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# BIOMEDICAL SCIENCES





**Egwakhide Adams, Zainab Akanni, Sorokina Olga**

**A CURRENT REVIEW OF EBOLA HEMORRHAGIC FEVER**

**Research Advisor: PhD Kucherenko Olena**

**Department of Infectious Diseases**

**Kharkiv National Medical University**

**Kharkiv, Ukraine**

**Actuality.** Ebola hemorrhagic fever (EHF) is an acute viral syndrome that presents with fever and an ensuing bleeding diathesis that is marked by high mortality in human and nonhuman primates. Fatality rates are between 50% and 100%. Due to its lethal nature, this filovirus is classified as a biological class 4 pathogen.

**Results.** Pteropodidae families of fruit bats are thought to be the natural reservoirs of Ebola virus (EV), humans can be infected by EV by direct contact with blood and body fluids of infected animals such as apes, gorillas, fruit bats, and monkeys there is no evidence that pet cat and dogs, mosquitoes, or other insects can transmit EV. Human-to-human transmission occurs via direct contact with the blood, organs, secretion, and other bodily fluids (such as urine, faeces, semen, breast milk, mucus, vomit) of an infected person and via surface and materials contaminated with these fluids. Incubation ranges from 2 to 21 days. Patients who are able to mount an immune response to the EV will begin to recover in 7 to 10 days. EV usually reaches detectable levels in blood after 3 days of

symptoms. A negative test before this does not rule out Ebola virus disease (EVD). IgM enzyme-linked immunosorbent assay, antigen-capture, polymerase chain reaction, and virus isolation are the diagnostic tests available to diagnose a patient who presents at a health facility within a few days of showing symptoms. Supportive management of infected patients is the primary method of treatment, with particular attention to maintenance of hydration, circulatory volume, blood pressure, and the provision of supplemental oxygen. In almost all outbreaks of EHF, the fatality rate among health care workers was higher than that of non-health care workers. Since there is no specific treatment outside of supportive management and palliative care, containment of this potentially lethal virus is paramount. Prevention is a very important tool in stopping the spread of disease especially as there is no FDA-approved vaccine available for EVD. Prevention is achieved by careful practice of personal hygiene, avoiding contact with blood and body fluids and funeral ritual that require handling the body of someone who has died from EVD;



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with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals. Health care workers who may be exposed to people with EVD should wear appropriate personal protective equipment. Practice proper infection control and sterilization measures. Avoid direct, unprotected contact

with the bodies of people who have died from EVD.

**Conclusion.** The public health sector along with the respective chief authorities in developing countries must devise strategies, keeping the available resources in mind, to deal with the outbreak before it occurs.

**Elizabeth Ejagwulu, Fatima Abdur-Rahman, Al-Bhadili Laith-Muhsen**

**RABIES**

**Research Advisor: PhD Kucherenko Olena  
Department of Childhood Infections  
Kharkiv National Medical University  
Kharkiv, Ukraine**

**Actuality.** Rabies (R) is an averiable viral disease caused by the rabid animal to the warm blooded animals especially human. According to an estimation by WHO, almost 55,000 people die because of R every year. Dogs, cats and foxes are the major reason behind this, approximately 99% human deaths caused by dog's bites. Developing countries are the victims of R. With the post-exposure preventive regimes, 327,000 people can prevent this disease annually.

**The Aim.** To study the methods of prevention and treatment of Rabies

**Results.** The common mode of transmission of R is by bite of a rabid animal or the contamination of scratch wounds by virus infected saliva. R is an acute infection of the central nerves system (CNS) which is

almost invariably fatal. The virus replicates in striated or connective tissue at the site of inoculation and enters peripheral nerves through neuromuscular junction. It then spreads to the CNS in the endoneurium of the Schwann cells. Terminally, there is widespread CNS involvement but few neurons infected with the virus show structural abnormalities. R divided upon three stages: prodromal, excitement (furious) and paralytic (dumb). The first clinical symptom is neuropathic pain at the site of infection or wound due to viral replication. Followed by the prodromal phase either or both the excitement or paralytic forms of the disease may be observed in the particular species. R can only be confirmed by laboratory tests preferably conducted post mortem on central nervous system tissue and



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