

How to Cite:

Nimbalkar, S. N., Chakole, S., & Bhatt, N. (2022). A review article on global situation of COVID-19 at present. *International Journal of Health Sciences*, 6(S3), 1161–1165.
<https://doi.org/10.53730/ijhs.v6nS2.5110>

A review article on global situation of COVID-19 at present

Samruddhi N Nimbalkar

1st year MBBS student at, Datta Meghe medical college Nagpur, India

Swarupa Chakole

Professor Dept. of Community Medicine Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences Sawangi (Meghe) Wardha, India

Neha Bhatt

Associate Professor Dept. of Pathology Datta Meghe Medical College, Shalinitai Meghe Hospital and Research Centre, Nagpur, India

Abstract---COVID-19 is a coronavirus virus that does not belong to the Coronaviridae family. It was suggested that it originated in the Bats and was distributed to the people of Wuhan, China, in an anonymous way. When an infected person coughs, sneezes, or talks, COVID-19 is spread through respiratory droplets. By touching something dirty and touching the eyes, mouth, or nose, people can get sick. Ideally the incubation period of COVID-19 virus is between three and fourteen days. Nowadays, thousands of people are suffering from this deadly virus and many of them have been died because of this deadly disease. Symptoms of the disease are coughing, fever, sneezing, and sore throat, shortness of breath, headache, and fatigue. In both COVID-19 diagnoses, samples of upper and lower respiratory tract are collected and tested in a laboratory. X-rays and CT scans of the chest are also used to diagnose the disease. Currently, there is no specific treatment for this disease, and as a result there is a need to prevent the disease from spreading.

Keywords---COVID-19, 2019-nCoV, RNA virus.

Introduction

COVID-19 is a novel type of coronavirus that causes infections. Corona is abbreviated as CO, the virus is abbreviated as VI, and the disease is abbreviated as D. The disease was previously known as the 2019 novel coronavirus, or 2019-nCoV.¹ Covid-19 is an RNA virus that is enclosed. It belongs to the Nidovirales

International Journal of Health Sciences ISSN 2550-6978 E-ISSN 2550-696X © 2022.

Corresponding author: Bhatt, N.; Email: nehabhatt1381@gmail.com

Manuscript submitted: 27 Nov 2021, Manuscript revised: 09 Feb 2022, Accepted for publication: 18 March 2022

order and the Coronaviridae tribe. Coronavirinae and Torovirinae are the two subfamilies of the Coronaviridae family. COVs are classified as alpha-, beta-, gamma-, and delta- COVs of the Coronavirinae subfamily. These viruses' RNA genomes have been estimated to be between 26 and 32 kilobases in length, allowing them to be isolated from a variety of animal species. We can see these corona viruses under the microscope as they possess Crown like appearance.²

COVID-19 has become a public health concern because of the way it spreads from person to person. Since Covid-19 is a highly contagious virus, we should learn about its epidemiology, method of distribution, clinical features, diagnosis, care, and preventive measures to better achieve the disease.

Epidemiology

The disease has the potential to affect people of all ages. The explanation for this is that the virus is spread by large droplets made up of sick people who cough and sneeze. According to the World Health Organization, there were 87,317 COVID-19 cases worldwide in March 2020, with 2,977 deaths. 3,3-9 Only 3.42 percent of people with the disease have died as a result, meaning that the symptoms are mild. At the same time, China is reported to have a high number of cases and deaths. It has been recorded that Asia, especially China, has accounted for 92% of the total number of occurrences.¹⁰ The confirmed incidences are clinically diagnosed and laboratory-confirmed, which is significant. Furthermore, outside of Asia, the number of cases and deaths varies due to the disease's continuing existence, population growth, monitoring and notification levels, and the timing of reduction strategies.¹¹

Transmission

It is possible to get the disease by contacting people who have it, as the disease spreads through the secretions of the respiratory tract, especially by coughing. As a result, close contact with people with COVID-19 will lead to transmission. Due to increased aerosol emissions, there is a risk of spreading to confined spaces in some cases. In addition, the virus can be transmitted from one person to another, which is the most common form of transmission. COVID-19 is still being distributed through close contact with polluted animals, human-to-human transmission, and environmental pollution. To begin, the first cases of COVID-19 were linked to direct contact with infected animals, as was the case at a seafood market in Wuhan, China. Importantly, the virus can be transmitted by handling infected objects. This occurs when it comes into contact with these surfaces and then transmits the virus to mucous membranes in the upper body, including the mouth, eyes, and nose. COVID-19 can survive on inorganic surfaces for up to six to nine days without disinfection, which has been checked and verified. As a result, COVID-19 can be distributed in a variety of ways, necessitating the need for people to be mindful of how it is spread in order to stay healthy at all times.¹²

