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# ZIKA VIRUS (ZIKV) OVERVIEW

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#### Abstract

Zika virus (ZIKV) may be a recently nascent relative of the arbovirus family and coupled to dengue fever (DENV) and Chikungunya (CHIVKV). ZIKV is one among the rising pathogens promptly surpassing geographical borders. ZIKV infection was characterised by delicate illness with fever, headache, rash, hurting and reborn, with exceptional reports of AN association with Guillain-Barre syndrome (GBS) and nanocephaly. However, since the top of 2015, a rise within the variety of GBS associated cases and an astonishing variety of nanocephaly in vertebrate and new-borns in Brazil are connected to ZIKV infection, raising serious worldwide public health considerations. ZIKV is transmitted by the bite of infected feminine mosquitoes of arthropod genus species. elucidative such worrisome relationships are, thus, a current inescapable goal. Here, we extensively represented this understanding of the effects of ZIKV on heath, clinical manifestation, diagnosing and treatment choices supported trendy, various and complementary medicines concerning the illness.

Keywords: Zika Virus, Arthropod Genus Dipterous Insect, Guillain-Barré Syndrome, Nanocephaly, Epidemiology of ZIKV, Flaviviridae Family, ZIKV Vector-Borne Transmission, Neurological Complications of ZIKV Infection

### I. INTRODUCTION

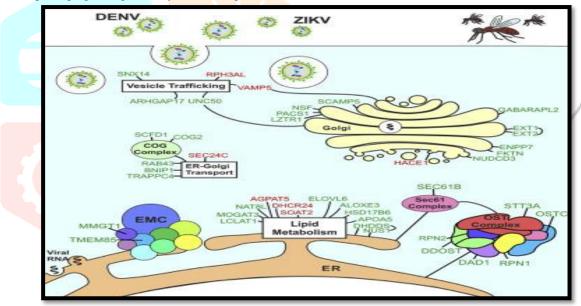
Among the family of viruses, Zika virus (ZIKV) is Associate in Nursing emerging evolving virus on the occident, though it absolutely was ab initio according from Uganda in Nineteen Forties (Dick GWA, Kitchen SF, Haddow AJ. 1952, Leparc-Gofart I, Nougairede A, Cassadou S, Prat C, De Lamballerie X. 2014.). Transmission of ZIKV is expounded to the 2 alternative imperative arbo-viruses together with dandy fever virus (DENV) and chikungunya virus (CHIVKV) (Howes, R. E., Battle, K. E., Mendis, K. N., Smith, D. L., Cibulskis, R. E., Baird, J. K., & Hay, S. I. 2016). in an exceedingly quest to unravel the quandary of infectious disease, a study conducted in 1947 isolated the first novel virus from the blood of a sentinel rhesus monkey Old World monkey placed within the Zika Forest of Uganda (DJ, L. P. J. 2016. Musso, D., Roche, C., Robin, E., Nhan, T., Teissier, A., & Cao-Lormeau, V. M.2015). ZIKV stayed comparatively silent for pretty much seventy years and all of an unforeseen emerged everywhere the America when Pacific Islands to Brazil (Fauci, A. S., & Morens, D. M. 2016). Recently it absolutely was identified that the ZIKV strain found within the Americas had escalated to Angola and was joined with a cluster of abnormality (World Health Organization Regional Office for Africa. 2017, Sassetti, M., Zé-Zé, L., Franco, J., Cunha, J. D., Gomes, A., Tomé, A., & Alves, M. J. 2018, Hill, S. C., Vasconcelos, J., Neto, Z., Jandondo, D., Zé-Zé, L., Aguiar, R. S., ... & Faria, N. R. 2019). Hill et al. additionally according similar results supported full virus order analysis [9]. All the on top of mentioned studies endorse summary of mosquito-borne transmission of the ZIKV strain from earth into continental Africa. World Health Organization (WHO) declared it as emergency of public health with international concern as a results of international alarm created by ZIKV by changing into first foremost communicable disease let alone defects of human birth discovered in additional than a half century (Hill, S. C., Vasconcelos, J., Neto, Z., Jandondo, D., Zé-Zé, L., Aguiar, R. S., ... & Faria, N. R. 2019).

