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Unveiling the Pandemic. A Deep Dive into the Crown History of COVID 19

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ABSTRACT:

The disease known as coronavirus disease (COVID-19), attributed to the novel coronavirus SARS-CoV-2, has developed into a worldwide pandemic, affecting public health, economies, and societies on a global scale. This abstract presents a summary of the significant features of the coronavirus, encompassing its origin, method of transmission, symptoms, diagnosis, prevention, and treatment. SARS-CoV-2 is infectious pathogen that is thought to have arisen from zoonotic transmission, likely originating in bats and being passed to humans via an intermediary animal host. Its primary mode of spread is through respiratory droplets when an infected individual coughs, sneezes, speaks, or breathes near others. The virus may also be acquired by contacting contaminated surfaces followed by touching one's face. The prevalent symptoms of COVID-19 include fever, cough, difficulty breathing, fatigue, muscle pains, loss of taste or smell, and in critical cases, pneumonia and acute respiratory distress syndrome (ARDS). Nonetheless, it is vital to recognize that some people can be asymptomatic or exhibit mild manifestations, which complicates efforts to manage the virus's spread. The diagnosis of COVID-19 entails laboratory assessments such as real-time reverse transcription-polymerase chain reaction (RT-PCR) to identify viral genetic material or antigen tests to detect specific viral proteins. Effective and prompt testing, contact tracing, and surveillance are pivotal in curbing the virus's transmission. Preventative measures to halt the spread of COVID-19 involve following public health guidelines, including regular hand hygiene, mask usage in public places, practicing physical distancing, and avoiding large crowds. Vaccination efforts have been critical in lessening the virus's impact, with various safe and effective vaccines developed and distributed around the world. Management of COVID-19 focuses on alleviating symptoms, providing supportive care and medications and monoclonal antibodies have proven useful in specific scenarios, whereas patients in critical condition may necessitate intensive care, which includes respiratory assistance and other necessary measures. As the COVID-19 pandemic continues to progress, continuous research, cooperation, and public health initiatives are vital to manage the virus's spread. Prompt vaccination, compliance with preventive practices, and access to reliable information is essential in reducing the disease's impact on individuals, communities, and healthcare systems globally.

Keywords: Coronavirus, COVID-19, SARS-CoV-2, Pandemic, Virus, Outbreak, Public health, Respiratory ailment, Transmission.

Introduction

COVID-19, attributed to the SARS-CoV-2 pathogen, has wrought significant consequences worldwide, resulting in millions of fatalities. The virus rapidly disseminated from its point of origin in Wuhan, China, leading the World Health Organization to classify it as a pandemic. Various mutant strains of the virus have surfaced, which has resulted in persistent outbreaks across numerous nations.[1] Several variants of interest (VOIs) have been recognized, such as Alpha, Beta, Gamma, Delta, and Omicron. Despite the introduction of vaccines and widespread vaccination initiatives, the emergence of these variants presents a significant challenge to the advancements made in controlling the virus. [2] This review article intends to furnish a comprehensive analysis of COVID-19, detailing its etiology, epidemiology, clinical manifestations, diagnostic techniques, and innovative therapies. It further explores the various variants of SARS-CoV-2 and assesses the efficacy of the currently available vaccines in preventing COVID-19 and its variants. [3]

Etiology: Coronaviruses (CoVs) are RNA viruses. with spike glycoproteins on their envelope, imparting a crown-like appearance to them. They are categorized into four genera: Alphacoronavirus, Betacoronavirus, Deltacoronavirus, and Gamma coronavirus. CoVs can induce respiratory, enteric, hepatic, and neurological disorders across a variety of animal species. Certain CoVs can bridge species boundaries to infect humans, resulting in a spectrum of diseases from mild conditions like the common cold to more severe ailments such as SARS and MERS. [4]

A total of seven human CoVs (HCoVs) have been recognized, specifically HCoV-OC43, HCoV-HKU1, HCoV-229E, HCoV-NL63, SARS-CoV, MERS-CoV, and the emerging SARS-CoV-2. SARS-CoV-2, classified within the same subgenus as SARS-CoV and MERS-CoV, displays a pleomorphic structure and can be inactivated through heat and specific solvents. [5]

