

Coronavirus Disease: Existing Literature and Status in India

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Abstract

The outbreak of COVID-19 disease began in December 2019 in the city of Wuhan in China, also recognized as China's largest transport centre. The condition became epidemic during China's spring festival. The virus is quickly transported into several nations, including countries with low wages. So far, 234073 have registered COVID-19 cases in the world with a total of 9840 fatalities. Cough, high fever, a sore throat, tiredness and respiratory trauma are the typical signs of COVID-19. The condition was shown to be moderate in most cases, others with pneumonia with multi-organ failure and acute ARDS. The Incubation Time for the infection has been observed to be 2-14 days, typically 4 days in maximum cases. India remains in stage 2 on local transmission in line with WHO Record 60. The WHO announced 60 that no population transmission has yet occurred in India that can be avoided by preventing mass meetings and proper citizens screens. Govt. Govt. There have been several initiatives by India to minimize the spread of COVID-19 in the region. The COVID-19 infection incidence in India appears to be poor in comparison to the country's population. This is attributable to swift government measures to quarantine and close down the boundaries of the accused population. The global economy is in great slowdown due to COVID-19 assault and would potentially cost roughly \$1 trillion. This is attributable to swift government measures to quarantine and close down the boundaries of the accused population. By reducing H-H transmissions, the spread of COVID-19 infections may be minimized. Anti-CoV drug discovery is also required, and will replace the supporting therapies for infection control.

Keywords: coronavirus, COVID-19, government, India, infection,

Introduction

Coronavirus (COVID-19) is currently one of the infectious diseases triggered by modern viruses. Coronavirus was first reported in the 1960s in Canadian research 2001 with

respiratory disorder symptoms such as the common cold, where about 500 patients were detected with virus symptoms and from 17 to 18 instances were contaminated by the crown virus strain with polymerase chain reaction.¹ In patients with signs of common frost later considered as human coronavirus OC43 and human coronavirus 229E, the previous virus was described as an infectious bronchitis virus, which was detected in poultry. When members of the virus family other than SARS Coronavirus have been reported in 2003 (9% of infected patients died), Human Coronavirus NL63 in 2004 (mild to moderate upper infection in the respiratory system), in January 2005, MERS coronavirus 2012 in 2 Hong Kong patients with related flu as signs and SRS coronavirus-2 (COVID-19) in 2019 with the major symptoms of respiratory tract infections and common cold. HKU1 in January 2005, MERS coronavirus 2012 in 2 Hong Kong patients with related flu as signs and SRS coronavirus-2 (COVID-19) in 2019 with the major symptoms of respiratory tract infections and common cold. HKU1 in January 2005.² Coronavirus was known as the non-fatal virus until 2002. In 2003, many health studies released worldwide recorded the dissemination of coronavirus in the different countries, i.e. Singapore, USA, Hong Kong, Vietnam, Taiwan and Thailand.³ On 11 March 2020, COVID-19 was recognised as a pandemic by WHO. In 180 nations, about 276,000 individuals in 2020 had COVID-19, 88,000 retrievals and 11,300 fatalities. The virus spread from one person to the next is triggered by the respiratory droplets caused by coughing. The disease is transmitted by touch or inhalation to another individual with infected droplets, which last from two to quarter days for incubation. India has recorded 219 confirmed cases of COVID-19, including 39 confirmed international cases with 4 deaths and 23 recoveries.⁴ The aim of this article is to provide a summary of the latest virus. This report would help low-income countries correct the COVID-19 information to help them avoid infection.

Fresh coronavirus sources and propagation (COVID-19)

The first coronavirus event (COVID-19) has been observed in the city of Wuhan, China. The root of the life-threatening viral outbreak of the novel COVID-19 is considered Wuhan, Hubei Province of China. Wuhan is the capital of the Province of Hubei and is also recognised as the main transport centre in China that has begun supplying hospitals in their local areas with unexplained pneumonia. The initial was accompanied by several popular exposures to the wholesale seafood sector of the city of Wuhan, regarded as the market for live animals. Following activation of the SARS outbreak control device, respiratory samples of suspicious

patients were submitted to the laboratories for analysis.¹ China told the WHO of its outbreak on 31 December 2019 and the Huanan seafood market was suspended until further notice on 1 January 2020. On 7 January 2020, coronaviruses demonstrate >70% homogeneity with SARS-CoV and >95% homogeneity with bat coronavirus. The Huanan reports also indicate the encouraging finding that coronavirus originated from the city of Wuhan. The number of cases reported quickly increased exponentially.⁵