## HISTORY AND EPIDEMIOLOGY OF ZIKV

ZIKV could be a member of family Flaviviridae and unfold through Aedes genus. alternative members of this family include arboviruses, dandy fever virus and Japanese encephalitis viruses (Hamel, R., Dejarnac, O., Wichit, S., Ekchariyawat, P., Neyret, A., Luplertlop, N., ... & Missé, D. 2015). ZIKV antibodies were additionally detected in animal species, particularly non-human primates (McCrae, A. W., & Kirya, B. G. 1982). ZIKV was additionally isolated from many dipterans in Africa and Asia together with arboreal mosquitoes as Aedes Africanis or mosquitoes with an outsized tropical and semitropic distribution as Aedes aegypti (Marchette, N. J., Garcia, R., & Rudnick, A. 1969). and Aedes albopictus, severally (Grard, G., Caron, M., Mombo, I. M., Nkoghe, D., Mboui Ondo, S., Jiolle, D., ... & Leroy, E. M. 2014). Epidemiology studies unconcealed distribution of ZIKV in half the north African continent, Vietnam, Malaysia, Indonesia, Philippines, India, Thailand and Pakistan (Fig. 1), (Olson, J. G., & Ksiazek, T. G. 1981). The first human case was detected in Uganda in 1952 throughout a study indicating the presence of neutralizing antibodies to ZIKV in sera (Kindhauser, M. K., Allen, T., Frank, V., Santhana, R. S., & Dye, C. 2016). solely few cases of infection in human were reported before 2007 once occurrence of ZIKV infection in humans occurred in Yap, Federated States of Micronesia, within the Pacific region (Gourinat, A. C., O'Connor, O., Calvez, E., Goarant, C., & Dupont-Rouzeyrol, M. 2015). In French Polynesia the most important epidemic of ZIKV occurred during 2013 to 2014 and extended to New Caledonia, Cook Islands, Vanuatu, Easter Island, king Islands and other Pacifc Islands . ZIKV transmission is understood in fifty five countries and territories. However, solely in 2015 to 2016, autochthonic transmission are reported for forty one of them, with indirect confirmation relating to circulation of virus in six countries, terminated outbreaks reported in five countries whereas 3 countries were affected with local infection (Fu, K. W., Liang, H., Saroha, N., Tse, Z. T. H., Ip, P., & Fung, I. C. H. 2016).

#### II. MOLECULAR BIOLOGY AND VIROLOGY

Flaviviridae family contains clinically necessary with four genera as well as Hepacivirus (one species that's hepatitis C virus), Pestivirus (four species), Pegivirus (two species) and animal virus (53 species). Other than hepatitis C virus, most of the clinically relevant pathogens belong to the genus animal virus. Te most significant clinical manifestations. Wong, S. S. Y., Poon, R. W. S., & Wong, S. C. Y. 2016) by Flaviviruses embrace fever, rashes, reborn, visceral involvement and haemorrhagic fever (T Adams, M. J., Lefkowitz, E. J., King, A. M., Harrach, B., Harrison, R. L., Knowles, N. J., ... & Davison, A. J. 2017). He length of ZIKV ordination is ten,794 kb, comprising a positive sense fibre ribonucleic acid molecule having 2 noncoding regions (NCR); thirty-nine and fifty nine NCR and a long open reading frame that code a polyprotein: 59-C-prM-E-NS1-NS2A-NS2BNS3-NS4A-NS2BNS3-NS4A-NS4B-NS5) "Fig. 2" (. Kuno, G., Chang, G. J. J., Tsuchiya, K. R., Karabatsos, N., & Cropp, C. B. 1998). The major particle surface super molecule is E protein. Tis supermolecule is concerned in numerous options of the viral cycle, membrane fusion and mediating binding. The largest infective agent super molecule whose C-terminal portion has RNA-dependent ribonucleic acid enzyme (RdRP) is NS5 super molecule activity and its N-terminus is to blame for to blame for due to its process because of alkyl enzyme activity . 428 nucleotides and twenty seven folding patterns square measure present within the thirty-nine NCR of the ZIKV ordination . Tese nucleotides and folding patterns could involve within the cyclization, translation, recognition by cellular factors, RNA packaging, recognition by infective agent factors and ordination (Guimarães, V. N. 2014).