Clinical features

The clinical features of the disease vary, ranging from exacerbation of anorexia to respiratory depression to severe shock and general dysfunction. Appropriately, the disease has stages depending on the severity of the disease. Basically, it

includes the mild, moderate, and the divisive. Symptoms of this infection include cough, fever, fatigue, dry cough, headache, loosening of the bowels.¹³

Mild illness

In this, the infected person may show the viral contamination of respiratory tract. the symptoms shown by the infected person are dry cough, mild fever, sore throat, malaise, nasal infection, headache. A recent study revealed that 81% of the COVID-19 patients are mild in severity.¹⁴ at the same time people with mild symptoms can worsen into the critical symptoms.¹⁵

Reasonable illness

Moderate level symptoms include breathing difficulty, cough, and tachypnea. These symptoms are likely to present symptoms but are somewhat different from mild symptoms.¹⁶

Sever illness

In addition, key clients have a mortality rate of 49%. Also, those with other health problems are at greater risk of dying. Diabetes (7.3 percent), lung problems (6.5 percent), lung failure (10.5 percent), high blood pressure (6%), and oncological complications (5.6 percent) are common health risks.¹⁷ Symptoms such as fever, respiratory depression, and septic shock are common in very sick people.¹⁸ Diagnosis is medical at this stage, and health issues can be removed with the help of radiographic screening. Importantly, 5% of those who contract the disease develop severe illnesses with symptoms such as respiratory failure, RNAemia, heart problems, or multiple organ dysfunction.¹⁹

Diagnosis

The Centers for Disease Control and Prevention in the United States has defined guidelines for an individual under investigation. When anyone is being investigated, immediate monitoring and management procedures should be implemented. 20 therapeutic considerations are used at the same time to assess the need for research. Within fourteen days of symptom onset, near contact with a disease-confirmed client is needed. It can also require any travel history to an affected area within fourteen days of the onset of symptoms. WHO specifically recommends collecting samples from people who have COVID-19. Following that, the samples are checked for viral RNA using the polymerase chain reaction. When the test results are satisfactory, it is recommended that the test be repeated for clarification. If the result is negative, however, it is necessary to replicate the procedure. COVID-19 is also detected using chest X-ray and CT imaging in suspects with a negative molecular diagnosis.¹²

Treatment

To avoid the transmission of COVID-19 to other contacts, customers, and healthcare professionals, the first step in handling those suspected of having the virus is to isolate them properly. The minor illness should be treated at home by

remaining hydrated, eating well, and keeping a close eye on the fever and cough.²¹ Furthermore, those with COVID-19 symptoms should avoid taking antibiotics and antivirals on a regular basis, including oseltamivir..²²

Prevention

Prevention is problematic due to the lack of a specific cure for this viral disease. It is recommended that an affected individual with minor signs of this disease be isolated at home in the early stages. Individuals suspected of having the illness, on the other hand, were instructed to wear a surgical mask and practice cough hygiene.¹² Initially, health-care staff were required to put on masks and wash their hands every 15 minutes. Much of this is that these healthcare professionals are the ones who are most at risk of contracting the disease because they are the ones who deal with patients on a regular basis.²³ As a result, segregation, adequate sanitation, hand washing, and the use of personal protective devices, such as surgical masks, eye safety, gloves, and gowns, are all effective methods of COVID-19 avoidance.²⁴

Conclusion

This COVID-19 pandemic has changed everything. This pandemic changed the definition of normal life and presented a new definition of normal. This outbreak has challenged all the sectors across the world. Currently, this virus has caused many infections and deaths. As to stop the spread of this RNA virus we have to follow the isolation protocols and to maintain personal hygiene such that social hygiene will automatically get maintained. As the vaccine (Covaxin and Covishield) has been made over this RNA virus all should get vaccinated. Now we all have to accept this new normal and have to be normal with it.

