patients, so as to optimize the utilization of community resources, but also to provide patients with better diagnosis and treatment methods and improve the cure rate of infectious diseases.

At the same time, China's rehabilitation service system includes community-based, medical service institutions that provide rehabilitation guidance to patients during the recovery period, secondary general hospitals that provide specialized and professional rehabilitation services during the stabilization period of the disease, and tertiary general hospitals that provide rehabilitation services to patients in the acute stage of the disease.

Meeting the demand for rehabilitation services is a global challenge^[9] and community health services in Chongqing, together with other health institutions and other relevant departments to adopt a rehabilitation service guarantee system, to provide patients with comprehensive rehabilitation assessment, treatment, rehabilitation training and psychological counseling to help patients restore their health.

4. PROBLEMS FACED BY GRASSROOTS HEALTH INFECTIOUS DISEASE PREVENTION AND CONTROL

Community health service centers in the main urban areas of Chongqing have made certain achievements in the process of infectious disease prevention and control, but the same has also exposed many shortcomings and deficiencies, which mainly include insufficient community monitoring and early warning capacity, insufficient early detection capacity, shortage of high-quality personnel, and insufficient public participation and other problems.

4.1 Inadequate utilization of monitoring capacity of community health service institutions

First, only a very small percentage of communities have set up specialized infectious disease fever departments and have existed for a long time to meet residents' daily needs for infectious disease symptom surveillance. Secondly, there is insufficient coordination between departments and unclear division of functions between departments ^[15], which has caused some obstacles to short-term emergency reporting and processing ^[10] and reduced the efficiency of emergency management. Finally, the health service organizations in Chongqing have not yet realized the full coverage of information management and direct network reporting, and the opening rate of infectious disease network reporting is low.

4.2 Inadequate Early Detection of Diseases by Community Health Service Centers

From the perspective of the community health service organizations themselves, the laboratory infectious disease detection capacity of the organizations is insufficient, and the diagnosis and treatment capacity of common infectious diseases is insufficient. From the external reasons, patients are more inclined to go to large hospitals for medical checkups, leading to accelerated infections and untimely detection in the community ^[10].

4.3 Shortage of high-quality human resources in community health service centers

In terms of human resources, the situation of Chongqing community health service centers and the national community health service centers is basically the same, there are staffing irrationality, aging, low academic titles, and lower treatment ^[11]. On the one hand, the number of infectious disease prevention and control personnel is small, and the brain drain is serious. On the other hand, medical personnel have a lack of knowledge of infectious disease prevention and control, and the passing rate of infectious disease prevention and control knowledge assessment is low ^[13].

4.4 Neglecting the important role of information disclosure in the process of epidemic prevention and control.

The government tends to focus on the emergency response at the scene of major infectious diseases and neglects the construction of communication mechanisms with the media and the public. At the same time as the openness of the infectious disease situation, the government tends to conduct a comprehensive assessment, in order to avoid adverse effects tend to suppress the information disclosure, not the government's confidence in the fight against the epidemic timely conveyed to the public, but instead will cause panic among the masses ^[15].

4.5 Insufficient public participation

In the process of infectious disease prevention and control, not only need to play the leading role of the government, but also to mobilize the masses to participate widely in the prevention and control. However, due to the influence of China's political system, the participation of non-governmental organizations and the public is not high, and at the grass-roots level the participation of the masses only stops at organizing the work of the village committees and communities, as well as participating in voluntary activities, while the vast majority of people are quarantined at home ^[15].

5. COUNTERMEASURES TO ENHANCE THE ABILITY OF COMMUNITY HEALTH SERVICE ORGANIZATIONS TO PREVENT AND CONTROL INFECTIOUS DISEASES

5.1 Improve the emergency management system

First of all, it is necessary to improve the emergency legal system for infectious disease prevention and control, strengthen supervision, and make information public. Secondly, it is necessary to play the role of each subject, stimulate the enthusiasm of each subject to participate in the prevention and control of infectious diseases, implement the responsibilities, hold accountable for dereliction of duty, and commend outstanding contributions, so as to promote the benign cycle of the emergency management system.

