Coronavirus disease (COVID-19). A socioepidemiological review



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Abstract

This article examines the current COVID-19 pandemic in relation to the international epidemiological observation and monitoring activities by institutions such as the World Health Organization, the European Centre for Disease Prevention and Control, the Italian Ministry of Health, the Istituto Superiore di Sanità, the Robert Koch-Institut, the U.S. Centers for Disease Control and Prevention, and others. COVID-19, contrary to other Coronaviruses discovered decades ago, was unknown before the 2019 pandemic outbreak in Wuhan China, which quickly spread throughout the world.

Keywords

Coronavirus disease, COVID-19, infectious diseases, sociology, epidemiology, pandemic, epidemic

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Introduction

With 'COVID-19' the scientific community identifies the infectious disease caused by the most recently discovered coronavirus. The name COVID-19 is derived from the combination of CO. VI. D and 19. CO indicates Corona (Italian/Latin for "crown," i.e. the shape of virions by electron microscopy – of note, in order to determine infectivity, tissue tropism, and species range of the virus, the interaction of the coronavirus spike protein with its complement host cell receptor is fundamental), VI indicates Virus (Italian/Latin originally for "poisonous or noxious element," etymologically equivalent to the English *virus*). D indicates Disordine/Dis*ease (Italian/Latin for "disease/malady/disorder," through Vulgar Latin **adjace(m)*, albeit through the Old French desaise, with different etymological results, in the context of the separation between disease, illness, and disorder), and 19 indicates the year 2019. Coronaviruses or CoVs indicate a large zoonotic family of viruses, which may cause illness in animals or humans. While Coronaviruses in general were first discovered in the 1960s, COVID-19 was unknown to the scientific community before the pandemic outbreak began in Wuhan (武漢), China, on December 31st, 2019.¹ The first two cases of Coronavirus in Europe were reported in Italy on January 30th, 2020 by the Spallanzani Institute.² These were 2 Chinese tourists traveling to Italy, hospitalized in isolation from January 29th, 2020, and declared fully recovered (healed) on February 26th. The first case of secondary transmission occurred in Codogno, in the province of Lodi (Lombardy, Northern Italy), on February 18, 2020.³ The World Health Organization Emergency Committee proclaimed an international health emergency on January 30th, 2020. The background and the associated recommendations for action were summarized in an official statement. All countries around the world were and are called on to step up joint action against the spread of the virus (See Fig. 1 for updated reported cases). For many European countries, including Austria, the proclamation of the international health emergency initially had no direct consequences, since the WHO

recommendations had already been complied with.⁴



Discussion

CoVs represent a vast family of viruses responsible for illnesses such as the common cold to more complex illnesses such as MERS (Middle East Respiratory Syndrome) and SARS (Severe Acute Respiratory Syndrome). They constitute the subfamily Orthocoronavirinae, in the family Coronaviridae, order Nidovirales, and realm Riboviria. Several known CoVs are circulating in animals that have not yet infected humans. Of note, the designation and classification of family of viruses, i.e. the virus taxonomy, can be a difficult task, as indicated by the International Committee on Taxonomy of Viruses, or ICTV.⁵ More specifically, for any new outbreak of a newly identified viral disease, the World Health Organization (WHO) identifies the disease itself, while the ICTV identifies the species, and international expert virologists are responsible for the identification of the virus causing it. Today, the scientific community has identified 7 Coronaviruses, which are potentially dangerous for humans: in the case of common cold and major infections of the respiratory tract HCoV-OC43 and HCoV-HKU1 (Betacoronavirus); HCoV-229E and HCoV-NL63: other human Coronaviruses (Betacoronavirus) are SARS-CoV, MERS-CoV and SARS-CoV-2. According to the 2019 study by Liu P., Chen W., and Chen J.P. (2019),

