



Ebola Virus Disease Awareness for Dentists–A Review

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In 1976 there was outbreak of viral fever in the Democratic Republic of Congo and Southern Sudan. It was during this period that the Ebola virus was first recognized [1,2].

The viral fever outbreak occurred in the village near the river name Ebola, hence the name of it was given as Ebola virus. Since the discovery of this virus, the current outbreak in West Africa, which began in 2014, is the largest and complex one. Totally there are 10,717 deaths and 25,855 cases of Ebola infections [3].

The infection and death rate in the West Africa is having the more infection rate and deaths than all previous outbreaks. The maximum cases were found in Guinea, Sierra Leone and Liberia. Senegal, Spain, Mali, Nigeria, United Kingdom and United States are the areas affected with Ebola Virus [4].

Transmission from animal to human occurs through bodily secretions, blood and fluids from infected animals [5].

Human to human transmission takes place through direct contact of the bodily fluid and other direct contact of the infected person.

Oral manifestations: Gingival bleeding and presence of odynophagia are the oral symptoms of the person infected with Ebola virus. There are reports of presence of white and red patches and aphthous ulceration. Bleeding is typically a late feature of the disease and is concomitant with bleeding from other sites. So gingival bleeding can't be considered as a presenting feature [6].

Dental implications

The person infected with Ebola virus are very unlikely to get treated by any dentist because they are not physically well enough for it. However there is very likely possibility that infected person but in early stage of the disease person with non specific symptoms or totally asymptomatic person may undergo dental therapy, then it increases the chances of transmission of the infection [7].

There are also chances that other health care professional or individuals have travelled to the infected area and are likely to go dental treatment; however, such individuals if any not in direct contact with the infected person are less likely to get any infection or show transmission of the virus.

There should be the delay of 21 days one the onset of symptoms takes place. However, if the treatment can't be delayed or managed with some pharmaceutical methods then only the regional health service executive of the public health department should be contact [8].

The risk assessment of Ebola as recommended by the Health Protection Surveillance Centre is as follows: High fever $\geq 38.6^{\circ}\text{C}$ or fever history in past 24 hours and has recently visited the Ebola infected area. If the patient is found to be at risk than they should be advised to self-isolate and the regional department of public health should be contacted. If the patient has the requirement of surgery and falls into high risk category, than they should be isolated in separate room and distance should be maintained from physical contact and a distance of more than one meter should be kept from them. Proper arrangement should be made for the transport of such individual, avoid using any public transport. If the ambulance or transport is arranged than someone who was in contact with the individual for more than 24 hours should be managed. Once the surgery is done, department of the regional public health needs to arrange for the removal of waste and decontamination of the surgery.

Treatment of the infected individuals involves rehydration, supportive clinical care and treatment of organ dysfunction.

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