A GLOBAL CHALLENGE THAT BEGAN IN 2019

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Глобальный вызов, начавшийся в 2019 году

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Annotation: This article presents the coronavirus plague that has plagued the world's population since 2019, its source, types and symptoms, and world statistics on the incidence of this disease. Although the incidence of this disease has decreased in a few countries, the population of the world's leading countries still suffers.

Keywords: COVID-19, Coronavirus Pandemic, The World Health Organization, PCR, CDC, symptoms, Epidemiology, SARS-CoV-2

Аннотация: В этой статье представлена чума коронавируса, поразившая население мира с 2019 года, ее источник, типы и симптомы, а также мировая статистика заболеваемости этим заболеванием. Хотя заболеваемость этим заболеванием снизилась в нескольких странах, население ведущих стран мира все еще страдает.

Ключевые слова: COVID-19, пандемия коронавируса, Всемирная организация здравоохранения, ПЦР, CDC, симптомы, эпидемиология, SARS-CoV-2.

The COVID-19 pandemic, dubbed the Coronavirus Pandemic, is a 2019 pandemic of coronavirus disease (COVID-19) caused by severe acute respiratory syndrome

coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China. The World Health Organization declared the disease a "public health emergency of public concern" in January 2020 and a "pandemic in March 2020." As of January 8, 2021, more than 88 million cases have been confirmed, with more than 1.89 million deaths due to COVID-19. . The symptoms of COVID-19 are very variable, ranging from no symptoms to severe illness. The virus is mainly spread through the air when people approach each other, leaving the infected person breathing, coughing, sneezing, or talking, and enters another person through the mouth, nose, or eyes.

It can also spread through contaminated surfaces. People stay infected for up to two weeks and can be infected with the virus even if they have no symptoms. Recommended preventive measures include social distance, wearing face masks in public places, ventilation and air filtration, hand washing, closing your mouth during sneezing or coughing, disinfecting surfaces, monitoring and o ’for affected or symptomatic people z-self separation. Several vaccines are being developed and distributed. Current treatments are aimed at relieving symptoms while working on the development of therapeutic drugs that neutralize the virus. The World Health Organization reported serological tests in August 2020 in three parts of Europe (some data as of June 2), as a result, IFR overall estimates approached approximately 0.5–1%. A routine screening article published in the BMJ recommended “using serological tests for careful epidemiological surveillance” and called for high-quality studies to assess accuracy based on at least the “RT-PCR performed twice in a row” standard. CEBM researchers called for “case detection” in the hospital to record “CT lung results and related blood tests,” and WHO with “PCR” with continuous recalibration produces a protocol for standardization of use and interpretation. In a September 2020 article by John Ioannidis of the World Health Organization bulletin, the average global IFR based on seroprevalence data was 0.23% overall (0.09% and higher in areas with low mortality) locally 0.57%) mortality) and 0.05% (in the range of 0.00–0.31%) for people <70 years of age, much lower than previously estimated during the pandemic.

Dr. Mike Ryan, Director of the World Health Organization's Emergency Program for Health, said on October 6, 2020, "Our current best estimates show that approximately 10% of the world's population is infected with this virus. it is possible. "Also in October, the Center for Evidence-Based Medicine (CEBM) reported a "rough estimate" of global IFR of 0.10% to 0.35%, noting that this fluctuates among the population due to differences in demographics. These researchers noted a decrease in IFR over time in the UK; and for the UK and Italy (the two European countries most affected by COVID-19), an increase in daily cases, stability in daily mortality, a decrease in viral circulation of diseases, misuse of tests and not to misinterpret test results, prevent, treat, or mutate the virus; but to be transferred to a younger population. An article published in Nature in November 2020 published IFR estimates of population weight, excluding deaths in nursing homes for a number of countries, and averaged 0. , An interval of 24% to 1.49% was determined.

According to a routine analysis and meta-analysis published in the European Journal of Epidemiology in December 2020, IFR among the population ranged from 0.5% to 1%, 1% in some countries (France, the Netherlands, New Zealand and Portugal) and 2% each in several other countries (Australia, England, Lithuania, and Spain), and in Italy about 2.5%; according to these calculations, deaths have been observed in care facilities for the elderly. This study also reflected the differences in the age composition of the population and the age-related incidence of infection, as most of the differences in IFRs by population point were very low for children and young adults (e.g., age 0.002%). 10 and 0.01% at age 25) and an increasingly high IFR for adults (0.4% at age 55, 1.4% at age 65, 4.6% at age 75, and 15% at age 85). These results were also highlighted in a December 2020 report by the World Health Organization.

The standard method for testing for the presence of SARS-CoV-2 is a real-time reverse transcription polymerase chain reaction (rRT-PCR) that detects the presence of viral RNA fragments. This test detects RNA, but because it does not detect an infectious virus, it has "limited ability to determine the duration of infection in patients." The test is usually performed on respiratory samples taken with

nasopharyngeal cotton; however, a nasal peel or sputum sample may also be used. Results are usually available in a few hours to two days. Blood tests can be used, but this requires two blood samples at two-week intervals, and the results are of little importance. WHO has published several test protocols for the disease. Chest tomography may be useful in diagnosing COVID-19 in people with a high level of clinical suspicion of infection, but is not recommended for routine screening. Peripheral, asymmetric, and posterior bilateral bilateral multilobaric vitreous opacity are common in early infection. Subplevral dominance may occur with insane pavement (lobular septal thickening with variable alveolar filling) and consolidation disease progression. Characteristic imaging features on chest radiography and computed tomography of symptomatic individuals include asymmetric peripheral subcutaneous tumors without pleural effusions.

Preventive measures to reduce the risk of infection include staying home, wearing masks in public places, avoiding crowded places, keeping distance from others, ventilating indoors, washing hands frequently and with soap and water for at least 20 seconds, includes good respiratory hygiene and avoiding contact with eyes, nose, or mouth with unwashed hands. In addition to receiving medical care from the CDC, stay at home, call a health care provider, wear a face mask before entering a medical facility, and wear a face mask in any room for those who believe they may have been diagnosed with or infected with COVID-19 recommended or take the vehicle with another person, cover with a tissue when coughing and sneezing, wash your hands regularly with soap and water, and avoid sharing personal household items. The first COVID-19 vaccine received regulatory approval on December 2 by the UK's MHRA drug regulator. It has been rated by the U.S. FDA and in a number of other countries for emergency use authorization (EUA) status. Initially, the U.S. National Institutes of Health guidelines do not recommend any medication to prevent COVID-19 before or after exposure to the SARS-CoV-2 virus. Without vaccines, other preventative measures, or effective treatments, the bulk of COVID-19 administration is trying to reduce and delay the epidemic peak known as "curve straightening". This is done by reducing the level of infection to reduce the risk of

overuse of health services, allowing better treatment of current cases, and delaying additional treatment cases until effective treatments or vaccines are available.
The closer people interact, and the longer they interact, the more likely they are to transmit COVID-19. Closer distances can involve larger droplets (which fall to the ground) and aerosols, whereas longer distances only involve aerosols. Larger droplets can also turn into aerosols (known as droplet nuclei) through evaporation. The relative importance of the larger droplets and the aerosols is not clear as of November 2020; however, the virus is not known to spread between rooms over long distances such as through air ducts. Airborne transmission is able to particularly occur indoors, in high risk locations such as restaurants, choirs, gyms, nightclubs, offices, and religious venues, often when they are crowded or less ventilated. It also occurs in healthcare settings, often when aerosol-generating medical procedures are performed on COVID-19 patients.

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