Marburg Virus Faculty

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Marburg virus is the causative agent of Marburg virus disease (MVD), a disease with a case fatality ratio of up to 88%. Marburg virus disease was initially detected in 1967 after simultaneous outbreaks in Marburg and Frankfurt in Germany; and in Belgrade, Serbia. Marburg and Ebola viruses are both

members of the Filoviridae family (filovirus).

Marburg virus disease - WHO
Marburg Virus Faculty Marburg virus was first recognized in 1967, when outbreaks of hemorrhagic fever occurred simultaneously in laboratories in Marburg and Frankfurt, Germany and in Belgrade, Yugoslavia (now Serbia). Thirty-one people became ill, initially laboratory workers followed by several medical personnel and family members who had cared for them. Marburg Hemorrhagic Fever (Marburg HF ...

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Marburg Hemorrhagic Fever (Marburg HF) | CDC
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Marburg Virus Faculty - testforum.pockettroops.com Marburg was not the only town whe re the virus was isolated and identified for the first time, but most cases of infection occurred in Marburg. August 1967: Outbreak of a New Disease In early August 1967, patients with unusual symptoms indicating an infectious disease were admitted to the university Page 6/11. Download Free Marburg Virus ...

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(6)Department of Paraclinical Sciences, Faculty of Veterinary Science University of Pretoria, South Africa. (7)School of Pathology, Faculty of Health Sciences, University of the Witwatersrand National Health Laboratory Service, Johannesburg. Egyptian fruit bats (Rousettus aegyptiacus) were inoculated subcutaneously (n = 22) with Marburg virus ...

Lack of Marburg Virus Transmission From Experimentally ...

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Marburg virus is a hemorrhagic fever virus of the Filoviridae family of viruses and a member of the species Marburg marburgvirus, genus Marburgvirus. Marburg virus (MARV) causes Marburg virus disease in humans and nonhuman primates, a form of viral hemorrhagic fever. The virus is considered to be extremely dangerous.

Marburg virus - Wikipedia

Marburg virus disease is caused by the Marburgvirus single-stranded RNA virus. Marburg virus can spread from animals to humans, as well as from person to person and through contaminated objects. People are generally infected by Marburg virus after being exposed to one of three things: bat colonies, body fluids, or contaminated objects.

Marburg Virus: Symptoms, Causes, Diagnosis, and Treatment

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In the late summer of 1967, several patients suffering from a severe disease were admitted to the Department of Medicine of the Marburg University. It soon became obvious that the illness was a hitherto unknown infectious disease. The number of afflicted patients increased to 23. Several cases were observed in Frankfurt/Main at the same time and, some weeks later also in Belgrade, Yugo slavia. Common to all the patients was previous contact with the blood or tissues of Cercopithecus aethiops, the vervet monkey. Altogether 31 people became ill and 7 died. It was soon apparent that the infectious agent was neither bacterial nor rickettsial in origin but that a viral etiology was probable. Most of the known viral diseases were excluded and the infectious agent was shown to be a hitherto unknown virus with many peculiar characteristics: it infects guinea pigs but not adult mice and is larger than known viruses and of different shape. This agent was called the "Marburg virus" since most of the cases had occurred in Marburg and the greater part of the laboratory work leading to the detection of the virus was performed in Marburg.

The book Ebola is a relevant resource of knowledge about various aspects of the Ebola virus (EBOV) and

the related disease. Many experts from different fields of science and from different parts of the world contributed to the creation of this book. The book contains valuable information about firsthand experience of managing Ebola virus disease (EVD) in Third World countries and offers the best practices to handle possible pandemic outbreaks of Ebola. Detailed analysis of EBOV genome is also given, with the description of EBOV pathology supported with structural information, and in addition, the various tasks and strategies for the development of an effective anti-Ebola cure are proposed.

The most recent Ebola epidemic that began in late 2013 alerted the entire world to the gaps in infectious disease emergency preparedness and response. The regional outbreak that progressed to a significant public health emergency of international concern (PHEIC) in a matter of months killed 11,310 and infected more than 28,616. While this outbreak bears some unique distinctions to past outbreaks, many characteristics remain the same and contributed to tragic loss of human life and unnecessary expenditure of capital: insufficient knowledge of the disease, its reservoirs, and its transmission; delayed prevention efforts and treatment; poor control of the disease in hospital settings; and inadequate community and international responses. Recognizing the opportunity to learn from the countless lessons of this epidemic, the National Academies of Sciences, Engineering, and Medicine convened a workshop in March 2015 to discuss the challenges to successful outbreak responses at the scientific, clinical, and global health levels. Workshop participants explored the epidemic from multiple perspectives, identified important questions about Ebola that remained unanswered, and sought to apply this understanding to the broad challenges posed by Ebola and other emerging pathogens, to prevent the international community from being taken by surprise once again in the face of these threats. This publication summarizes the presentations and discussions from the workshop.

Ebola: Clinical Patterns, Public Health Concerns is a concise description and discussion of the Ebola virus and disease. The intended audience is medical practitioners, including those working in endemic areas as well as health-facility planners and public health practitioners. The book fills an important gap between large texts covering not only Ebola but other hemorrhagic fever viruses and brief pamphlet-style publications on the public health aspects of the infection. In light of the recent large outbreak in West Africa, this book is a part of the developing foundation needed to deal with emerging diseases.

