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Roshan Kumar Dubey*

Institute of Pharmacy Research (IPR), GLA University, Mathura, UP, India

Abstract

There is a new public health crises threatening the world with the emergence and spread of 2019 novel coronavirus (2019-nCoV) or the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus originated in bats and was transmitted to humans through yet unknown intermediary animals in Wuhan, Hubei province, China in December 2019. In this time a huge number of the person was died in world and in the India the corona are on the last stage of the 2nd. In this article some precaution and treatment are mentioned.

Keywords: COVID-19; Precaution; HIV; Treatment; Health care; Public Health

Introduction

Over the last few decades the world has seen the presence of new viruses that have posed major threats to global health. Towards the end of December 2019, several patients in Wuhan, China began to report symptoms similar to pneumonia. The new virus was identified and initially identified as a 2019 novel coronavirus (2019-nCoV). The World Health Organization (WHO) eventually changed the name of the virus to acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [1]. The disease it causes is named coronavirus disease 2019 (COVID-19). SARS-CoV is a specific stranded RNA virus from the Coronaviridae family. Other viruses from the same family include the acute respiratory syndrome coronavirus (SARS-CoV), which originated in 2002, and the Middle East respiratory syndrome coronavirus (MERS-CoV), which is reported in 2012 [2]. As the virus spreads around the world, on March 11, 2020, WHO officially described the outbreak of COVID-19 as a pandemic.

Epidemiology

As of March 18, 2020, the WHO has reported that 200,000 worldwide on Wednesday as the new coronavirus continues to spread outside of China, the original epicenter of the outbreak (Table 1). The virus has now killed more than 8,000 people around the world, according to JHU, but more than 82,000 people have recovered from the virus. Since the first reported case in Wuhan, 109 other countries have declared that they have at least one confirmed case of COVID-19. WHO has officially classified China as a "very high risk" region for COVID-19 [3] (Table 2).

Mainland India and territories

Among the Health Ministry's 258 reports are 39 foreign nationals, including 17 from Italy, three from the Philippines, two from the UK, one each belonging to Canada, Indonesia and Singapore. The total figure includes four deaths reported from Delhi, Karnataka, Punjab and Maharashtra. "The total number of active COVID-19 cases across India stands at 231 so far," the ministry said, adding that 23 others have been cured/discharged/migrated while four have died (Figure 1 and Figure 2).

What is severe acute respiratory syndrome coronavirus 2?

SARS-CoV-2 is a straightforward, single-stranded RNA virus. The SARS-CoV-2 virion is 50-200 nm in size and contains four main proteins; spike (S), envelope (E), membrane (M), and nucleocapsid (N) [4]. The S protein allows this virus to bind to the host cell surface. Angiotensin-converting enzymes 2 (ACE2) receptors in host cells have been found to be the target of S proteins. When there are systematic changes to interact with the host, and this ultimately allows the viral genes to enter the host cell [5-8].

Genomic comparisons have shown that SARS-CoV-2 is similar to the Rhinolophus sinicus bat and 96% similar to the Rhinolophus affinis bat [8,9]. One group of researchers found that a single sample of the virus had 99% similarity to pangolins and suggested that the animal could be a mediator of the virus [10,11].

According to the Centers for Disease Control and Prevention (CDC), SARS-CoV-2 transmission occurs most commonly in individuals with respiratory droplets of up to 180 cm. This virus can also be diagnosed by contacting the mucosal surface after touching the infected object [12].

What are the clinical symptoms of COVID-19?

While the time of the virus was initially thought to be 14 days, many cases have been reported in shorter periods. A study by Guan et al. calculated the migration time between four days and the minimum width of two days and the maximum width of seven days. In their research, the most common finding in the imaging was the surface-glass opacity on CT (56.4%) [13]. They found that 43.8% had an admission fever and 88.7% at hospital admission. Cough was also a common symptom and was seen in 67.8% of patients. The Chinese Center for Disease Control and Prevention reported that 87% of confirmed cases were in adults aged 30 to 79 years. Mortality rates and cases increase with age; the mortality rate was 8% in patients aged 70 to 79 years and was 15% in those 80 years or older [14].

A study involving 10 children revealed that most presented with fever (80%) while 60% had a cough [15]. All children presented with mild and gentle symptoms. Studies have also reported that patients have been continuously disinfected in the respiratory tract and laundry, or during their birth. The second study involved nine HIV-infected infants aged 1-11. Four out of nine patients presented with the virus; one baby did not have any symptoms but was diagnosed with the virus. None of the infants needed ventilation or had to be admitted to intensive care [16].

How are patients tested for SARS-CoV-2?