Genetic analysis indicates that it is closely related to coronaviruses found in bats and is presumed to have originated in animals, likely bats, with intermediary hosts such as pangolins and minks facilitating its transmission to humans. The precise origin of SARS-CoV-2 remains a subject of ongoing research. [6]

SARS-CoV-2 Variants: The genetic progression of SARS-CoV-2 has resulted in the emergence of various variants, some classified as variants of concern (VOCs) due to their potential for enhanced transmissibility, pathogenicity, or ability to evade detection and immune responses. An example of a VOC is the Alpha variant (B. 1. 1. 7 lineage), also referred to as the GRY variant, which was initially reported in the United Kingdom in late December 2020. [7]

The Alpha variant possesses several mutations, including N501Y, which augments the virus's capacity to bind to host cells. Evidence suggests that it is 43% to 82% more transmissible and became the predominant variant in the UK. Research indicates that individuals infected with the Alpha variant might experience more severe disease and elevated mortality rates relative to other circulating variants. This variant has also been detected in the United States and has been linked to increased mortality rates. The Alpha variant swiftly emerged as one of the most prevalent strains during the early phases of the pandemic. [8]

Beta (B. 1. 351 lineage): The Beta variant, or B. 1. 351 lineages, represents another variant of SARS-CoV-2 and was first identified in South Africa in October 2020. This variant incorporates multiple mutations in the spike protein, including K417N, E484K, and N501Y, concentrated in the receptorbinding domain (RBD), thereby increasing the virus's binding affinity for ACE receptors. It has been associated with heightened transmission risk and diminished neutralization by monoclonal antibody therapies, convalescent sera (derived from individuals who have recuperated from COVID-19), and sera from vaccinated subjects. The B. 1. 351 variant was confirmed in the United States towards the end of January 2021, and its emergence played a significant role in instigating the second wave of COVID-19 infections. [9]

Gamma (P. 1 lineage): The P. 1 variant, commonly known as the Gamma variant or GR/501Y. V3, was first discovered in Brazil in December 2020 and subsequently spotted in the United States in January 2021. The P. 1 variant is part of the B. 1. 1. 28 lineage and possesses ten mutations in the spike protein, including L18F, K417N, and E484K, which are also found within the receptor-binding domain. This variant has exhibited potential for decreased neutralization by monoclonal antibody therapies, convalescent sera, and post-vaccination sera, akin to the Beta variant.[10]

Delta (B. 1. 617. 2 lineage): The B. 1. 617. 2 variants, more commonly referred to as the Delta variant, was initially identified in India in December 2020. It garnered considerable attention during the lethal second wave of COVID-19 cases that struck India in April 2021. In the United States, the Delta variant was initially identified in March 2021. Initially regarded as a variant of interest, the Delta variant rapidly propagated worldwide, prompting the World Health Organization (WHO) to classify it as a variant of concern (VOC) in May 2021. The B. 1. 617. 2 variant possesses ten mutations in the spike protein, which include T19R, G142D, 156del, 157del, R158G, L452R, T478K, D614G, P681R, and D950N. These mutations may facilitate enhanced transmissibility and possible immune evasion, rendering the Delta variant a notable threat in the ongoing COVID-19 pandemic. [12]

Omicron (B. 1. 1. 529 lineage): The B. 1. 1. 529 variant, referred to as the Omicron variant, was initially identified in South Africa on November 23, 2021, following a notable surge in COVID-19 cases. Considering the considerable number of alterations in the spike protein and the swift escalation in cases noted in South Africa, Omicron was rapidly classified as a variant of concern (VOC) by the World Health Organization (WHO). [13] Omicron features over 30 mutations in the spike protein, including changes in various areas such as the receptor-binding domain (RBD), N-terminal domain (NTD), and additional non-structural proteins. Among the prominent mutations are T91, P13L, E31del, R32del, S33del, R203K, G204R in the nucleocapsid protein, D3G, Q19E, A63T in the matrix, along with several mutations in the RBD, such as N501Y, E484A, and K417N (also observed in the Beta variant). [14]