Soon citizens not visited the animal market became affected by human to human infection, which became the transmission of the population and the disease. On 11 January 2020, China announced its first fatal case.⁶ Cases of visits or returns from the town of Wuhan during the outbreak were registered in other countries (South Korea, Japan and Thailand) and the Chinese provinces in a very short span.⁷ On 23 January 2020, the Chinese government agreed to shut down the 11 million people of Wuhan City with entry and departure limits from the city of Wuhan. Other cities were also locked owing to the virus distributed throughout the province of Hubei. Airports from the different countries have developed screening systems to identify infectious persons to detect and separate infected people who return from China before the COVID-19 has been checked or recuperated. Countries like India who by special flights have evacuated their residents from the Wuhan city of other province in China have placed people in solitary confinement for 14 days and checked the COVID-19.⁸ Cases began to grow rapidly soon with the 1.8-day outbreak in China. On February 12, 2020, in a single day, China announced 2022 new events. Also, a further 712 people became infectious at the Diamond princess cruise ship on the coast of Japan, where 7 people perished. It has been found that the amount of cases in China has declined over time, but the number of cases quickly began to rise rapidly in countries including Italy, South Korea, the US, Thailand and Iran. Currently as of (20 March 2020) 2 34 073 individuals had COVID-19 infections with 24247 new cases causing cumulative mortality of 9840 and 1061 new deaths.⁹ There are 98349 reported cases in the Western area, 1016 new cases with 3405 deaths and 28 new deaths. 104591 has the European Zone.

India registered its first verified case in Kerala on 30 January 2020, a significant case from China for a student returning from the University of Wuhan. On 2 February 2020, the second case in Kerala was also verified by a person travelling regularly between India and China. In the Kerala in Kasaragod, a patient returned from the city of Wuhan was also registered in the third case in India. All three patients have since been recovered. By 21 March 2020, MHFW has recorded 258 cases in India, resulting in four deaths.

Incubation cycle with therapeutic features

The incubation period for the COVID-19 virus is 14 days with most of cases occurs within the four to five days after the exposure. In the study of the 1099 patients with confirmed COVID-19 symptoms the median incubation period was 4 days. The symptoms developed in 2.5% infected people within 2 days while 97.5% infected people took 11.5 days to develop the symptoms. The median incubation period was 5.1 days.

Infections asymptomatic

Asymptomatic infection rates are also unknown. During the epidemic of COVID-19, both passengers and personnel of a cruise ship have been tested for n-CoV, with approximately 17% positive at 20 February 2020 and approximately half of the 619 reports reported asymptomatic at the point of diagnosis. Objective anomalies can occur in patients with asymptomatic infection. In the study of 24 patients with asymptomatic illness, 50% have patchy shadows and 2% have atypical imagery anomalies. After a few days of diagnosis 5 patients experienced fever (low grade fever) without any usual symptoms.

Spectrum of Illness severity

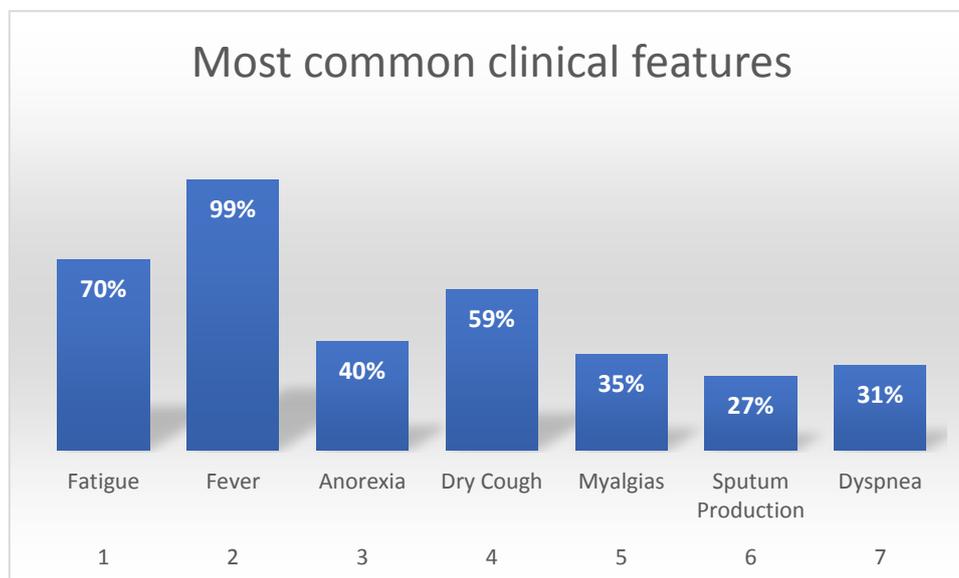
The spectrum of the infections ranges from the mild to critical in most of the cases while not all the infections are severe. Chinese centre for the disease control and prevention has mentioned in their report that in the 44,500 reported cases Mild or no mild pneumonia was detected in 81% of cases. In 14% of cases severe diseases i.e. hypoxia and dyspnea was observed with 24-48 hours. 5% cases reported the critical diseases.¹⁰ The overall fatality rate was 2.3% and there was no death reported among the non-critical cases in the study.