Samples from the upper respiratory tract were used to test the virus. Polymerase chain reaction (PCR) was used to identify their viral RNA. If the test is positive, the SARS-CoV-2 diagnosis is confirmed. Negative

*Corresponding author: Roshan Kumar Dubey, Institute of Pharmaceutical Research (IPR), GLA University, Mathura NH-2 Mathura Delhi Road, Chaumuhan, Mathura-281406, India, E-mail: pharmaroshan95@gmail.com

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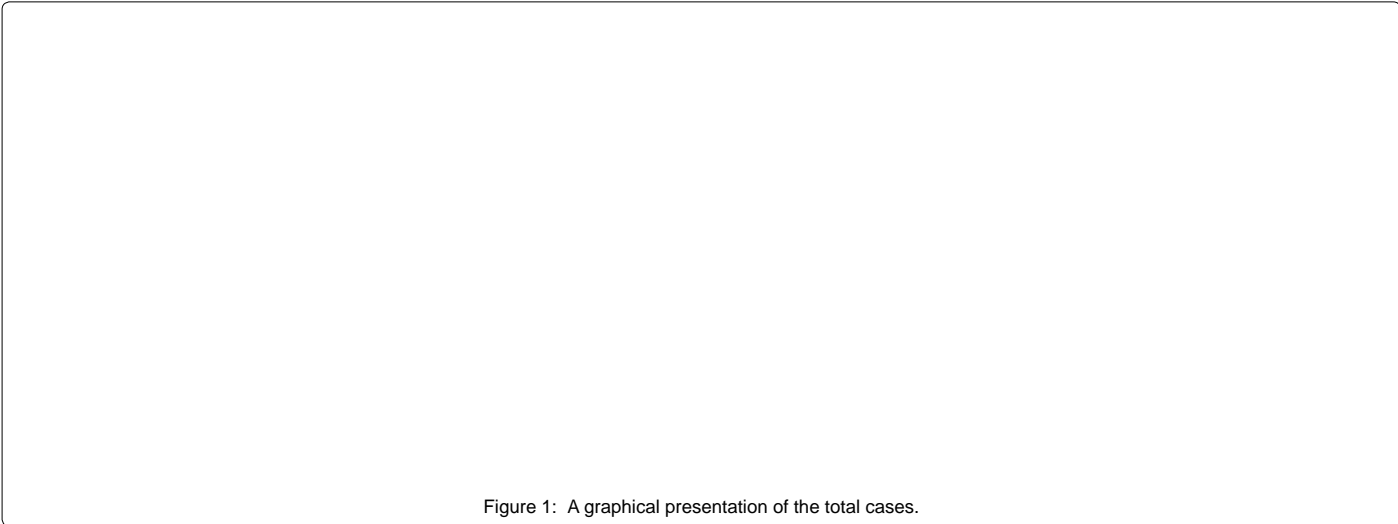


Figure 1: A graphical presentation of the total cases.

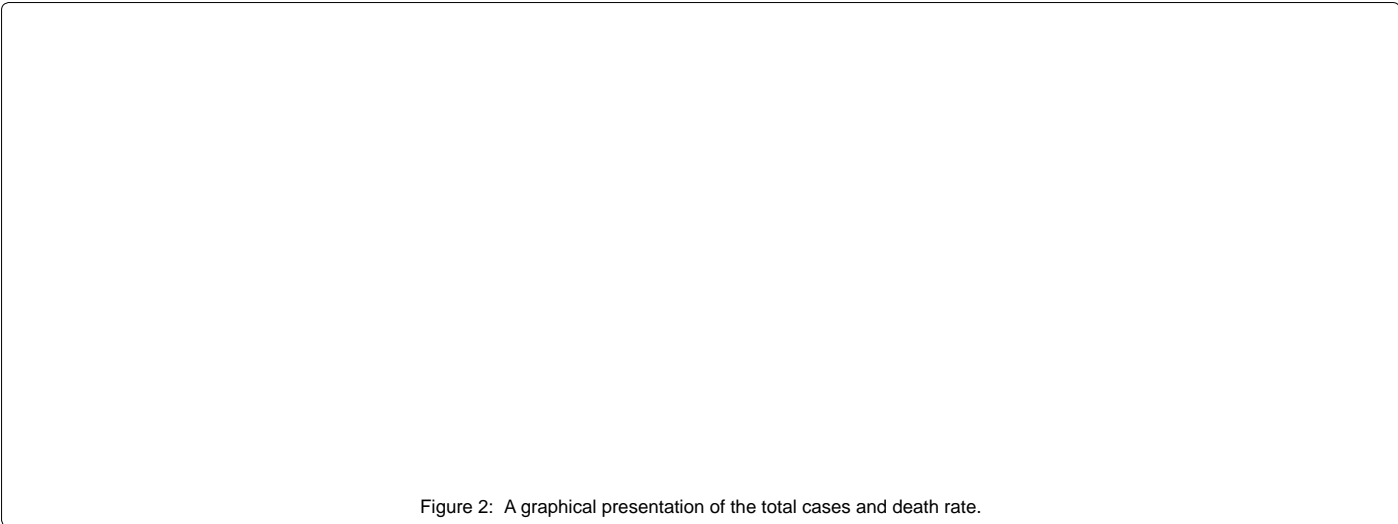


Figure 2: A graphical presentation of the total cases and death rate.

public was also told to avoid touching mucosal eye pieces such as mouth and nose and hands that had not been washed. Anyone showing symptoms of the virus should try to get proper medical attention. They should also limit their exposure to other uninfected people and cover

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