5.2 Enhance the monitoring capacity of community health service organizations

To improve the monitoring and early warning capacity of the grassroots, efforts should be made in three aspects: (1) To set up additional fever clinics in the community, which are specialized in screening, registration, referral and tracking of patients with fever, etc. Looking to the future, for the monitoring of unexplained illnesses and abnormal health events, the construction of "sentinel sites" should be further improved, and mature and standardized mechanisms should be formed to guarantee the continuous improvement of the model system. mechanism to ensure the continuous improvement of the model system. (2) Improve the coordination and linkage mechanism between community health service organizations and the streets (townships) and CDC agencies under their jurisdiction, with each functional department cooperating with the other in its own way, so as to form a synergy of public health work at the grass-roots level. (3) Improve community network information management, establish infectious disease information monitoring and early warning system as soon as possible, and gradually realize infectious disease information sharing and public health risk assessment of emergencies^[13]. (4) Managers should be trained in the knowledge of related diseases to expand the scope of popularization^[15].

5.3 Enhance the early detection capacity of community health service organizations

Enhancing the early detection capacity of community health service organizations should be improved in three aspects: infrastructure construction, organization's own construction, and medical resources integration. (1) The government should strengthen the construction of hardware facilities in the community and improve the level of laboratory testing. (2) The community should increase the utilization of human resources related to infectious diseases and improve the professionalism of infectious disease departments. Regular training should be provided to the relevant personnel, and salaries should be adjusted to prevent the problem of "failure to retain" personnel. (3) Promote the integration of medical resources, so that hospitals and community health centers jointly, to prevent hospitals from over-diagnosis and treatment of basic infectious diseases, and at the same time to promote the community early detection, early treatment, early reporting^[13].

5.4 Optimize the structure of the talent team

In terms of human resources, it is necessary to optimize the structure of talent training and management. In the education of talents, explore the new model of general medicine talent training, deepen the reform of general medicine education in colleges and universities, strengthen the transfer training of on-the-job doctors, and improve continuing education and post training. Community health service organizations should establish and improve the management system of infectious disease prevention and control, do a good job of training personnel in infectious disease prevention and control, master the diagnostic criteria for various types of infectious diseases, make a good record of the first visit of infectious diseases, and achieve early detection, early reporting and early treatment of infectious diseases. In terms of talent management, improve the incentive and protection mechanism for talents, improve the remuneration system for grassroots health personnel, establish an incentive mechanism for salary distribution, and expand career development prospects; at the same time, gradually increase the staffing ratios of grassroots health organizations, and improve the shortage of personnel in community health service organizations. Starting from the weak points of resource allocation, improve the balanced distribution of health human resources. Optimize the staffing structure and gradually streamline the number of other auxiliary personnel^[12].

5.5 Enhance the level of public emergency response capability

The prevention and control of major infectious diseases not only requires the government and functional departments to fulfill their responsibilities, but also requires the active participation of the public. To enhance the level of public emergency response capacity, first of all, we should strengthen the public's crisis awareness of infectious disease prevention and control, take the Internet + offline preaching a combination of various ways to publicize, subconsciously influence the public's awareness of disease prevention and control, and to do a good job of protective measures before the widespread spread of major infectious diseases. Secondly, education and training should be strengthened to form a complete knowledge system, promote public emergency knowledge into schools, enterprises, social organizations and other corners, and strengthen the public's understanding of public emergencies. Finally, it is necessary to mobilize the public to participate in the prevention and control of infectious diseases and publicity to increase the sense of participation in the prevention and control of infectious diseases among the public, so that the public can better understand the content of the work of epidemic prevention workers, which is more conducive to the prevention of epidemics^[15].

6. CONCLUSION

The current situation and measures of infectious disease prevention and control in community health centers in the main urban areas of Chongqing can be summarized as follows:

I. Current situation

(1) Preventive vaccination: community health service centers in the main urban areas of Chongqing Municipality play an important role in the prevention and vaccination of infectious diseases. Through regular vaccination activities, especially for high-risk groups such as children and the elderly, the spread of infectious diseases has been effectively prevented.

(2) Epidemic surveillance: Community health centers have also made progress in infectious disease epidemic surveillance. Through the establishment of a sound monitoring network, outbreaks are detected and reported in a timely manner, providing strong support for controlling the spread of infectious diseases.

(3) Health education: Community health centers have actively carried out publicity and education work on infectious disease prevention and treatment, which has improved the public's knowledge of infectious diseases and awareness of prevention.

(4) Medical resources: Community health centers in the main urban areas of Chongqing are relatively rich in medical resources, with basic medical equipment and medicines that can meet the basic needs of infectious disease prevention and treatment.