Impact on Age of COVID -19

In COVID-19, both age ranges are suspected. However, in the case reports, the demographic ranges most frequently impacted are middle-aged and older. Most of the confirmed hospitals of COVID-19 have median age levels between 49 and 56 years. The 44,5,000 infections in which 87 percent of the patients were between the 30-79 age range were reported by the Chinese Center for Disease Control and Prevention.¹¹ In the United States of America approximately 2249 patients were diagnosed with ICU, hospitalization and age details from

February 12 to March 16, 2020. A syndrome found in children is rare and is typically mild in nature. In China, only two percent of infections occurred in patients under the age of 20 years, of 8000 overall infections just 6.3%. In the other Chinese research six children aged 1-7 years were admitted to hospitals with COVID-19 infection with fever $>102.2^{\circ}\text{F}$ with the cough in which one was admitted to the ICU. During recovery, both children were recovered. 138 patients from Wuhan City have been admitted to hospital and the findings have been recorded after COVID-19 infections. Figure 1 indicates 138 patients in the City of Wuhan admitted to hospital and examined following COVID-19 infections:

Figure 1: Most common clinical features



(WHO, 2020)

Points of practice to be considered: Indian Viewpoint

India is in stage 2 for local transmission in compliance with the WHO-60 survey. The propagation of humans to human transmissions can be minimized in India. Suspected and contaminated patients will also be known to reduce COVID-19 transmission. The multisectoral collaboration would therefore reduce the economic and social effects to a minimal. Multisectoral alliances would also reduce economic and social effects to a low. These will be done as easily as practicable by detecting criminals and by diagnosing them. The avoidance and management of infection transmission in population with adequate health treatment will continue to mitigate the spread of the virus.¹² Knowledge of the Indian

population via social networking and the introduction of appropriate health initiatives for Indian travelers would also lead to reducing COVID-19 distribution. In comparison with other countries the threats of COVID-19 in India remain poor, but government is taking measures to protect citizens from COVID-19. However, from the preventive views that are discussed below, certain considerations must be considered:

Government Initiatives

- If a suspicious case is identified, it must be submitted to the near airport isolation facility, where the suspect will be held away for 14 days before the evaluation report is available.
- Until the situation is regulated, mass meeting should be prevented. All activities and places with mass crowds possibilities should be closed before the COVID-19 situation is regulated.
- Both remote regions cannot buy sanitizers in order to have an alternative sensitizer. The agencies should make rural citizens aware of the usage of sanitizer and the production of low-cost sanitizers in their households.
- All clinics in India can upgrade recent advances in the dissemination of COVID-19 around the globe, so that appropriate measures can be taken in emergency periods.
- People should separate themselves socially and do not physically approach the other person; they should stop hand-shaking and hugging and embrace Namaste greetings.
- Consciousness of COVID-19 citizens should be necessary, because many disease-related theories and stereotypes contribute to public fear and anxiety.
- In the last 14 days, all foreign travellers can have their travel information. If the signs are noticed in the individual, they must be held separated.
- Cleanliness should be paramount, citizens should also cleanse their hands after a daily period with sanitizer or soap.
- Any obtained international courier for which it could include viral particles that may transmit the infection and taken in the home after sanitation should be held away for 24 hours.

- There should be no reason to purchase hysteria, but the safeguard is the measure for stopping it.³
- People should not conceal any details that could give the individual and his/her neighbour more problems.
- No regulation will work as well as people's consciousness to discourage it.

Conclusion

In several countries, especially China, Italy, Iran and Japan, the latest Virus Outbreak COVID-19 has challenged the medical, economic and public health infrastructure. The root of n-CoV is traced from the Huanan market in the Chinese city of Wuhan. Spring festival of China offers the favourable conditions for the transmission of the virus, as the city of Wuhan is recognised as China's largest transport centre. No authorised vaccine for COVID-19 care is available so far. The incubation time for the infection has been observed to be 2-14 days, typically 4 days in maximum cases. Incubation time for the infection is observed to be 2-14 days, typically 4 days in a maximum amount of instances. Worldwide 234073 cases of COVID-19 have been recorded in the world, with 9840 deaths in total (March 20, 2020). N-CoV is quite close to SARS CoV some of the noble outcomes of SARS CoV indicate that scientists grow n-CoV drugs too. Since COVID-19 spreads similarly to MERS CoV and SARS CoV the mortality rate is lower. In India, up to 4 deaths, 283 cases of COVID-19 have been recorded. India remains at stage 2 of local transmission as stated by WHO.WHO 60 has specifically shown that no communal transmission has occurred in India and can be avoided by prohibiting mass meetings and the correct screening of people. In India, up to 4 deaths, 283 cases of COVID-19 have been recorded. India remains at stage 2 of local transmission as stated by WHO.WHO 60 has specifically shown that no communal transmission has occurred in India and can be avoided by prohibiting mass meetings and the correct screening of people.

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