

## A Brief Note on Ebola Virus

Sharad Bhurtel\*

Department of Pathology, Lumbini Medical College, Tansen, Nepal

\*Corresponding author: Sharad Bhurtel, Department of Pathology, Lumbini Medical College Tansen, Nepal, Tel: 02258435989; Email: sharadbhurtel@yahoo.com

Received date: September 10, 2021; Accepted date: December 24, 2021; Published date: December 31, 2021

Citation: Bhurtel S (2021) A brief note on Ebola Virus. J Clin Mol Patho Vol:5 No:4.

### Description

Ebola viruses generally cause a severe and an often deadly illness known as the Ebola virus disease (which is previously referred to as a Ebola hemorrhagic fever). Fatal rates during the Ebola viruses Disease outbreaks can be as high as the 90 percent. Ebola viruses can cause the hemorrhagic fever which is a condition that may also be able to be brought about by the some other types of viruses but Ebola produces one of the most forms of lethal. In addition to the other symptoms of hemorrhagic fever there may be also the normal fever, headache, muscle pain, vomiting, weakness, and diarrhea. The more severe cases can majorly include the damage to the blood vessels and an extensive internal bleeding and external bleeding (hemorrhage). Mortality rates for the EVD may range from the 25 percent to 90 percent, with an average point of 50 percent. Death usually occurs as a result of shock due to the fluid loss rather than blood loss.

Ebola isn't as contagious as the other common viruses like colds, influenza, or measles. It usually spreads to people by contact with the skin or the bodily fluids of an infected animal, like a monkey, chimp, or fruit bat. Then it moves from one person to another person the same way. Those who care for a sick person or bury someone who has died from the disease may often get it.

### Discussion

Recurrent outbreaks of the Ebola hemorrhagic fever in several countries of equatorial Africa have been noted in the recent years. Along with the 2014 rampant outbreak, they occur majorly the in remote areas where the advanced medical support systems are in short supply and timely diagnostic services are extremely difficult to provide. In addition, there are a myriad of technical and logistical pitfalls concerning the launch of an adequate diagnostic support, as these regions are burdened with the cultural differences and occasionally the hostile behavior. A supply of primary on-site diagnostics, including the confounding differential diagnosis, may aid in the management of different individual patients, as well as with the outbreak in general.

Ebola hemorrhagic fever can be suspected in a person with a fever and a history of travel to an endemic area, although it is hard to pinpoint the exact cause based only on the early and non-specific symptoms. Acute and severe febrile diseases are represented with a wide range of different causes in areas endemic for the Ebola virus, with the most common being the malaria and typhoid fever (and also Chikungunya, yellow fever, meningococcal septicemia, leptospirosis or relapsing fever). If a person shows some early symptoms of Ebola, and was in contact with a blood or bodily fluids of an infected patient or an animal, isolation and notification of the public health professionals are mandatory.

### Conclusion

In the past, Ebola and Marburg viruses were classified normally as "hemorrhagic fever viruses," based upon their clinical manifestations, which mainly include coagulation defects, bleeding, and shock. However, the term "hemorrhagic fever" is no longer used to refer to the Ebola virus disease because only a small percentage of the Ebola patients actually develop significant hemorrhage, and it usually occurs in the terminal phase of fatal illness, when the individual is already in shock.

### References

1. Alvarez CP, Lasala F, Carrillo J, Muñiz O, Corbí AL, et al. (2002) C-type lectins DC-SIGN and L-SIGN mediate cellular entry by Ebola virus in cis and in trans. *J Virol* 76:6841-6844
2. Marzi A, Feldmann H (2014) Ebola virus vaccines: an overview of current approaches. *Expert review of vaccines* 13:521-531
3. Sugita Y, Matsunami H, Kawaoka Y, Noda T, Wolf M (2018) Cryo-EM structure of the Ebola virus nucleoprotein-RNA complex at 3.6 Å resolution. *Nature* 563:137-140
4. Jacob ST, Crozier I, Fischer WA, Hewlett A, Kraft CS, et al. (2020) Ebola virus disease. *Nature reviews Disease primers* 20;6:1-31
5. Rojas M, Monsalve DM, Pacheco Y, Acosta-Ampudia Y, Ramírez-Santana C, et al. (2020) Ebola virus disease: An emerging and re-emerging viral threat. *J. Autoimmun* 106:102375