The Omicron variant, along with its subvariants such as BA. 1, BA. 2, BA. 3, BA. 4, and BA. 5, has emerged as the predominant VOC across numerous nations. Currently, as reported by the Centers for Disease Control and Prevention (CDC), the Omicron VOC represents the leading SARS-CoV-2 variant in the United States. [15]

Signs and symptoms: Reports indicate that a significant proportion of individuals infected with the coronavirus present symptoms that mimic those of a common cold or influenza, while a minority remain asymptomatic. 16 Approximately 80% of patients exhibit mild symptoms of the disease. While adults generally have more robust immune responses to combat the infection, they are also more likely to disseminate it. [17] Frequent symptoms include fever, dry cough, difficulty in breathing (termed dyspnea), headaches, sore throat, runny nose (called rhinorrhea), fatigue, and myalgia. In more severe instances, individuals may develop acute respiratory distress syndrome (ARDS). Most of the symptoms that may manifest are as follows: [18]

- **O** Fever
- O Dry cough
- **O** Dyspnea (difficulty in breathing)
- O Headache
- O Sore throat

- **O** Rhinorrhoea (runny nose)
- Fatigue
- O Muscle pain
- In severe cases, acute respiratory distress syndrome (ARDS)

Prevention: To minimize the spread of COVID-19, which primarily is transmitted through respiratory droplets during coughing and sneezing, it is essential for individuals to implement certain measures to protect themselves and others. These measures encompass the use of face masks, refraining from touching the nose, mouth, and ears, frequent hand sanitation with alcohol-based solutions or soap, covering coughs and sneezes with the bent elbow, avoiding contact with infected individuals, maintaining an appropriate distance from others, seeking prompt medical attention if symptoms arise, and adhering to the guidance provided by healthcare professionals. [19]

- 1. Use a face mask
- 2. Avoid touching the nose, mouth, and ears
- 3. Frequent hand washing with alcohol-based solutions and soap
- 4. Cover coughs and sneezes with the bent elbow
- 5. Avoid contact with infected individuals
- 6. Maintain an appropriate distance from others
- 7. In the event of symptoms, seek medical care promptly
- 8. Follow the advice of healthcare providers

At present, there is no specific treatment or vaccine designed for COVID-19. Healthcare professionals offer symptomatic and supportive care to patients based on the severity of their condition and symptoms. General management for confirmed COVID-19 cases includes complete rest and supportive measures, ensuring adequate intake of calories and water to reduce the likelihood of dehydration. [21]

Treatment: Strategies for managing COVID-19 are continually advancing as medical practitioners and researchers enhance their comprehension of the condition. It is crucial to recognize that treatment methods may differ based on the gravity of the illness and the specific characteristics of the patient. Presented below is a unique overview of the current treatment options for COVID-19:

- Supportive Care: The primary emphasis for mild cases of COVID-19 is on supportive care. This includes adequate rest, ensuring hydration, and utilizing over the counter medications to relieve symptoms such as fever, cough, and pain. During this phase, vigilant monitoring of symptoms and compliance with self- isolation guidelines are crucial. [22]
- 2. Hospitalization: Severe instances of COVID-19 may require hospitalization to facilitate more

intensive care and oversight. Patients may receive oxygen therapy, fluid management, and

medications to control symptoms and complications. [23]

3. Oxygen Therapy: Patients suffering from respiratory distress or low oxygen saturation may

require supplemental oxygen. Different approaches, including nasal cannulas, face masks, or ventilators, can be utilized according to the severity of respiratory dysfunction. [24]

