

The Emergence of Viral Haemorrhagic Fever in Africa

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ABSTRACT

Abstract Viral hemorrhagic fever has been linked to a high fatality rate, causing severe worry for public health around the world and a sense of urgency to stop this epidemic. The clinical symptoms, which include fever, myalgia, and general malaise followed by chills, are fairly widespread and could be easily missed. Such infections could be readily mistaken with other local parasite and viral diseases in North African unstable nations with poor health services compounded by armed conflicts and population displacement. Viral Haemorrhagic Fever in North Africa: An Emerging Crisis. There were no more such occurrences reported until February 2015. With the emergence of viral hemorrhagic fevers in North-West Libya, South European countries are now in grave danger, and it is only a matter of time until it spreads to wealthy countries. This research intends to emphasise the recent development of VHF in North Africa in light of political instability coupled with substantial immigration from West African endemic areas.

Keywords: Ebola virus; African immigration; Viral hemorrhagic fever

Introduction

Viral Haemorrhagic Fevers (VHFs) are severe viral infections that can cause vital death as well as multi-organ failure and significant mortality rates. They generate major epidemics, resulting in a catastrophic situation that might disrupt a community's normal life, trade, or social structure [1]. This is notably prevalent in poor African countries, particularly in the tropical region; the natural niche of such viruses [2]. Many viruses, including Ebola, Magdeburg, and yellow fever, are now known to cause haemorrhagic fevers in Africa. Despite genetic and antigenic variations, these illnesses will be addressed together since they have relatively similar transmission, clinical manifestations, and therapy [3]. The flaviviruses, Ebola and Marburg, can generate epidemics and have a high case fatality rate, but Lassa has a lower case fatality rate. Ebola outbreaks have recently spread, raising international alarm due to severe symptoms, high death rates, and the threat of epidemic or pandemic spread connected with

huge immigration to non-endemic African and European nations [5].

The signs and symptoms of viral hemorrhagic fevers differ according to the disease. Early indications and symptoms may include:

- Fever
- Fatigue, weakness, or an overall sense of being ill
- Dizziness
- Ache in the muscles, bones, or joints
- nausea and vomiting
- Diarrhea
- Symptoms that can be fatal
- Severe symptoms include:
 - Bleeding beneath the skin, in internal organs, or from the mouth, eyes, or ears
 - Nervous system malfunctions etc.

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■ Complications

It is difficult to prevent viral hemorrhagic fevers. If you live, work, or travel in places where these diseases are frequent, use proper protective barriers when interacting with blood or body fluids to avoid infection. Wear gloves and eye and face shields, for example. Handling, disinfection, and disposal of lab specimens and trash are also precautions.

■ Obtain a vaccination

The yellow fever vaccine is widely regarded as safe and effective. However, major side effects can occur in rare circumstances. Yellow fever vaccination is not suggested for children under the age of 9 months, pregnant women, particularly during the first trimester, or those with impaired immune systems.

There is also an Ebola vaccine that protects against one strain of the virus. Consult the Centers for Disease Control and Prevention.

Septic shock, organ failure, and death According to WHO, about 20000 people were affected, with 7600 likely deceased. Political instability and military conflicts in North Africa, particularly Libya, affected African immigration, resulting in enormous population relocation. If such new infectious illnesses move beyond Africa, they pose a serious threat to global health. As a result, there is an urgent need to extend surveillance efforts for most VHF in other African countries, particularly those that are close to endemic areas and could be readily infected by immigrants. The term “viral hemorrhagic fever” (VHF) refers to a group of diseases caused by four separate families of enveloped RNA viruses. This group currently has over 20 members. However, some of them were linked to increased morbidity and death, particularly in tropical places around the world. The mechanism of primary transmission to humans and other primates is unknown. Recent outbreaks have been linked to several introductions into the population, showing the spread of various strains that originated in reservoir animals with varied ecological niches. In endemic places, they cause long-lasting and slow-burning epidemics that might disrupt a community’s regular life, trade, or social structure. Six viral hemorrhagic fevers are known to occur in Africa; yellow fever is one of them. Yellow fever, Rift Valley fever, Crimean-Congo hemorrhagic fever, Lassa fever, Marburg virus

disease, and Ebola hemorrhagic fever are all examples of infectious diseases. The ecological and climatic needs of their hosts and vectors limit the endemic range of these illnesses, resulting in their presence only in predictable geographical areas. Yellow fever, Rift Valley fever, Crimean-Congo hemorrhagic fever, Lassa fever, Marburg virus disease, and Ebola hemorrhagic fever are all examples of infectious diseases. The ecological and climatic needs of their hosts and vectors limit the endemic range of these illnesses, resulting in their presence only in predictable geographical areas.

The basic reproduction ratio, R_0 , is often the most significant epidemiological parameter to estimate for an infectious disease, defined as the estimated number of secondary cases produced per main case early in the epidemic. When R_0 is more than one, a new epidemic is expected to infect a significant proportion of the population. Previous attempts to estimate R_0 for VHF viruses yielded values ranging from 1.34 to 3.65 by fitting compartmental epidemic models to the prevalence of big outbreaks in Western Africa across time. There is a scarcity of data on the distribution and global fate of VHFs. Conflicts, breakdowns in health-care systems, and unfettered people movement across open borders have all aided the spread of HIV/AIDS in Africa. Infectious viral infections emerge without notice, despite global attempts to track pathogens early and at the source, as illustrated most recently by the current Ebola virus outbreak affecting numerous West African countries. The appearance of such viruses in non-endemic nations has sparked widespread alarm and constitutes a severe worldwide hazard. The lack of information about transmission methods, swift laboratory specific diagnostic tests, and efficient treatment of VHFs needs effective preventative and control strategies. As a result, national and international efforts should be joined to halt the spread of these new viral diseases. The most significant characteristics for controlling these epidemics are the time of intervention, the scale of the pandemic, tracing affected patients, and those who are at risk. The most significant elements for controlling these epidemics are the time of intervention, the scale of the pandemic, tracing infected patients and those at risk, hospitalisation, and the implementation of preventive measures. Responses to VHF outbreaks are linked to

virus surveillance and early detection measures, which obviously differ between endemic and non-endemic nations. Affected countries lack health-care infrastructure, well-trained health-care staff, and resources. The infected countries' poor living circumstances, shortage of water, and lack of cleanliness offer a severe risk that this pandemic may become a crisis. The outbreaks in many sites across the country made control difficult. This was hampered further by social and behavioural rituals involved with the burial of infected bodies.

The epidemiological appearance of a rare haemorrhagic fever in North Africa should be addressed seriously, since it will lead to subsequent spread in a new population. Special emphasis should be placed on close South European countries before moving on to other EU countries. We conclude that, while the mechanisms of this new invasion are still unknown, pathogen development is unpredictable. Emerging viruses tend to share some characteristics, transfer from one

country to the next, and are highly influenced by enormous population dislocation and the engulfment of massive immigration. As a result, international efforts should be coordinated to track, prevent, and combat the spread of such diseases, and Global Health Security should be revised and implemented, particularly in North African countries.

A temperature of more than 100.4°F is considered high (38°C). A feverish sensation, on the other hand, may develop when the body temperature rises above the typical normal of 98.6 °F.

Fever is part of the body's inherent disease-fighting arsenal. Rising body temperatures appear to be capable of killing off many disease-causing germs. As a result, minor fevers should usually be ignored. However, if the fever is accompanied by any other concerning symptoms, you should consult your doctor to be sure. However, when fevers reach 104°F or higher, there can be unintended repercussions, especially for youngsters.

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