II. Measures

(1) Strengthening preventive vaccination: continue to increase the efforts of preventive vaccination and expand the coverage of vaccination, especially for mobile populations and those in remote areas.

(2) Improve epidemic surveillance: strengthen epidemic surveillance, improve the sensitivity and accuracy of the surveillance system, and detect and control epidemics in a timely manner.

(3) Strengthening health education: Carrying out publicity and education activities on the prevention and treatment of infectious diseases through a variety of channels to raise the public's health awareness and self-protection ability.

(4) Improve the utilization efficiency of medical resources: optimize the allocation of medical resources and improve the utilization efficiency to ensure the smooth progress of infectious disease prevention and treatment.

(5) Strengthening the construction of medical consortia: promoting the establishment of close medical consortia between community health centers and higher-level hospitals, improving medical technology and resource sharing, and upgrading the ability to prevent and control infectious diseases.

(6) Strengthening personnel training: Regularly carrying out training activities related to the prevention and treatment of infectious diseases and improving the operational level and emergency response capability of medical personnel.

(7) Improve policies and regulations: Strengthen the formulation and implementation of relevant policies and regulations to provide strong legal protection for the prevention and treatment of infectious diseases.

(8) Strengthening international cooperation and exchanges: actively participate in international exchanges and cooperation in the prevention and treatment of infectious diseases, introduce advanced technology and management experience, and improve the overall level of community health centers in the main urban areas of Chongqing in the prevention and treatment of infectious diseases.

(9) Establishing an information sharing platform: building an information sharing platform for infectious disease prevention and treatment, realizing the interoperability and sharing of data such as epidemic information, medical resources, research results, etc., so as to improve work efficiency and collaborative operation capability.

(10) Optimize service mode: Actively explore and innovate service modes, such as carrying out online consultation and telemedicine, to provide residents with more convenient and personalized services.

(11) Strengthening assessment and evaluation: establishing a sound assessment and evaluation mechanism to regularly evaluate and supervise the work of community health centers in preventing and controlling infectious diseases, so as to ensure the implementation of various measures and the effectiveness of their implementation.

(12) Strengthening social participation: Encourage all sectors of the community to participate in the prevention and treatment of infectious diseases, so as to form a favorable situation in which the government, the community and individuals participate together.

The importance of further strengthening the prevention and control of infectious diseases in community health service centers is reflected in the following aspects:

(1) Protecting the health and safety of community residents: Community health service centers are the front line of infectious disease prevention and control, shouldering the important responsibility of detecting, reporting, preventing and controlling infectious diseases. Strengthening the prevention and control of infectious diseases in community health centers will help to detect and control epidemics in a timely manner and protect the health and safety of community residents.

(2) Enhancing the level of public health services: The basic public health services provided by CHCs, including health education, vaccination, and prevention and control of infectious diseases, are important cornerstones for building a healthy city. Strengthening the prevention and control of infectious diseases in community health centers will help to enhance the level of public health services and improve the health literacy of community residents.

(3) Realizing the strategic goal of a healthy China: Strengthening the prevention and control of infectious diseases in community health centers is an important part of realizing the strategic goal of a healthy China. Only by making the prevention and control of infectious diseases practical and detailed can we better protect the health rights and interests of the people and promote the implementation of the strategy of Healthy China. The necessity is reflected in:

(1) The threat of infectious diseases still exists: although the existing medical technology and public health system have been able to effectively control many infectious diseases, new infectious diseases continue to emerge, such as the new coronavirus. Strengthening the prevention and control of infectious diseases in community health centers can detect and control epidemics in a timely manner and prevent them from spreading.

(2) The community is an important link in the prevention and control of infectious diseases: community health centers are close to the residents in the community and can obtain and report information on epidemics in a timely manner. Strengthening the prevention and control of infectious diseases in community health centers will help early detection and control of epidemics and prevent the spread of epidemics in the community.

(3) Improve residents' awareness and ability of prevention: Community health centers can improve residents' awareness and ability of prevention of infectious diseases by carrying out health education, vaccination and other activities. Only when residents have sufficient preventive knowledge and skills can they better protect themselves and others from infectious diseases.

In summary, community health centers in the main urban areas of Chongqing have made certain achievements in the prevention and treatment of infectious diseases, but they still need to continue to improve and optimize the measures to better cope with the challenges posed by infectious diseases. The importance and necessity of further strengthening the prevention and control of infectious diseases in community health centers is self-evident. We need to emphasize and strengthen this work to protect the health and safety of the people.

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