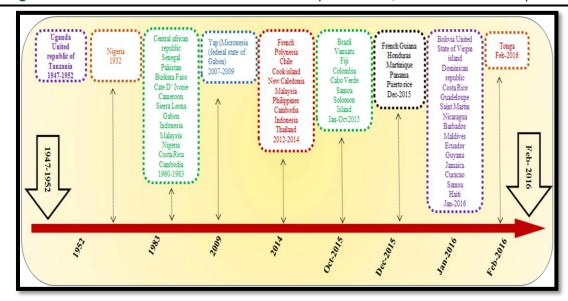


"Fig. 1 Molecular Biology and Virology"

#### III. TRANSMISSION OF ZIKV

#### 1. ZIKV vector-borne transmission

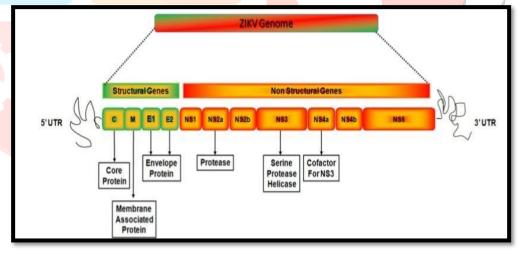
Aedesaegypti, Aedespolynesiensis and Asian tiger mosquito are the potential vectors chargeable for the transmission of ZIKV infection by biting. Aedes aegypti is that the is that the of DENV and CHIKV.once the epidemic in possession these species of mosquitoes were collected and tested for ZIKV infection by RT-PCR and only one dipteran|Aedes aegypti|mosquito} mosquito was confirmed having ZIKV RNA; experimental investigations showed the French Austronesian strain of Aedes aegypti will replicate the French Austronesian ZIKV strain (Additional flee 1: Figure S1) (. Rapid risk assessment: Zika virus epidemic in the Americas: potential association with microcephaly and Guillain—Barré syndrome. Stockholm: European Centre for Disease Prevention and Control, December 10, 2015). Altogether, sixty one countries and territories in six World Health Organization regions have confirmation of typical competent Aedes aegypti vectors however haven't however documented ZIKV transmission (Ioos, S., Mallet, H. P., Goffart, I. L., Gauthier, V., Cardoso, T., & Herida, M. 2014). Tus, risk of ZIKV unfold to different countries continues to be possible. can be because of lack of detection fewer countries didn't report transmission. The re-emergence or re-introduction was additionally rumoured all told areas with previous reports of ZIKV transmission.



"Fig. 2 Chronological time-line of ZIKV epidemic from 1947-2016"

#### 2. Non-vector-borne transmission

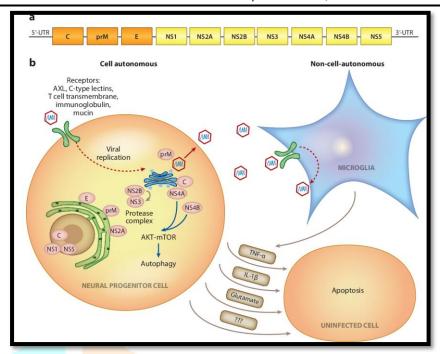
Non-vector-borne transmission of ZIKV infection can be caused during labour (mother to child), organ transplantation, blood transfusions and through sexual contact (Fig. 3). Antibodies against ZIKV were detected by Serosurvey studies in goats, rodents (Merinos hurricane and Tatera indicia), sheep and bats. Tese studies suggest that there is no clear association between ZIKV and a specific species of animal. In humans, it spreads through the bite of infected Aedesaegypti mosquitoes that are usually found in tropical and sub-tropical regions in domestic water holding containers near dwellings (DJ, M. D. G. 2016). ZIKV is adopted to transmit by enzootic and sub Urban cycle "Fig. 4"; in enzootic setting this involves mosquitoes of Aedes species and non-human primates, however transmission in Urban setting involves human and mosquitoes of Aedes species demonstrate vector and non-vector borne transmission



" Fig. 3 Thegenomeorganization of ZIKV"

