



Ebola Virus: Causes, Transmission and Treatment

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DESCRIPTION

Ebola is a viral hemorrhagic fever caused by ebolaviruses that infects humans and other primates. It is also known as Ebola Hemorrhagic Fever (EHF) and Ebola Virus Disease (EVD). After contracting the virus, symptoms typically appear from around two days to three weeks later. Typically, primary symptoms of Ebola infection are fever, sore throat, headaches, and muscle aches. These are frequently followed by rash, vomiting, diarrhoea, reduced liver and renal function, and sometimes internal and external bleeding.

The disease was first discovered in two concurrent epidemics in 1976, one in the South Sudanese town of Nzara and the other in the Democratic Republic of the Congo's Yambuku, a village near to the Ebola River, which gives the disease its name. In sub-Saharan Africa's tropical regions, ebola outbreaks emerge. The World Health Organization reports that there were 24 Ebola outbreaks between 1976 and 2012, totaling 2,387 cases and 1,590 fatalities.

Four of the six viruses in the genus Ebolavirus are responsible for EVD in humans. The four are the Ebola virus, *Bundibugyo* virus, *Sudan* virus, *Tai Forest* virus, and *Sudan* virus (EBOV, formerly Zaire Ebola virus). The most common cause of outbreaks and the most lethal known EVD-causing virus is EBOV, species *Zaire* ebolavirus. The fifth and sixth viruses, *Reston* virus (RESTV) and *Bombali* virus (BOMV), have been linked to illness in other primates but not in humans. The *marburgvirus* family includes all five viruses. Only direct contact with the blood or other bodily fluids of a person who has the disease's symptoms is thought to be the only way for Ebola to spread between people. Saliva, mucus, vomit, faeces, perspiration, tears, breast milk, urine, and semen are among the bodily fluids that can possess the Ebola virus. According to the WHO, only extremely ill individuals are capable of transmitting

the Ebola virus through saliva, and sweat transmission has not been recorded. The virus is typically transferred through vomit, faeces, and blood. The virus can enter the body through the nose, mouth, eyes, as well as open sores, cuts, and abrasions. Large droplets of Ebola may be transmitted, however this is thought to only happen in cases of extreme illness. A person may get contaminated if they are splashed with droplets. The virus can also be spread by contact with infected surfaces or items, particularly needles and syringes. The virus can last on surfaces for a few hours in a dry condition and in body fluids outside of a person for a few days.

After recovery, the Ebola virus may be able to survive for longer than three months in the semen, which could result in transmission through sex. In a countrywide screening programme, virus persistence in semen for more than a year has been documented. It is unknown when it is safe to resume breastfeeding when a woman recovers from Ebola because the virus can also exist in her breast milk. Two months after being eradicated from one patient's blood, the virus was also discovered in his eye in 2014. Aside from that, those who have healed are not contagious. The likelihood of widespread infections in nations with healthcare systems capable of adhering to the proper isolation protocols is regarded as minimal. Typically, when a person has disease symptoms, they are unable to travel independently. As of July 2015, no drug has been demonstrated to be both secure and efficient in treating Ebola. There were at least nine distinct potential medicines available by the time the Ebola virus pandemic in West Africa started in 2013. Several trials were carried out in late 2014 and early 2015, but several were stopped due to ineffectiveness or a lack of participants. Atoltivimab/maftivimab/odesivimab and ansuvimab, two investigational therapies, were proven to be 90% effective as of August 2019.

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Received: 10-Jan-2023, Manuscript No. TPMS-23-19720; **Editor assigned:** 13-Jan-2023, Pre QC No. TPMS-23-19720 (PQ); **Reviewed:** 27-Jan-2023, QC No. TPMS-23-19720; **Revised:** 03-Feb-2023, Manuscript No. TPMS-23-19720 (R); **Published:** 10-Feb-2023, DOI: 10.35248/2329-9088.23.11:284.

Citation: Klaudia N (2023) Ebola Virus: Causes, Transmission and Treatment. Trop Med Surg. 11:284.

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