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Research Article

# On the Epstein - Barr Virus Infection (Glandular Fever): The Kissing Disease

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## Abstract

Glandular fever is a prevalent infection among teenagers, adults, and tertiary students Symptoms include fever, sore throat, swollen glands and lymph nodes, and hepatitis at times. It is usually triggered by an extremely contagious herpes virus, the Epstein-Barr disease (EBV). We conducted a survey to develop awareness among the postgraduate students of the faculty of public health about the disease. Questionnaire was distributed among 4 boys and 16 girls. 90% of the students agreed that glandular fever is a viral disease. All students recognize that there is no cure for glandular fever, and generally glandular fever goes without therapy, but fatigue can last for a while.

## Introduction

Glandular fever is an Epstein Barr virus (EBV) infection. It is also called Infectious Mononucleosis and the' Kissing Disease' at times. Once an individual is infected by Epstein Barr virus, the disease is thought to remain in his or her body for life, although it does not generally trigger further disease. Glandular fever is spread from individual to individual through saliva contact, exposure to sneezing and cough, kissing, sharing toothbrushes, sharing food and drinking utensils like cups, glasses and unwashed utensils. Glandular fever may affect people of all ages, but most cases affect teens and young adults. Symptoms of glandular fever are thought to take about one to two months to develop after infection with Epstein-Barr virus (EBV). The most prevalent signs of the disease are fever, jaundice, rash, fatigue, and sore throat, etc. Not everyone who can pass on EBV will themselves have symptoms. These are regarded as asymptomatic carriers After recovering from glandular fever, some individuals may have the virus in their saliva for a few months and may continue to have the virus on and off in their saliva for years. This is because after they have been subjected to it, the virus stays dormant in the body for the remainder of their lives. The inactive virus will not trigger any diseases for most individuals. However, there is a chance that the virus will reactivate periodically, which may mean that it will re-enter the saliva. This reactivation may have no signs or may trigger a recurrence of the symptoms for a short time. Diagnosis is usually made by a blood test, and the incubation period is between four to six weeks. There is presently no effective antiviral medication for the treatment of Glandular fever, medication may be needed to regulate fever. Over-the-counter pain killers such as paracetamol or non-steroidal anti-inflammatory drugs such as ibuprofen can assist to relieve pain and fever. Children under the age of 16 should not be given aspirin because there is a tiny danger that it may cause a rare but severe disease called Reye's syndrome. Regular gargling with a salty water or warm water solution may also assist reduce the sore throat.

The basic purpose of this study was to determine the awareness of university students about Glandular fever.

## Methodology

### Questionnaire development survey

A questionnaire was designed to access the public health student's understanding of Glandular fever. The questionnaire comprised of 15 questions based on yes or no response boxes. To mark the option of their choice, individual students were given a copy of the questionnaire. 20 postgraduate students from the faculty of Public Health, college of Medicine, University of Ibadan were chosen to study Glandular fever awareness.

## Result and Discussion

Epstein-Barr virus infection (Glandular fever) etiology awareness is provided in tables 1-8. We performed the study involving 20 graduate students including 4 boys and 16 girls. There were 15 questions about Glandular fever for which the students responded to. 81% Boys and 92% Girls

**Table 1:** Awareness about etiology of Glandular fever

| | Glandular fever is a | Yes | No |
|---|---|---|---|
| 1 | Glandular fever is caused by viral infection | | |
| 2 | Glandular fever is caused by bacteria | | |
| 3 | Glandular fever is caused fungi | | |
| 4 | Glandular fever is caused by genetic factors | | |
| 5 | Glandular fever is caused by metabolic | | |

**Table 2:** Contact with Glandular fever

| | Ever suffered from Glandular fever | Yes | No |
|---|---|---|---|
| 6 | You | | |
| 7 | Your family | | |
| 8 | Your friend | | |
| 9 | Your neighbor | | |
| 10 | Your relative | | |

**Table 3:** Mode of Transmission

| | Glandular fever is transmitted by | Yes | No |
|---|---|---|---|
| 11 | Blood | | |
| 12 | Saliva | | |
| 13 | Sex | | |

**Table 4:** Treatment Method

| | Glandular fever is treated by | Yes | No |
|---|---|---|---|
| 14 | Antibiotics | | |
| 15 | Aspirin | | |
| 16 | Surgery | | |
| 17 | No Cure | | |

having suffered. 35% of boys and 30% of girls reported suffering from glandular fever. 25% of boys said their friends had this disease, but girls reported a higher incidence. 99% of the respondents agreed that it is not spread by blood. 96.5% of the respondents agreed that it is

**Table 5:** Perception of the students

| | Response | Male | | Female | | Total | |
|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No |
| 1 | Glandular fever is caused by viral infection | 81% | 19% | 92% | 8% | 90% | 10% |
| 2 | Glandular fever is caused by bacteria | 33.30% | 66.60% | 94.50% | 5.40% | 80% | 20% |
| 3 | Glandular fever is caused fungi | 33.30% | 66.60% | 77.30% | 22.60% | 65% | 35% |
| 4 | Glandular fever is caused by genetic factors | 0% | 100% | 0% | 100% | 0% | 100% |
| 5 | Glandular fever is caused by metabolic | 0% | 100% | 0% | 100% | 0% | 100% |

**Table 6:** Have you suffered from the Glandular Fever?

| | Response | Male | | Female | | Total | |
|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No |
| 6 | You | 35% | 65% | 30% | 70% | 30% | 70% |
| 7 | Your family | 0% | 100% | 0% | 100% | 0% | 100% |
| 8 | Your friend | 25% | 75% | 40% | 60% | 35% | 65% |
| 9 | Your neighbor | 0% | 100% | 0% | 100% | 0% | 100% |
| 10 | Your relative | 0% | 100% | 0% | 100% | 0% | 100% |

**Table 7:** Glandular fever can be transmitted by?

| | Response | Male | | Female | | Total | |
|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No |
| 11 | Blood | 5% | 95% | 5% | 95% | 1% | 99% |
| 12 | Saliva | 95% | 5% | 97% | 3% | 96.50% | 3.50% |
| 13 | Sex | 0% | 100% | 0% | 100% | 0% | 100% |

agreed that Glandular Fever was a viral infection. 33.3% boys and 94.5% of the girls agreed that Glandular fever is a bacterial disease. 33.3% of boys and 77.3% of girls said it was a fungal disease. 100% of boys and girls said this disease was not present in their family, neighbors and family. 35% of the boys and 30% of the girls reported spread through saliva. All participants agreed that there is no spread of glandular fever through sex. 100% boys and girls said that it cannot be treated by Antibiotics, Aspirin or Surgery. 100% boys and girls said that Glandular fever has no cure.

**Table 8:** Glandular fever can be treated by?

| | Response | Male | | Female | | Total | |
|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No |
| 14 | Antibiotics | 0% | 100% | 0% | 100% | 0% | 100% |
| 15 | Aspirin | 0% | 100% | 0% | 100% | 0% | 100% |
| 16 | Surgery | 0% | 100% | 0% | 100% | 0% | 100% |
| 17 | No cure | 100% | 0% | 100% | 0% | 100% | 0% |

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