The Ebola and Marburg viruses are a pair of filoviruses that are among the most lethal hemorrhagic viruses on the planet. The authors present a review of past and current research into these pathogens, including 12 papers addressing the structure of the viral proteins; genomic replication; molecular mechanisms of entry; pathogenesis in nonhuman primates, guinea pigs, and mice; virus modulation of

innate immunity; and cellular and molecular mechanisms of Ebola pathogenicity and related approaches to vaccine development.

How to Prevent the Spread of EBOLA: Effective Strategies to Reduce Facility Acquired Infections and Reduce Super Bugs Outbreak. This book is divided into ten different sections targeting critical issues of concern about Ebola and the processes of preventing Ebola spread as a nosocomial infection. It starts with allaying people's fear and discussing facts about the clinical aspects of Ebola virus infection. It discusses different types of Ebola viruses and their pathogenesis; routes of infection; clinical manifestations and progression of the disease; immunopathology and cellular toxicity; progressive tissue damage and multi-organ failures; effective management of the disease; and the discussion of some case studies. This Ebola monograph also discusses some of the lingering questions raised by the public about Ebola and addresses these controversial issues with facts. Some of the questions discussed include, What are the indicators for the survivability of the Ebola virus once a patient is infected? Can Ebola virus be aerosolized? What are the differences between the acute phase of the illness and the subclinical, asymptomatic, or nonclinical Ebola virus infections? Where was the first Ebola infection, in West Africa or in Europe? Can the Ebola virus infection be caught through kissing an infected person? When a blood test is negative for Ebola virus, is a patient free of Ebola virus? Can Ebola virus be transmitted through breast milk, semen or vaginal fluids? Was the virulent Ebola virus able to enter the human population by an accidental release due to a lab accident? Can the outbreak of Reston Ebola virus infections in the Philippines among nonhuman primates be dangerous to human population with the evidence of abortive infection in some farm workers? What is the nature of the current virus epidemic in U.S. farms, killing millions of piglets? Is this epidemic swine virus similar to Ebola and how dangerous is it to the human population? What are the lessons learned from the clinical management of Ebola patients that can be applied to the treatment of other viral infections like the Bourbon virus newly discovered in Kansas? What is the chronicity of Ebola infection and the long term effects, after clinical cure? For answers to these questions and more, read the book, How to Prevent the Spread of Ebola Virus Infection. Many healthcare institutions including hospitals, clinics, physician's offices, dentist's offices will find this book very useful to help prevent the rise of facility-acquired infections. Over 600 pages of leading medical journal articles are reviewed in this book giving scientific explanations for the questions raised by Ebola virus infection. In reviewing these research reports, it is evident, that we have effective treatment for Ebola virus infection as a multi-pronged approach in the process of effective clinical management of the disease.

The filoviruses, including Marburg and Ebola, express a single glycoprotein on their surface, termed

GP, which is responsible for attachment and entry of target cells. Filovirus GPs differ by up to 70% in protein sequence, and no antibodies are yet described that cross-react among them. Here, we present the 3.6 Å crystal structure of Marburg virus GP in complex with a cross-reactive antibody from a human survivor, and a lower resolution structure of the antibody bound to Ebola virus GP. The antibody, MR78, recognizes a GP1 epitope conserved across the filovirus family, which likely represents the binding site of their NPC1 receptor. Indeed, MR78 blocks binding of the essential NPC1 domain C. We find that these structures and additional small-angle X-ray scattering of mucin-containing MARV and EBOV GPs suggest why such antibodies were not previously elicited in studies of Ebola virus, and provide critical templates for development of immunotherapeutics and inhibitors of entry.

Meeting the acute need for a book determining the crucial elements of bioterrorism preparedness, this is a global perspective of the history and current concepts for bioterrorism, integrating the legal, medical, scientific and public health strategies. It furthermore discusses the role of WHO and international health regulations for bioterrorism preparedness. For microbiologists, epidemiologists, biotechnologists, public health agencies, and pharmaceutists.

Are you fascinated by sickness and how it spreads? Do you have the urge to help people suffering from diseases both known and unknown? Do you ever wonder how vaccines and cures are developed? If so, a career as an infectious disease specialist might be for you! Through interviews and actual case studies, you'll learn what it's like to be an infectious disease specialist and discover the role they play in modern medicine.

Praise for the Series: "This serial... is well known to virologists. It is a valuable aid in maintaining an overview of various facets of the rapidly expanding fields of virology... Timely, informative, and useful to student, teacher, and research scientist." --American Scientist "A mandatory purchase for all types of comprehensive libraries, both public and university, as well as for those interested in or doing research in the field of virology." --Military Medicine Among the topics covered are: Virus-induced immunopathology Filoviruses Molecular characterization of pestiviruses Transactivation of cellular genes by hepatitus B virus proteins Principles of molecular organization, expression, and evolution of closteroviruses Primate T lymphotropic oncoretroviruses Replication of positive-stranded RNA viruses of plants and animals