References

1. Rakesh Kumar Jha, Pradip Jain, Ranjit S. Ambad, Nandkishor. The Origin, Transmission And Mortality Of Corona Virus. JCR. 2020; 7(10): 93-96. doi:10.31838/jcr.07.10.23.
2. Hassan S, Sheikh FN, Jamal S, Ezeh JK, Akhtar A (2020) Coronavirus (COVID-19): A Review of Clinical Features, Diagnosis, and Treatment. Cureus 12: e7355.
3. Shoenfeld Y (2020) Corona (COVID-19) time musings: Our involvement in COVID-19 pathogenesis, diagnosis, treatment and vaccine planning. Autoimmun Rev 19: 102538.
4. Escher AR (2020) An Ounce of Prevention: Coronavirus (COVID-19) and Mass Gatherings. Cureus 12: e7345.
5. Kumar R, Agarwal A (2020) COVID-19: Common Prevention-Brief Review. SSRN Electronic Journal.
6. Li CC, Wang RF (2020) Challenges and opportunities brought by COVID-19: Understanding and prevention of COVID-19. World Chinese Journal of Digestology 28: 275-279.
7. Ahmed S, Tazmeem F (2020) First case diagnosed with both COVID-19 and dengue virus infections in Bangladesh: Possible dengue prevention strategies amid COVID-19 outbreak. Public Health.

8. He H, Hu C, Xiong N, Liu C, Huang X (2020) How to transform a general hospital into an “infectious disease hospital” during the epidemic of COVID-19. *Critical Care* 24: 2-7.
9. George R, George A (2020) Prevention of COVID-19 in the workplace. *South African Medical Journal* 110: 269.
10. Patel D, Patel V (2020) Epidemiology, prevention, and management of COVID-19. *Critical Reviews in Physical and Rehabilitation Medicine*.
11. Adhikari SP, Meng S, Wu YJ, Mao YP, Ye RX, et al. (2020) Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review. *Infect Dis Poverty* 9: 29.
12. Milibari AA (2020) Current Situation of Coronavirus Disease: (COVID-19) Review Article. *Health Sci J. Sp. Iss* 1: 005.
13. He H, Hu C, Xiong N, Liu C, Huang X (2020) How to transform a general hospital into an “infectious disease hospital” during the epidemic of COVID-19. *Critical Care* 24: 2-7.
14. Brand S, Aziza R, Kombe I, Agoti C, Hilton J, et al. (2020) Forecasting the scale of the COVID-19 epidemic in Kenya. *MedRxiv.org - the preprint server for Health Sciences*: 1-20.
15. Padron-Regalado E (2020) Vaccines for SARS-CoV-2: Lessons from Other Coronavirus Strains. *Infect Dis Ther* 9: 255-274.
16. He H, Hu C, Xiong N, Liu C, Huang X (2020) How to transform a general hospital into an “infectious disease hospital” during the epidemic of COVID-19. *Critical Care* 24: 2-7.
17. George R, George A (2020) Prevention of COVID-19 in the workplace. *South African Medical Journal* 110: 269.
18. Mehta P, McAuley DF, Brown M, Sanchez E, Tattersall R et al. (2020) COVID-19: consider cytokine storm syndromes and immunosuppression. *Lancet* 395: 1033-1034.
19. Clerkin KJ, Fried JA, Raikhelkar J, Sayer G, Griffin JM, et al. (2020) COVID-19 and Cardiovascular Disease. *Circulation* 141: 1648-1655.
20. Singhal T (2020) A Review of Coronavirus Disease-2019 (COVID-19). *Indian J Pediatr* 87: 281-286.
21. Khan S, Mian A (2020) Medical education: COVID-19 and surgery. *Br J Surg* 107: 2-7.
22. Padron-Regalado E (2020) Vaccines for SARS-CoV-2: Lessons from Other Coronavirus Strains. *Infect Dis Ther* 9: 255-274.
23. Seshadri LN, Geetha M (2020) COVID-19: A ‘Violent’ pandemic for health care workers in India. *COVID-19 Special Issue* 1: 32-40.
24. Aluga MA (2020) Coronavirus Disease 2019 (COVID-19) in Kenya: Preparedness, response and transmissibility. *J Microbiol Immunol Infect.*