- 4. Antiviral Medications: Several antiviral medications are under investigation for the management of COVID-19. Remdesivir, for example, has demonstrated potential in reducing hospitalization duration for specific patients and has obtained emergency use authorization in particular countries. Other antiviral agents are currently in clinical trials to assess their effectiveness. [25]
- Monoclonal Antibodies: Monoclonal antibodies are artificially produced proteins that replicate the immune system's capacity to fight pathogens. Certain monoclonal antibody treatments have been granted emergency use authorization for specific COVID-19 cases, particularly in high-risk individuals who may be susceptible to severe illness. [26]
- 6. Anti-inflammatory Medications: In critical cases of COVID-19, an overactive immune response can result in increased inflammation. Medications such as corticosteroids (e.g., dexamethasone) may be prescribed to alleviate inflammation and avert additional complications. [27] It is essential to seek guidance from healthcare professionals for personalized treatment options that are adapted to an individual's condition and medical history.

COVID-19 Awareness: Navigating the Pandemic Safely:

The COVID-19 pandemic has profoundly affected global health, societies, and economies. To effectively address the virus and safeguard ourselves and our communities, it is imperative to be well-informed about COVID-19, its transmission, symptoms, preventative measures, and the significance of

vaccination. [28] This article intends to enhance awareness about COVID- 19 and encourage responsible behaviour during these difficult times. COVID-19 is caused by the novel coronavirus SARS-CoV-2. It primarily spreads through respiratory droplets when an infected individual coughs, sneezes, or speaks. The virus can also be contracted by touching surfaces contaminated with the virus and subsequently touching the face. It is crucial to acknowledge that anyone can become infected, irrespective of age or background. [29] Common symptoms of COVID-19 encompass fever, cough, shortness of breath, fatigue, muscle or body aches, sore throat, loss of taste or smell, headache, and congestion. However, it is important to recognize that some individuals may remain asymptomatic or exhibit mild symptoms, underscoring the necessity to employ preventive measures regardless of how one feels. [30]

Preventive Measures: To mitigate the spread of COVID-19, several preventive strategies should be observed:

- Wear Face Masks: Properly wearing face masks, covering both the nose and mouth, can significantly curtail the transmission of the virus, particularly in public spaces where maintaining physical distance may be difficult. [31]
- Practice Hand Hygiene: Regularly washing hands with soap and water for at least 20 seconds or utilizing hand sanitizers containing at least 60% alcohol concentration effectively removes the virus from the hands and inhibits its transmission. [32]
- Maintain Physical Distance: Complying with physical distancing protocols, which advocate for maintaining a minimum separation of 1 meter (3 feet) from others, mitigates the risk of exposure to respiratory droplets. [33]
- Follow Respiratory Etiquette: Shielding the mouth and nose with a tissue or the elbow's bend during coughing or sneezing can impede the transmission of respiratory droplets. [34]
- Sanitize Surfaces: Regularly disinfecting surfaces that are frequently touched, including doorknobs, handles, and mobile devices, aids in reducing the likelihood of surface transmission. [35]

Vaccination: Vaccination is pivotal in mitigating the spread of COVID-19 and averting severe illness. Vaccines have undergone extensive testing to assure their safety and effectiveness. Adhering to local vaccination protocols and obtaining the vaccine when eligible is essential for personal protection and enhancing community immunity. [36]

Staying Informed: Keeping abreast of reliable information from national health authorities and esteemed scientific publications is vital to combat misinformation and foster an accurate comprehension of COVID-19. [34] Abiding by official guidelines and recommendations empowers individuals to make educated choices regarding their health and welfare. [37]

Conclusion

In summary, the COVID-19 pandemic has introduced unparalleled challenges to societies globally. It has disrupted daily life, economies, and healthcare systems on an international level. Grasping the nature of the virus, adhering to preventive strategies, and remaining informed are essential to navigating these uncertain times. COVID-19, resulting from the novel coronavirus SARS-CoV-2, primarily spreads through respiratory droplets and intimate contact. Identifying common symptoms such as fever, cough, and shortness of breath is crucial for early recognition and appropriate medical intervention. Nevertheless, it is important to acknowledge that some individuals may remain asymptomatic, underscoring the necessity of implementing preventive measures irrespective of one's health status. Preventive strategies, including wearing face masks, enforcing hand hygiene, maintaining physical distance, and observing respiratory etiquette, have been demonstrated to be effective in curtailing the virus's transmission. Regular sanitation of frequently-touched surfaces also plays a significant role in diminishing the risk of surface transmission.

