

Structure and Mutation Rate of SARS COVID-19 Virus

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Abstract

The world economy, society, and health have all been significantly impacted by the COVID-19 pandemic. This study aimed to investigate the importance of understanding the disease, its impact, and potential prevention measures. Our study analyzed the global spread and impact of COVID-19, highlighting the importance of understanding the disease to develop effective prevention measures. We analyzed epidemiological data and observed a significant increase in the number of cases and deaths globally. We identified common symptoms such as fever, cough, and shortness of breath, and we analyzed risk factors such as age, underlying medical conditions, and immunosuppression. We also studied the transmission modes of COVID-19, including human-to-human transmission through respiratory droplets and contact with contaminated surfaces. Our study highlights the importance of prevention measures such as social distancing, mask-wearing, and hand hygiene in controlling the spread of COVID-19. We analyzed the effectiveness of these measures, which were implemented globally to prevent the spread of the virus. Our observations indicate that these measures, when combined, have reduced the spread of the virus and prevented millions of cases and deaths globally.

Keywords

COVID-19, SARS-CoV-2, Pandemic, Epidemiology, Transmission modes

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Parth Nigam, Amity Institute of Pharmacy, Amity University Uttar Pradesh, Lucknow, India.	Nigam P. Structure and Mutation Rate of SARS COVID-19 Virus. Int. J. Primary Crit. Care. 2023;1(1):1-9. DOI: https://doi.org/10.54060/pcc.2023.15	

Received 2023-03-06	Accepted 2023-05-09	Online First 2023-05-09	Published 2023-09-30
Funding Nil		Ethical Approval Nil	
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1. Introduction

COVID-19 is a virus that has infected people worldwide and caused widespread, as well as financial disruption. No matter where we live or what we do for a livelihood, it is something that impacts us all. Acute severe respiratory syndrome. This year's extremely contagious coronavirus illness (COVID-19) is caused by the SARS-CoV-2 virus. This has had a disastrous effect on the demography of the planet. Since the 1918 influenza pandemic, it has turned out to be the most significant worldwide health issue. Long COVID-19 refers to the continued presence of incapacitating symptoms after the acute sickness has subsided. The World Health Organization (WHO) declared SARS-CoV-2 a global pandemic on March 11, 2020, after the first cases of this primarily respiratory viral illness were first discovered in Wuhan, Hubei Province, China, in late December 2019. Shortly afterward, the virus quickly spread throughout the world.

The signs and symptoms of COVID-19 can range greatly, from moderate to severe, and might include fever, coughing, exhaustion, loss of taste or smell, and breathing difficulties. In extreme situations, the virus can cause pneumonia, acute respiratory distress syndrome. Governments and health groups from all around the world have put in place a number of strategies to stop the spread of COVID-19, including social distancing. Vaccines have also been developed and are being distributed globally to protect against the virus. While progress has been made in controlling the spread of COVID-19, it remains a significant global challenge. New variants of the virus continue to emerge, and there are still many people who have not been vaccinated. We must all continue to do our part to prevent the spread of COVID-19 by following public health guidelines, getting vaccinated, and supporting efforts to control the virus.

In conclusion, COVID-19 is a global pandemic that has affected us all in profound ways. We must work together to control the spread of the virus and support each other as we navigate through these challenging times. COVID-19 has had a significant impact on India since the first cases were reported in January 2020. The following among the most significant ways that the epidemic has impacted India. Having a severe effect on India's public health, COVID-19 has a negative health impact. As of May 2023, India has reported over 41 million confirmed cases and over 429,000 deaths due to the virus. The second wave of the pandemic that hit India in April 2021 was particularly severe, overwhelming the country's healthcare system and leading to a shortage of essential medical supplies like oxygen.

Economic Impact: The pandemic has had a significant economic impact on India. The country's GDP contracted by 7.7% in the financial year 2020-21, largely due to the lockdowns and other measures taken to contain the virus. Many small and medium-sized businesses have been severely impacted, and millions of people have lost their jobs.

Education Impact: Schools and universities across India have been closed for extended periods due to the pandemic, affecting millions of students. The shift to online learning has been difficult for many students and has exacerbated existing inequalities in the education system.

India has one of the world's largest immunization programs, having given out more than 1.6 billion doses of vaccine as of May 2023. However, there have been difficulties in resolving vaccination reluctance in some regions of the nation and ensuring the vaccine is distributed fairly. Over here, it's talked about the structure of COVID virus, physical as well as chemical compositions of it, and the mutation rate cycle. In this research paper contains the structure of SARS COVID-19 viruses, their chemical composition BA.2.75, CH1.1, XBB1.1.2., XBB1.9.1. rate of mutation.

"COVID-19 research papers encompass a vast array of topics related to the ongoing pandemic. These papers delve into various aspects of the disease, providing valuable insights and advancing our understanding of COVID-19. Researchers have



investigated the virus's genomic structure, shedding light on its origins and potential transmission pathways. We have explained about the epidemiology, phylogenetic structure, about the vaccines produced by various countries.

