Editorial
Volume 7:3, 2022

Journal of Infectious Diseases and Medicine

ISSN: 2576-1420 Open Access

A Short Note on Zika Fever

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Editorial

Zika fever is an infectious disease caused by the Zika virus. It is also known as Zika virus sickness or just Zika. The majority of cases have no symptoms, but when they do appear, they are usually mild and resemble dengue fever [1]. Symptoms may include fever, red eyes, joint pain, headache, and a maculopapular rash. The symptoms usually last fewer than seven days, and no deaths have been reported during the initial infection. Microcephaly and other brain deformities can be caused via mother-to-child transmission during pregnancy in some newborns. Guillain–Barré syndrome has been associated to infections in adults (GBS).

Zika fever is spread mostly by the bite of Aedes mosquitos. It can also be spread through blood transfusions and sexual transmission. Infections in pregnant women might transfer to the baby. When a person is sick, blood, urine, or saliva are tested for the presence of the virus's RNA; when symptoms have been present for more than a week, blood is tested for antibodies. Mosquito bites should be reduced in places where the disease is present, and condoms should be used properly. Insect repellent, clothing that covers a large portion of the body, mosquito netting, and eliminating standing water where mosquitoes breed are all effective ways to avoid bites. There is no vaccine that is effective. Women in areas affected by the 2015–16 Zika outbreaks should consider delaying pregnancy and pregnant women should avoid visiting these areas, according to health officials. While no specific treatment exists, paracetamol (acetaminophen) may alleviate the symptoms. Hospitalization is rarely required.

In 1947, the virus that causes the sickness was discovered in Africa. In 2007, the Federated States of Micronesia saw the first recorded outbreak among humans. In 2015, an outbreak began in Brazil and quickly expanded over the Americas, Pacific, Asia, and Africa. In February 2016, the World Health Organization declared it a Public Health Emergency of International Concern. Although the emergency was removed in November 2016, instances were still being recorded in 84 countries as of March 2017. The latest confirmed case of Zika in the continental US occurred in 2017.

Infected patients usually have no or few symptoms. Fever, rash, conjunctivitis (red eyes), muscle and joint pain, and headache are the most common signs and symptoms of Zika fever, which are similar to those of dengue and chikungunya fever. The time it takes for a mosquito bite to cause symptoms is unknown, but it is most likely a few days to a week. The illness normally lasts a few days to a week and is mild enough that patients do not need to go to the hospital. Because it is related to dengue fever, there has been concern that it may cause comparable bleeding problems. However, just one case of blood in sperm, sometimes known as hematospermia, has been described.

Guillain–Barré syndrome (GBS) is a rapid onset of muscle weakness caused by the immune system harming the peripheral nerve system, which can proceed to paralysis. Zika virus infections have been significantly linked to GBS. While both GBS and Zika infection can occur in the same person, clearly identifying Zika virus as the cause of GBS is difficult. Human Schwann cells have been demonstrated to be infected by the Zika virus. The rate of new GBS infections has increased in some countries affected by Zika outbreaks. During the 2013–2014 outbreak in French Polynesia, 42 GBS cases were reported over a three-month period, compared to 3–10 instances each year prior to the outbreak [2].

The condition transmits from mother to kid in the pregnancy and can cause a variety of issues in the baby, including microcephaly. Although the complete range of birth defects caused by infection during pregnancy is unknown, large-scale abnormalities are reported in up to 42 percent of live infants. Anomalies of brain and eye development, including as microcephaly and chorioretinal scarring, have been the most frequently documented connections. Systemic disorders, such as hydrops fetalis, where the foetus accumulates fluid abnormally, have been less common. Intellectual issues, convulsions, vision problems, hearing problems, eating problems, and sluggish development can all result from these anomalies [3-5]

Conflict of Interests

None.

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Received: 08 March, 2022, Manuscript No. jidm-22-63268; **Editor assigned:** 10 March, 2022, PreQC No. P-63268, **Reviewed:** 14 March, 2022, QC No. Q-63268; **Revised:** 21 March, 2022, Manuscript No. R-63268, **Published:** 25 March, 2022, DOI: 10.37421/2576-1420.2022.7.228

How to cite this article: Laurent, Payot. "A Short Note on Zika Fever." J Infect Dis Med 7 (2022): 228.