Vaccination has been instrumental in controlling the spread of COVID-19 and preventing severe health repercussions. Vaccines have undergone extensive scrutiny to verify their safety and efficacy, thus offering promise for a pathway to recovery and community immunity. Remaining informed through trustworthy sources is critical for counteracting misinformation and making enlightened decisions about personal health and wellness. By adhering to official guidelines and recommendations from reputable health organizations, individuals can contribute to the collective endeavor to combat the pandemic. While the COVID-19 pandemic has presented substantial obstacles, it has also emphasized the resilience and solidarity of communities across the globe. By continuing to support each other, engaging in responsible behaviors, and adapting to evolving circumstances, we can collectively overcome this public health crisis.

Disclaimer: The information provided in this conclusion is intended for general awareness and should not replace professional medical advice. For specific guidance and recommendations related to COVID-19, please consult healthcare professionals or relevant authorities.

References

- Chan JF, To KK, Tse H, Jin DY, Yuen KY. Interspecies transmission and emergence of novel viruses: lessons from bats and birds. Trends Microbiol. 2013 Oct; 21(10):544-55.
- 2. Lei J, Kusov Y, Hilgenfeld R. Nsp3 of coronaviruses: Structures and functions of a large multi-domain protein. Antiviral Res. 2018 Jan; 149:58-74.
- Chan JF, Kok KH, Zhu Z, Chu H, To KK, Yuan S, Yuen KY. Genomic characterization of the 2019 novel human-pathogenic coronavirus isolated from a patient with atypical pneumonia after visiting Wuhan. Emerg Microbes Infect. 2020; 9(1):221-236.

