

Symptoms and Diagnosis of Acute Febrile Illness

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DESCRIPTION

Febrile illness (AFI), also known as Acute Fever (AF), or Short Febrile Illness (SFI), is typically described as a fever that resolves on its own in three weeks or, in certain cases, lasts for a maximum of two weeks. Because the precise underlying causes of acute febrile sickness have yet to be determined, clinicians from around the world have yet to achieve a consensus on the precise description of acute febrile disease. Nonetheless, certain variables can be identified as causing a rise in body temperature over the typical limits of 98.6 degrees Fahrenheit or 37 degrees Celsius, finally leading to severe febrile sickness. These include an outbreak of specific infectious illnesses caused by geographical areas or seasonal variations in a specific country or location. AFI is caused by viruses, bacteria, protozoa, and rickettsia, which cause malaria, scrub typhus, rickettsial fevers, dengue, leptospirosis, and influenza. Furthermore, in a small number of instances, symptoms of AFI are discovered in the patient, but the actual cause cannot be determined. As a result, acute febrile sickness is broadly classified into three sub-types depending on the symptoms and severity of the disease, which are as follows: Non-Malarial Acute Febrile Illness (Non-Malarial AFI), Diagnosed Acute Febrile Illness (Diagnosed AFI), and Undiagnosed Acute Febrile Illness (Undiagnosed A) [1,2].

Because of the widespread frequency of AFI, particularly in tropical countries such as India, during the monsoons and in the transitional periods between seasons, it is critical to understand how AFI manifests in people and to provide appropriate medical care to guarantee a rapid recovery. The overlapping nature of AFI with other vector-borne infections makes it difficult for doctors to differentiate the symptoms from those of a normal cold, viral fever, or malarial infection. Doctors relate the following characteristics with acute febrile illnesses: A high fever that lasts for more than four days and does not go away with the regular dose of antibiotics or antivirals, with body temperatures that are continuously higher than normal, Rashes on the skin, Typhoid, Jaundice, Haemorrhages, Myalgia, Arthralgia [3].

Because of the extensive range of signs that come under the category of acute febrile sickness, medical practitioners are forced to undertake several different investigations to definitively determine an occurrence of AFI. Aside from examining the

affected individual's outward symptoms and medical history, the major diagnostic tests include: Examination of the Peripheral Smear: In this test, a medical specialist collects a sample of the patient's blood and analyses it under a microscope for any abnormalities in the structure, quantity, and size of red blood cells, white blood cells, and platelets.

Rapid Diagnostic Test (RDT), to prick the patient, a sterile needle is used, and only a drop of blood is extracted onto an antigen plate. The antigen on the plate is a protein that is particular to one the infectious illnesses, such as malaria, dengue fever, jaundice, typhoid, or other regional diseases. The blood sample is then examined under a microscope to see if it adheres to the antigen on the plate. Following this study, a rapid laboratory diagnosis is made to identify whether the viral or bacterial strain causing malaria, dengue, jaundice, or typhoid is present in the patient's system, allowing treatment procedures to be initiated immediately [4,5].

ELISA (Enzyme-Linked Immunosorbent Assay), this biochemical assay employs an antibody as a ligand (binding agent) to determine if a particular protein known as an antigen, which is located on the cell membranes of infectious germs, is present in the patient's blood sample. The ELISA test is commonly used to diagnose rickettsial infections or leptospirosis.

PCR (Polymerase Chain Reaction), this is a careful examination of the DNA samples found in the patient's blood, in which they are amplified and the signal is compared to that of a healthy individual and the DNA of the causal microbial agent. If the DNA signal from the patient's blood sample matches that of the infectious bacterium, then the particular case of AFI may be verified.

The healthcare professional begins the proper course of therapy based on the specific features and degree of fevers in the individual suffering from AFI, to ensure the total eradication of fever symptoms within two to three weeks. Essentially, antimalarial medications, antibiotics, or antivirals are administered and must be taken in a specific sequence after meals. Furthermore, multivitamin supplements are extremely recommended to avoid major cases of lethargy, dizziness, nausea, vomiting, and headaches.

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