SARS-CoV, was the most widely distributed coronavirus among a sample of Sunda pangolins.⁶ More in detail, COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, previously known as 2019 novel coronavirus or 2019-nCoV).⁷ This coronavirus can be transmitted from human to human, primarily via respiratory droplets from coughs and sneezes within a range of about 6 feet as well as through indirect contact via surfaces previously contaminated, as it was confirmed during the 2019 Wuhan pandemic.⁸ There are several scientific hypotheses on the etiopathogenesis of SARS-CoV-2, although more and more consensus arose on the possible relation with the extremely venomous snake Bungarus multicinctus, found on the markets in Wuhan.9

Symptomatology

Common signs of COVID-19 infection include previously discussed respiratory symptoms (about 1 out 5 affected individuals will develop respiratory difficulties, although about 80% of individuals will recover from it without special treatment)¹⁰, shortness of breath and breathing difficulties, cough, fever, and possible severe acute respiratory syndrome, pneumonia, kidney failure, and death in more severe cases.^{11 12} In Italy, one of the countries most affected by COVID-19¹³ and the first country to implement a series of protective measures at an incredible rate and efficiency, especially in comparison to neighboring and/or similar socio-economic areas,¹⁴ the Decree of the President of the Council of Ministers on March 8th, 2020 recommended that all elderly people, or those suffering from one or more chronic diseases or with states of congenital or acquired immunosuppression, should avoid leaving their home except for strict necessity, and in any case should avoid crowded places, where it is not possible to maintain the interpersonal safety distance of at least one meter. Furthermore, individuals with underlying medical problems such as high blood pressure, heart problems or diabetes, are more likely to develop serious

illness. Medical attention is necessary in the case of cough, respiratory difficulties, and fever.¹⁵

Safety, Prevention, and Sanitization

Scientifically approved tests for the respiratory illness COVID-19 and the associated SARS-CoV-2 virus include, as of March 2020, Antibody Assays (more specifically enzymelinked immunosorbent assay or ELISA), Chest CT (computed tomography) scan, NAT (nucleic acid test), and RT-PCR (real-time polymerase chain reaction).¹⁶ As preventive sanitizing measures to prevent infection spread, general clinical recommendations include covering mouth and nose with tissues when coughing or sneezing and disposing the tissues immediately after use. Of note, human-to-human transmission is generally identified as being caused by human contact, via respiratory droplets. However, transmission can take place directly, from person-to-person, or indirectly through contact between hands and the mucous membranes of the mouth, the nose or the conjunctiva of the eyes. There have been reports of persons who were infected by individuals who had only shown slight or non-specific symptoms of disease.¹⁷¹⁸ Other recommendations include washing hands regularly (possibly with hydroalcoholic solutions, with at least 60% alcohol content), drinking fluids regularly, getting adequate rest and sleep, following medical orders and taking prescribed and/or (depending on the clinical situation) over-thecounter medicines in the case of fever or sore throat, cooking meat and eggs thoroughly, avoiding close contact with others, particularly in the context of individuals showing symptoms of respiratory illness or fever, and avoiding unprotected contact with dead or alive farm or wild animals,¹⁹ although there is no scientific evidence that pets, such as dogs and cats, have contracted the infection or can spread it in Europe, as of March 2020.²⁰ Further recommendation by the Italian Ministry of Health for the general population include staying at home as much as possible, and leaving home only for work needs, health reasons and other governmental approved-specified needs,

avoiding common standard greeting forms such as hugs, handshakes, and/or kisses, maintaining, in social contacts, an interpersonal distance of at least one meter, avoiding the promiscuous use of bottles and glasses, especially during sports, avoiding touching one's eyes, nose and mouth with hands, cleaning surfaces with chlorine or alcohol-based disinfectants, and avoid taking antiviral drugs and antibiotics, unless prescribed by a physician, and of course in relation to bacterial infections.²¹ According to the Italian Government, the WHO, and the CDC, the use of masks is only recommended if the affected individual is coughing or sneezing or when one is taking care of someone with a suspected infection. Following the epidemiological analysis of the Ministry of Health of the Italian Republic, the most common symptoms of COVID-19 in the individual are fatigue, fever, and dry cough. Some patients may experience nasal congestion, runny nose, sore throat, general soreness and muscle pain, and/or diarrhea. According to the most recent observations, these symptoms are generally mild and begin gradually. However, in severe cases, the infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.²² The international community is working toward a decrease of the epidemic peak, as a vaccine against SARS-CoV-2 is not yet available. Focusing on damage reduction is essential as it provides support, in terms of time per patient, to healthcare systems around the world, as well as time for the research toward the development of a vaccine and treatment strategies.