- 4. Biryukov J, Boydston JA, Dunning RA, Yeager JJ, Wood S, Ferris A, Miller D, Weaver W, Zeitouni NE, Freeburger D, Dabisch P, Wahl V, Hevey MC, Altamura LA. SARS CoV-2 is rapidly inactivated at high temperature. Environ Chem Lett. 2021; 19(2):1773-1777.
- 5. Andersen KG, Rambaut A, Lipkin WI, Holmes EC, Garry RF. The proximal origin of SARS CoV-2. Nat Med. 2020 Apr; 26(4):450-452.
- Zhang T, Wu Q, Zhang Z. Probable Pangolin Origin of SARS-CoV-2 Associated with the COVID-19 Outbreak. Curr Biol. 2020 Apr 06;30(7):1346-1351.e2.
- Tacken MG, de Rooij MM, Weesendorp E, Engelsma MY, Bruschke CJ, Smit LA, Koopmans M, van der Poel WH, Stegeman A. SARS-CoV-2 infection in farmed minks, the Netherlands, April and May 2020. Euro Surveill. 2020 Jun;25(23)
- Foley B, Hastie KM, Parker MD, Partridge DG, Evans CM, Freeman TM, de Silva TI, Sheffield COVID-19 Genomics Group. McDanal C, Perez LG, Tang H, Moon-Walker A, Whelan SP, LaBranche CC, Saphire EO, Montefiori DC. Tracking Changes in SARS-CoV-2 Spike: Evidence that D614G Increases Infectivity of the COVID-19 Virus. Cell. 2020 Aug 20; 182(4):812-827.e19.
- Galloway SE, Paul P, MacCannell DR, Johansson MA, Brooks JT, MacNeil A, Slayton RB, Tong S, Silk BJ, Armstrong GL, Biggerstaff M, Dugan VG. Emergence of SARS-CoV-2 B.1.1.7 Lineage - United States, December 29, 2020-January 12, 2021. MMWR Morb Mortal Wkly Rep. 2021 Jan 22;70(3):95 99.
- Volz E, Mishra S, Chand M, Barrett JC, Johnson R, Geidelberg L, Hinsley WR, Laydon DJ, Dabrera G, O'Toole Á, Amato R, Ragonnet Cronin M, Harrison I, Jackson B, Ariani CV, Boyd O, Loman NJ, McCrone JT, Gonçalves S, Jorgensen D, Myers R, Hill V, Jackson DK, Gaythorpe K, Groves N, Sillitoe J, Kwiatkowski DP, COVID-19 Genomics UK (COG-UK) consortium. Flaxman S, Ratmann O, Bhatt S, Hopkins S, Gandy A, Rambaut A, Ferguson NM. Assessing transmissibility of SARS-CoV-2 lineage B.1.1.7 in England. Nature. 2021 May; 593(7858):266-269.
- Wu K, Werner AP, Moliva JI, Koch M, Choi A, Stewart-Jones GBE, Bennett H, Boyoglu Barnum S, Shi W, Graham BS, Carfi A, Corbett KS, Seder RA, Edwards DK. mRNA-1273 vaccine induces neutralizing antibodies against spike mutants from global SARS-CoV-2 variants. bioRxiv. 2021 Jan 25.
- 12. Xinhua. China's CDC detects a large number of new coronaviruses in the South China seafood market in Wuhan. Available at: https://www .xinhuanet.com/2020-01/27/c_1125504355.htm .
- Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, Zhang L, Fan G, Xu J, Gu X, Cheng Z, Yu T, Xia J, Wei Y, Wu W, Xie X, Yin W, Li H, Liu M, Xiao Y, Gao H, Guo L, Xie J, Wang G, Jiang R, Gao Z, Jin Q, Wang J, Cao B. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020 ;395: 497–506.
- Rothe Camilla, Schunk Mirjam, Sothmann Peter, Bretzel Gisela, Froeschl Guenter, Wallrauch Claudia, Zimmer Thorbjörn, Thiel Verena, Janke Christian, Guggemos Wolfgang, Seilmaier Michael, Drosten Christian, Vollmar Patrick, Zwirglmaier Katrin, Zange Sabine, Wölfel Roman, Hoelscher Michael. Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany. New England Journal (10):970–971. of Medicine. 2020;382
- 15. Li Q, Guan X, Wu P, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. N Engl J Med. 2020. 10.1056/NEJMoa2001316.
- 16. Cheng ZJ, Shan J. 2019 novel coronavirus: where we are and what we know. Infection. 2020:1–9. 10.1007/s15010-020-01401-y.
- 17. Zou L, Ruan F, Huang M, et al. SARS-CoV-2 viral load in upper respiratory specimens of infected patients. N Engl J Med. 2020. 10.1056/NEJMc2001737.
- Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and its inactivation with biocidal agents. J Hosp Infect. 2020 Feb 6. pii: S0195 6701(20)30046–3.
- Chen Huijun, Guo Juanjuan, Wang Chen, Luo Fan, Yu Xuechen, Zhang Wei, Li Jiafu, Zhao Dongchi, Xu Dan, Gong Qing, Liao Jing, Yang Huixia, Hou Wei, Zhang Yuanzhen. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. The Lancet. 2020;395 (10226):809–815.
- 20. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, Qiu Y, Wang J, Liu Y, Wei Y, Xia J, Yu T, Zhang X, Zhang L. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet. 2020;395:507–513.
- Wang Dawei, Hu Bo, Hu Chang, Zhu Fangfang, Liu Xing, Zhang Jing, Wang Binbin, Xiang Hui, Cheng Zhenshun, Xiong Yong, Zhao Yan, Li Yirong, Wang Xinghuan, Peng Zhiyong. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA . 2020 323(11):1061.
- 22. Xu XW, Wu XX, Jiang XG, et al. Clinical findings in a group of patients infected with the 2019 novel coronavirus (SARS-Cov-2) outside of Wuhan, China: retrospective case series. BMJ. 2020;368:m606.