## III. Pathophysiology and diagnosis

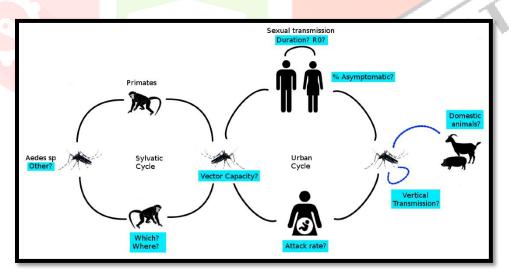
In the starting, ZIKV infection was misdiagnosed with break bone fever infection. Virus isolation and serologic ways area unit disbursed for laboratory diagnosing examination for ZIKV (Table 1) (Fagbami, A. H. 1979). Virus isolation wants many days (i.e. 1–2 weeks) whereas convalescent and acute sampling and cross-reactions among Flaviviruses area unit the restrictions for serologic ways. Cell culture is also used to isolate ZIKV [5] however specialised laboratories area unit needed to observe it (Faye, O., Faye, O., Diallo, D., Diallo, M., & Weidmann, M. 2013). Reverse transcription PCR (RT-PCR) is employed for confirmation of ZIKV infections whereas immune serum globulin against ZIKV will be detected by enzyme-linked-immunosorbent serologic assay . RT-PCR is time saving, specific and sensitive so as to notice ZIKV in blood serum or cell culture (Lanciotti, R. S., Kosoy, O. L., Laven, J. J., Velez, J. O., Lambert, A. J., Johnson, A. J., ... & Duffy, M. R. 2008). Molecular detection of ZIKV was accumulated once secretion was used at the acute part of unwellness notably in kids and neonates as blood is difficult to gather .



"Fig. 4 Schematic diagram representing the transmission of ZIKV."

#### IV. Neurological complications of ZIKV infection

Guillain—Barré syndrome and cases of different medicine manifestations seems in Brazil and French Oceania throughout ZIKV epidemics, albeit it's self-limiting(. Ioos, S., Mallet, H. P., Goffart, I. L., Gauthier, V., Cardoso, T., & Herida, M. 2014). A report from Ministry of Health of Brazil indicates that there's a doable relation between vertebrate deformities and infection with ZIKV in maternity, because the incidences of abnormal condition cases among neonates have amplified by an element of concerning twenty . ZIKV infection in craniate is identified by Ultrasound in second or early trimester(Kazmi, S. S., Ali, W., Bibi, N., & Nouroz, F. 2020).



"Fig. 5 Transmission cycle of ZIKV."

**Table** 1. Differential diagnosis of ZIKV infection includes various viral diseases with similar signs and symptoms as ZIKV infection(Skrove, J. L., Salhab, J., Colella, D. M., Michel Jr, G., Sobrado, J., & Almeida, M. 2016).

| Viral diseases | Similarities with Zika   | Dissimilarities with                              | Diagnostic test  |
|----------------|--|---|------------------|
|                | virus  | Zika virus  |                  |
| Dengue fever   | High fever, severe muscle pain, and  | Not associated with conjunctivitis                | Serology         |
|                | headache and<br>may also be associated                                       |   |                  |
| CI II          | with hemorrhage  | NY  | G 1              |
| Chikungunya    | High fever and intense joint pain affecting the hands, feet, knees, and back | Not associated with conjunctivitis                | Serology         |
| Parvovirus     | Acute and symmetric arthritis or arthralgia                                  | Rash may or may not be present                    | Serology         |
| Rubella        | Low-grade fever,<br>Macular rash, arthritis,<br>lymphadenopathy              | Not associated with conjunctivitis, coryza is not | Serology         |
|                | Tymphadenopathy  | present in ZIKV infection                         |                  |
| Measles        | Fever, cough,  | Sore throat and coryza                            | Serology         |
|                | conjunctivitis, and  | are not present in                                |                  |
|                | lymphadenitis.   | ZIKV  |                  |
|                | generalized rash   | infection   |                  |
| Leptospirosis  | Fever, rigors, myalgia,  | Distinguished from                                | Serology         |
|                | conjunctival suffusion,  | ZIKV infection by the                             |                  |
|                | headache,  | presence  |                  |
|                | arthralgia   | of jaundice                                       |                  |
| Malaria        | Fever, malaise, nausea,  | Dot associated with                               | Visualization of |
|                | vomiting, abdominal  | conjunctivitis                                    | parasites on     |
|                | pain,  |   | peripheral       |
|                | diarrhea, myalgia  |   | smear            |

