



COMMENTARY



A Vital and Vast Spread of Virus: Tomato Fever

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Description

A new virus known as tomato flu, or tomato fever, has developed in India in the state of Kerala in children under the age of five, at the same time as we are dealing with the potential appearance of the fourth wave of COVID-19. Due to the horrific COVID-19 pandemic, watchful management is preferred to stop additional outbreaks of the uncommon viral illness, which is in an endemic condition and is not thought to be life-threatening.

Although the symptoms of the tomato flu virus resemble those of COVID-19 (both are initially characterised by fever, exhaustion, and body aches and some COVID-19 patients also report skin rashes), the virus is unrelated to SARS-CoV-2. Tomato flu may not actually be a viral illness in children, but rather a complication of dengue or chikungunya fever. The virus may possibly represent a novel strain of the viral hand, foot, and mouth disease, a prevalent infectious illness that mostly affects children and people with impaired immune systems. In some cases, immune resistant children will also see this condition due to more activeness of virus. Since tomato flu is a self-limiting condition, no particular medication is available to treat it.

On May 6, 2022, the Kollam district of Kerala reported the first case of tomato flu; as of July 26, 2022, the local government hospitals had documented the infection in more than 200 children below the age of five years. Anchal, Aryankavu, and Neduvathur are the other Kerala regions that have been impacted. The neighboring states of Tamil Nadu and Karnataka were alerted to this prevalent viral disease. The Regional Medical Research Centre in Bhubaneswar also revealed that 26 youngsters (aged 1 to 9 years) in the state of Odisha had the illness. Other than Kerala, Tamil Nadu, and Odisha, no other parts of India have seen the virus's effects

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as of yet. To control the viral infections spread and stop it from spreading to other regions of India, the Kerala Health Department is taking precautions.

The main signs and symptoms of tomato flu in children are high fever, rashes, allergies and excruciating joint pain, which are also characteristics of chikungunya. The red, painful blisters that appear all over the body and grow over time until they resemble tomatoes gave the illness its name. These blisters mimic those that young people who have the monkey pox virus experience. Along with tomato flu, skin rashes that irritate the skin also develop. Additional signs and symptoms of dengue are similar to those of other viral illnesses, such as tiredness, nausea, vomiting, diarrhoea, fever, dehydration, swelling of the joints, and body pains. When dengue, chikungunya, zika, varicella-zoster, and herpes are ruled out as viral infections in children who express these symptoms, molecular and serological testing is performed to confirm tomato virus infection. The therapy for tomato flu is similar to that for chikungunya, dengue, and hand, foot, and mouth disease since these illnesses have similarities with each other, including isolation, rest, lots of fluids, and the use of a hot water sponge to relieve itching and rashes. It is necessary to use paracetamol as supportive therapy for fever, body aches, and other symptoms.

As viral illnesses are widespread in children this age and propagation is most probable through close contact, children are more likely to be exposed to tomato flu. Young children can catch this virus via touching dirty surfaces, using diapers, and putting objects directly in their mouths. Given the similarity to hand, foot, and mouth illness, transmission of tomato flu might have major repercussions by spreading to adults if the outbreak in children is not contained and stopped.

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Like many other influenza strains, tomato flu is extremely infectious. Therefore, it is essential to isolate carefully and some suspected cases take few more additional preventative measures to stop the tomato flu virus from spreading from Kerala to other regions of India. To stop the virus from spreading to other children or adults, isolation should be used for 5-7 days after the beginning of symptoms. The greatest method of prevention is maintaining good hygiene, sanitizing the immediate area, and keeping the sick kid from sharing toys, clothes, food, or other objects with other children who are not ill.

The most effective and economical methods for protecting the population from viral infections, particularly in children, the elderly, immunocompromised individuals, and those with underlying medical conditions, are drug repurposing and immunization. Tomato flu cannot currently be treated or prevented with antiviral medications or vaccinations. To better understand the need for prospective therapies, more follow-up and monitoring for significant outcomes and sequelae are required.