- 23. Wang XF, Yuan J, Zheng YJ, et al. Clinical and epidemiological characteristics of 34 children with 2019 novel coronavirus infection in Shenzhen. Zhonghua Er Ke Za Zhi. 2020;58:E008.
- 24. Chen F, Liu ZS, Zhang FR, et al. First case of severe childhood novel coronavirus pneumonia in China. Zhonghua Er Ke Za Zhi. 2020; 58:E005.
- 25. Zeng LK, Tao XW, Yuan WH, Wang J, Liu X, Liu ZS. First case of neonate infected with novel coronavirus pneumonia in China. Zhonghua Er Ke Za Zhi. 2020; 58:E009.
- Jin YH, Cai L, Cheng ZS, et al. A rapid advice guideline for the diagnosis and treatment of https://vsjournal.in/ 2019 novel coronavirus [2019nCoV] infected pneumonia Mil Med Res. 2020;7:4.
- 27. Huang Peikai, Liu Tianzhu, Huang Lesheng, Liu Hailong, Lei Ming, Xu Wangdong, Hu Xiaolu, Chen Jun, Liu Bo. Use of Chest CT in Combination with Negative RT-PCR Assay for the 2019 Novel Coronavirus but High Clinical Suspicion. Radiology. 2020;295(1):22–23.
- Chen Z-M, Fu J-F, Shu Q, et al. Diagnosis and treatment recommendations for pediatric respiratory infection caused by the 2019 novel coronavirus. World J Pediatr. 2020:1–7. 10.1007/s12519-020-00345-5.
- 29. Russell CD, Millar JE, Baillie JK. Clinical evidence does not support corticosteroid treatment for 2019-nCoV lung injury. Lancet. 2020;395 :473–475.
- 30. Zhao JP, Hu Y, Du RH, et al. Expert consensus on the use of corticosteroid in patients with 2019-nCoV pneumonia. Zhonghua Jie He He Hu Xi Za Zhi. 2020;43:E007.
- Tural Ahmet, Diaz George, Cohn Amanda, Fox LeAnne, Patel Anita, Gerber Susan I., Kim Lindsay, Tong Suxiang, Lu Xiaoyan, Lindstrom Steve, Pallansch Mark A., Weldon William C., Biggs Holly M., Uyeki Timothy M., Pillai Satish K. First Case of 2019 Novel Coronavirus in the United States. New England Journal of Medicine. 2020; 382(10):929–936.
- 32. Zhang Lei, Liu Yunhui. Potential interventions for novel coronavirus in China: A systematic review. Journal of Medical Virology. 2020; 92(5):479–490.
- 33. Multicenter Collaboration Group of Department of Science and Technology of Guangdong Province and Health Commission of Guangdong Province for Chloroquine in the Treatment of Novel Coronavirus Pneumonia. Zhonghua Jie He Hu Xi Za Zhi. 2020;43:E019.
- Chang De, Xu Huiwen, Rebaza Andre, Sharma Lokesh, Dela Cruz Charles S. Protecting health care workers from subclinical coronavirus infection. The Lancet Medicine. 2020;8(3):e13. Respiratory
- Li Jie, Li Jun (Justin), Xie Xiaoru, Cai Xiaomei, Huang Jian, Tian Xuemei, Zhu Hong. Game consumption coronavirus. The and the 2019 Infectious Lancet Diseases. 2020; 20(3):275–276.
- A. H. Rahmani, M. A. Alzohairy, M. A. Khan, and S. M. Aly, "Therapeutic implications of black seed and its constituent thymoquinone in the prevention of cancer through inactivation and activation of molecular pathways," Evidence-Based Complementary and Alternative Medicine, vol. 2014, Article ID 724658, 13 pages, 2014.
- L. Le Marchand, "Cancer preventive effects of flavonoids—a review," Biomedicine and Pharmacotherapy, vol. 56, no. 6, pp. 296–301, 2002.
 R. R. Chattopadhyay, "Possible biochemical mode of anti-inflammatory action of Azadirachta indica A. Juss. in rats," Indian Journal of Experimental Biology, vol. 36, no. 4, pp. 418–420, 1998.