# V. Treatment of ZIKV

In ZIKV infection, people have to be compelled to have adequate water intake, ample rest and treat pain and fever with liquid solutions. If the symptoms irritate, they have to look for substance and therapeutic thought "Fig. 6". They aren't any specific medications or matter available to treat or forestall ZIKV infections till now; only medications for symptomatic relief is additionally is additionally as paracetamol to alleviate pain and fever associated with this infection. Nonsteroidal anti-inflammatory medication (NSAIDs) have to be compelled to be avoided and individuals have to be compelled to acquire medical recommendation before taking additional medication if they're already taking medicines extra for one more} medical condition. Treatment is a worthy treatment likelihood in ZIKV infection as a results of it established to be effective inJapanese inflammation virus that is included at intervals an analogous genus like Zika virus. Treatment with belladonna efficaciously reduced the severity of Japanese inflammation infection. Atropa belladonna (Bandyopadhyay, B., Das, S., Sengupta, M., Saha, C., Das, K. C., Sarkar, D., & Nayak, C. 2010).plant belongs to potato family (. Rowson, J. M. 1950).. It has been efective in varied medical conditions having nice business significance as an enormous provide of alkaloids, within the main chemical compound and substance that unit pharmaceutical bioactive compounds (. Rajput, H. 2013). Belladonna is native. to region, Western Asia and Europe. In Atropa belladonna majority of compound contents unit present in ripe fruit and inexperienced leaves. it's been used from times of past so on treat varied human ailments.

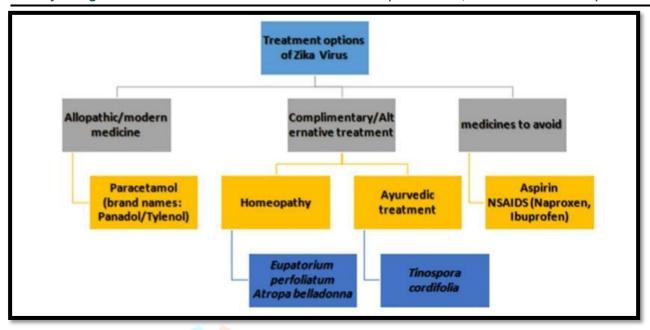


Fig. 6 Schematic representation of possible ZIKV treatment"

#### VI. Prevention and control:

Most precarious threats for ZIKV infection are mosquitoes including their reproducing localities. Teir encounter with humans must be reduced in order to control and prevent their outspread. Tis can be employed by using mosquito repellents, mosquito nettings and closing the entrances and openings. Insect killing sprays. Tis also require the advancement of Flaviviruses selective investigative tools, models of animals to detect developing effects of foetus resulting from viral septicity (.Rossi, S. L., Tesh, R. B., Azar, S. R., Muruato, A. E., Hanley, K. A., Auguste, A. J., ... & Weaver, S. C. 2016, McGrath, E. L., Rossi, S. L., Gao, J., Widen, S. G., Grant, A. C., Dunn, T. J., ... & Wu, P. 2017), novel products to control vector and strategies, effective medications and the vaccines to shield humans counter to ZIKV disease.

### VII. CONCLUSION:

Mosquito-borne epidemics area unit critically exasperating the pre-existing burden that the first health care systems face. hands are affected and also the societies could also be vulnerable by the epidemic wave if they're not ready well. Improved investigation and actions against response area unit needed to alleviate the substantial burden on health systems and management promoting it worldwide, at this time there's no immunizing agent obtainable for ZIKV infection. Vaccines against faviviral infections obtainable to be used of human area unit infectious disease immunizing agent, Japanese cephalitis immunizing agent, tick-borne cephalitis immunizing agents and dengue fever vaccine, therefore the rules for the vector borne infections should be followed so as to forestall ZIKV infection, in addition as avoiding insect bite and management of vector is that the solely obtainable choices.

