Ebola

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Abstract

This paper focuses on one of the dangerous virus named Ebola. After the introduction, its causes symptoms and treatment will also discuss. The bacterial disease in the context of this paper however, tends to be typhoid fever. The disease would be looked upon from different perspectives in order to develop an efficient understanding of the identified disease. Moreover, recommendations and conclusion will also be presented at the end.

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Introduction

Ebola is a virus RNA; belonging to the family of Filoviridae, gender Filovirus. The Ebola virus has morphological similarities with the agent of Marburg hemorrhagic fever, but different antigenic characteristics. The exact origin, locations and case and natural habitat of Ebola virus remain unknown; however, on the basis of available evidence, and the nature of similar viruses, researchers believe that the Ebola virus lives in an animal host that is native to the African continent. Just as scientists are unsure of the animal host for the Ebola virus, they are also unsure how an outbreak of Ebola virus occurs (Hartman et al, 2010).

Researchers have hypothesized that the first patient became infected with Ebola virus through contact with an infected animal. The Ebola virus seems to be a zoonotic among populations of lowland gorillas of Central Africa. In 2005, three species of bats have been identified as carriers of the virus but showing no symptoms, were considered natural hosts, viral or reserves. Mortality rates of Ebola can range from a low of 50%, to a high of 90% (DMVM). One reason for this wide range of deaths is because of the different sub-types of Ebola.

Discussion

Symptoms of Ebola

Symptoms appear between 4 and 16 days after infection. The symptoms include high fever, headaches, muscle aches and loss of appetite, if the disease progresses appear diarrhea, vomiting, abdominal pain and renal dysfunction. Moreover, the blood does not clot and results in a bleeding diathesis with petechiae or purpura, nosebleeds, gastrointestinal, genitourinary tract, skin, membranes, mucous membranes and internal organs, including stomach and intestinal cavities. It also affects the lymph nodes and brain. At the end of shock and death caused by

thrombocytopenia, leukopenia and significant toxicity. Not without proof vomiting of blood and bodies disintegrated. Diagnosis is made by growing the virus of blood obtained at the beginning of the disease or by detecting an elevated antibody titer against the disease (Stimola, 2011).

Treatments and Recommendations for Ebola

There is no specific treatment against most of these entities. It is important to the isolation of the sick, as it is highly contagious to close contacts, including medical staff, with a mortality of 50 to 90%. It can also be contracted through sexual contact.

The recommendation is in quarantine, with replacement of fluids and electrolytes lost by the patient, keep blood pressure stable and adequate oxygen supply. It has been found effective blood donation from patients who have overcome the disease. The vaccine is developing and there have been successes to inoculate influenza virus genes including genetically modified Ebola monkeys that survived without any symptoms of the disease even when they had administered a lethal concentration of the virus.

Conclusion

As the world has squeezed, therefore the likelihood of disease spreading form one part of the world to another has also risen. Even in this day and date treatments to diseases such as Leishmaniasis and Ebola still do not exist. Bacteria were also identified as the major cause behind the diseases such as Leishmaniasis, Ebola and typhoid fever.

References

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