Epidemiological Analysis

While monitoring the evolution of this pandemic is an extremely difficult task, due to the rapidly evolving situation, multiple testing methods, strategies, and polices, ongoing outbreak investigations, and specific parameters in different geopolitical areas, multiple institutions are constantly providing data on the most recent epidemiological analysis. According to the European Centre for Disease Prevention and Control, as of Friday, March 13th 2020, there

were 133.860 cases of COVID-worldwide.23 The epidemic is affecting 137 countries and territories around the world, as well as 1 international conveyance in Yokohama, Japan, the Diamond Princess Cruise ship.²⁴ A total of 4.967 deaths are subdivided as follows: China (3.179), Italy (1.016), Iran (429), Spain (84), South Korea (67), France (61), United States (40), Japan (19), United Kingdom (10), Iraq (8), International conveyance in Japan (7), Germany (5), Netherlands (5), San Marino (5), Switzerland (4), Australia (3), Belgium (3), Egypt (2), Philippines (2), Albania (1), Algeria (1), Argentina (1), Austria (1), Bulgaria (1), Canada (1), Greece (1), Guyana (1), India (1), Indonesia (1), Ireland (1), Morocco (1), Norway (1), Panama (1), Poland (1), Sweden (1), Taiwan (1) and Thailand (1), as reported in Fig. 2^{25} ²⁶



Figure 2. Geographic distribution of cumulative number of reported COVID-19 cases per 100 000 population, worldwide according to the European Centre for Disease Prevention and Control. Source: https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases

Throughout the world, countries are following the direct intervention implemented by COVID-19 epicenters such as China and Italy. As an example of this strategy, the German Federal Public Health Service (ÖGD) continues to pursue the goal of detecting infections in Germany as early as possible and delaying the further spread of the virus, in order to keep the number of concurrently ill people as low as possible and to free up time to make further preparations, such as protective measures for particularly vulnerable groups, increasing

treatment capacities in clinics, avoiding stress peaks in the health system and developing antiviral drugs and vaccines enable.27 Following the analysis of the World Health Organization, scientists are aware of possible human-to-human transmission of the virus from previously infected yet asymptomatic individuals, but they underline its rarity. Based on the current scientific evidence on coronaviruses (e.g. MERS-CoV), we know that the transmission of the virus from asymptomatic cases is very rare.²⁸ Based on these data, the WHO concludes that transmission from asymptomatic cases is probably not one of the main causal factor of the transmission of the new 2019-nCoV coronavirus. Furthermore, monitoring external causal variables such as (quality) of food and water, is an essential component of these investigations. As we previously discussed, some of the originating factors in the Chinese epicenter of the disease were linked to food consumption. In regard to the latter aspect, the scientific consensus indicates that the COVID-19 virus has not been detected in drinking water. According to the CDC, filtration and disinfection as standard water treatment methods should remove or inactivate the virus that causes COVID-19.29 In conclusion, it is important to understand the role each individual, scientist, research center, national and international organization and government plays in monitoring the COVID-19 pandemic and its diffusion. In particular, its essential to further investigate the definition of a case (suspect, probable and confirmed), based on the information and scientific knowledge currently available and reviewed based on the evolution of the epidemiological situation.

Limitations

The primary limitation of this study of the current available scientific data on the COVID-19 pandemic, is the nature and structure of this analysis, which is a simple informational review, the content of which is not intended to be a substitute for professional medical advice, diagnosis, or treatment, and does not constitute medical or other professional advice.

Declaration of Conflicting Interests

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