#### VIII. References:

- [1]. Dick GWA, Kitchen SF, Haddow AJ. 1952 .Zika virus (I). Isolations and serological specificity. Trans R Soc Trop Med Hyg;46:509–20.
- [2]. Leparc-Gofart I, Nougairede A, Cassadou S, Prat C, De Lamballerie X. 2014. Chikungunya in the Americas. Lancet;383:514.
- [3]. Howes, R. E., Battle, K. E., Mendis, K. N., Smith, D. L., Cibulskis, R. E., Baird, J. K., & Hay, S. I. (2016). Global epidemiology of Plasmodium vivax. The American journal of tropical medicine and hygiene, 95(6 Suppl), 15.
- [4]. DJ, L. P. J. (2016). powers AM, honein MA. Zika virus. N. Engl. J. Med, 374(16), 1552-1563
- [5]. Musso, D., Roche, C., Robin, E., Nhan, T., Teissier, A., & Cao-Lormeau, V. M. (2015). Potential sexual transmission of Zika virus. Emerging infectious diseases, 21(2), 359..
- [6]. Fauci, A. S., & Morens, D. M. (2016). Zika virus in the Americas—yet another arbovirus threat. New England journal of medicine, 374(7), 601-604...
- [7]. World Health Organization Regional Office for Africa.2017. Microcephaly—suspected congenital Zika syndrome, Angola. Weekly bulletin on outbreaks and other emergencies; Week 48: 25 November-1 December . Accessible at: https://apps.who.int/iris/bitstream/handle/10665/259557/OEW48- 2504122017.pdf?sequence=1.
- [8]. Sassetti, M., Zé-Zé, L., Franco, J., Cunha, J. D., Gomes, A., Tomé, A., & Alves, M. J. (2018). First case of confirmed congenital Zika syndrome in continental Africa. Transactions of The Royal Society of Tropical Medicine and Hygiene, 112(10), 458-462.
- [9]. Hill, S. C., Vasconcelos, J., Neto, Z., Jandondo, D., Zé-Zé, L., Aguiar, R. S., ... & Faria, N. R. (2019). Emergence of the Asian lineage of Zika virus in Angola: an outbreak investigation. The Lancet Infectious Diseases, 19(10), 1138-1147.
- [10].Roos, R. P. (2016). Zika virus—a public health emergency of international concern. JAMA neurology, 73(12), 1395-1396.
- [11]. Hamel, R., Dejarnac, O., Wichit, S., Ekchariyawat, P., Neyret, A., Luplertlop, N., ... & Missé, D. (2015). Biology of Zika virus infection in human skin cells. Journal of virology, 89(17), 8880-8896.

- [12]. McCrae, A. W., & Kirya, B. G. (1982). Yellow fever and Zika virus epizootics and enzootics in Uganda. Transactions of the Royal Society of Tropical Medicine and Hygiene, 76(4), 552-562.
- [13]. Marchette, N. J., Garcia, R., & Rudnick, A. (1969). Isolation of Zika virus from Aedes aegypti mosquitoes in Malaysia. American Journal of Tropical Medicine and Hygiene, 18(3).
- [14]. Grard, G., Caron, M., Mombo, I. M., Nkoghe, D., Mboui Ondo, S., Jiolle, D., ... & Leroy, E. M. (2014). Zika virus in Gabon (Central Africa)–2007: a new threat from Aedes albopictus? PLoS neglected tropical diseases, 8(2), e2681.
- [15]. Faye, O., Faye, O., Diallo, D., Diallo, M., & Weidmann, M. (2013). Quantitative real-time PCR detection of Zika virus and evaluation with field-caught mosquitoes. Virology journal, 10(1), 1-8.
- [16]. Lanciotti, R. S., Kosoy, O. L., Laven, J. J., Velez, J. O., Lambert, A. J., Johnson, A. J., ... & Duffy, M. R. (2008). Genetic and serologic properties of Zika virus associated with an epidemic, Yap State, Micronesia, 2007. Emerging infectious diseases, 14(8), 1232...
- [17]. Olson, J. G., & Ksiazek, T. G. (1981). Zika virus, a cause of fever in Central Java, Indonesia. Transactions of the Royal Society of Tropical Medicine and Hygiene, 75(3), 389-393..
- [18]. Kindhauser, M. K., Allen, T., Frank, V., Santhana, R. S., & Dye, C. (2016). Zika: the origin and spread of a mosquito-borne virus. Bulletin of the World Health Organization, 94(9), 675..
- [19]. Gourinat, A. C., O'Connor, O., Calvez, E., Goarant, C., & Dupont-Rouzeyrol, M. (2015). Detection of Zika virus in urine. Emerging infectious diseases, 21(1), 84.
- [20]. Fu, K. W., Liang, H., Saroha, N., Tse, Z. T. H., Ip, P., & Fung, I. C. H. (2016). How people react to Zika virus outbreaks on Twitter? A computational content analysis. American journal of infection control, 44(12), 1700-1702.
- [21]. Wong, S. S. Y., Poon, R. W. S., & Wong, S. C. Y. (2016). Zika virus infection—the next wave after dengue?. Journal of the Formosan Medical Association, 115(4), 226-242.
- [22]. Adams, M. J., Lefkowitz, E. J., King, A. M., Harrach, B., Harrison, R. L., Knowles, N. J., ... & Davison, A. J. (2017). 50 years of the International Committee on Taxonomy of Viruses: progress and prospects. Archives of virology, 162(5), 1441-1446.
- [23]. Kuno, G., Chang, G. J. J., Tsuchiya, K. R., Karabatsos, N., & Cropp, C. B. (1998). Phylogeny of the genus Flavivirus. Journal of virology, 72(1), 73-83.
- [24]. Guimarães, V. N. (2014). Identificação e caracterização molecular do vírus dengue em indivíduos sintomáticos atendidos na rede pública de saúde de Goiânia–Goiás, durante o período epidêmico 2012-2013.
- [25]. DJ, M. D. G. (2016). Zika virus. Clin Microbiol Rev, 29, 487-524.
- [26]. Ioos, S., Mallet, H. P., Goffart, I. L., Gauthier, V., Cardoso, T., & Herida, M. (2014). Current Zika virus epidemiology and recent epidemics. Medicine et maladies infectieuses, 44(7), 302-307.
- [27]. Rapid risk assessment: Zika virus epidemic in the Americas: potential association with microcephaly and Guillain–Barré syndrome. Stockholm: European Centre for Disease Prevention and Control, December 10, 2015 (http://ecdceuropa.eu/en/publications/Publications/zika-virus-americasassociation-with-microcephaly-rapid-risk-assessment.pdf).
- [28] . Skrove, J. L., Salhab, J., Colella, D. M., Michel Jr, G., Sobrado, J., & Almeida, M. (2016). Zika virus: A rare case with presenting symptoms of gastroenteritis and transaminitis with subsequent progression to Guillain-Barré syndrome. Am J Gastroenterol, 111, S975-S6..
- [29]. Ioos, S., Mallet, H. P., Goffart, I. L., Gauthier, V., Cardoso, T., & Herida, M. (2014). Current Zika virus epidemiology and recent epidemics. Medecine et maladies infectieuses, 44(7), 302-307.
- [30]. Kazmi, S. S., Ali, W., Bibi, N., & Nouroz, F. (2020). A review on Zika virus outbreak, epidemiology, transmission and infection dynamics. Journal of Biological Research-Thessaloniki, 27(1), 1-11.
- [31].Bandyopadhyay, B., Das, S., Sengupta, M., Saha, C., Das, K. C., Sarkar, D., & Nayak, C. (2010). Decreased intensity of Japanese encephalitis virus infection in chick chorioallantoic membrane under influence of ultradiluted Belladonna extract.
- [32]. Rowson, J. M. (1950). The pharmacognosy of Atropa belladonna LINN. J Pharm Pharmacol.
- [33]. Rajput, H. (2013). Effects of Atropa belladonna as an anti-cholinergic. Natural Products Chemistry & Research.
- [34].Rossi, S. L., Tesh, R. B., Azar, S. R., Muruato, A. E., Hanley, K. A., Auguste, A. J., ... & Weaver, S. C. (2016). Characterization of a novel murine model to study Zika virus. The American journal of tropical medicine and hygiene, 94(6), 1362.
- [35]. McGrath, E. L., Rossi, S. L., Gao, J., Widen, S. G., Grant, A. C., Dunn, T. J., ... & Wu, P. (2017). Differential responses of human fetal brain neural stem cells to Zika virus infection. Stem cell reports, 8(3), 715-727.