2. The new coronavirus epidemiology

In December 2019, Wuhan, the Chinese province of Hubei's capital, reported a strange incidence of severe pneumonia that then started to spread. Several of the earliest cases were found to have a history of travel to the Hunan wholesale seafood market, which also sold live animals. China's intelligence network was swiftly warned during the SARS outbreak in 2003 after it had been put up. To conduct an etiological study, patient samples were sent to labs. China warned of a possible epidemic on December 31, 2019, to the globe. The Hunan seafood market was shut down as of January 1st, 2020. It was determined that the illness was the new coronavirus disease, or COVID-19, on January 7, almost a week after China had informed the world of a potential epidemic.

2.1. SARS-CoV-2 Structure

Coronaviruses have linearly stranded, positive-sense RNA genomes that range in size from 26 to 32 Kb and have a diameter of 60 to 140 nm. The RNA genome of these spherical or pleomorphic viruses is connected to nucleoprotein (N) helical nucleocapsids in their envelopes. A 2 nm trimer of the spike glycoprotein (S), found in the envelope, helps the virus adhere to the receptor of host cells. Proteins known as integral membrane (M) and envelope (E) proteins make up its envelopes. The word "coronavirus" is used to describe coronaviruses belonging to the genus Beta-coronavirus, which contain spikes on their surface that are 5-7 nm long and formed of the extra membrane glycoprotein hemagglutinin-esterase. The projections on its surface are spike-like.

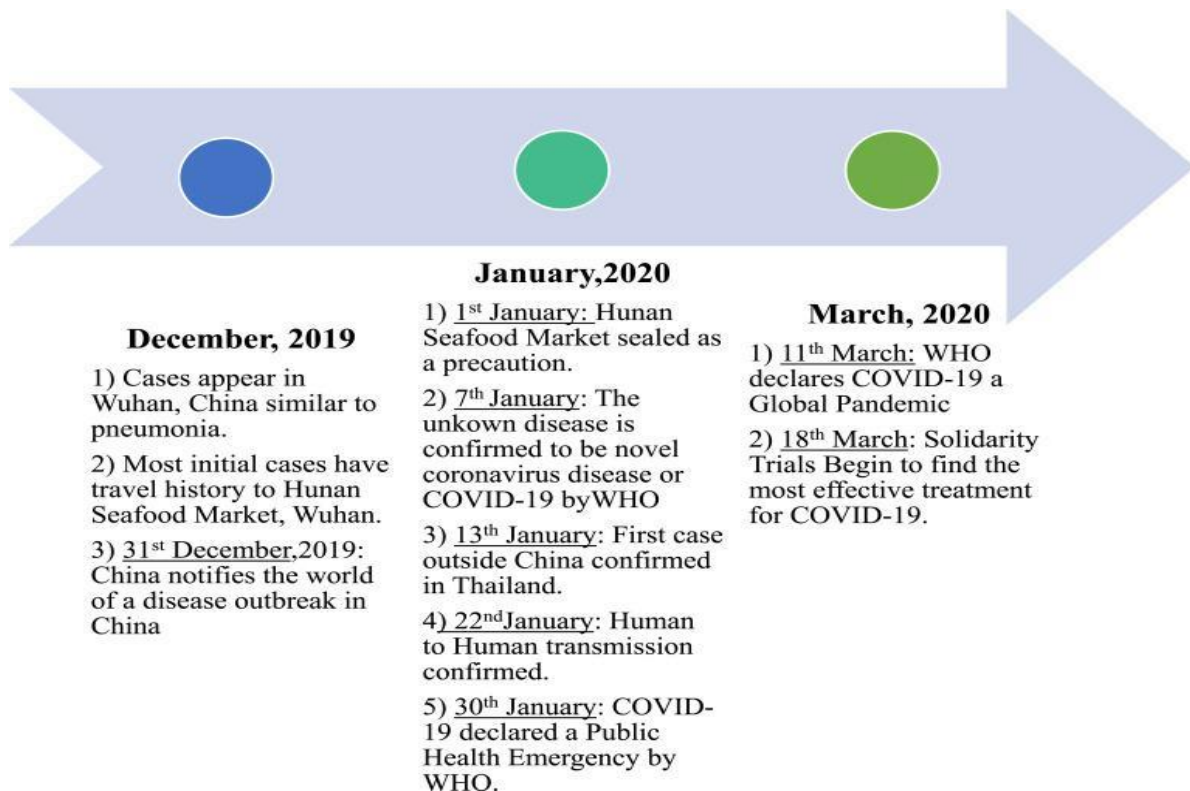


Figure 1. Graph illustrating the key moments leading to the classification of COVID-19 as a global pandemic.

2.2. The Phylogenetic Relationship of the Coronaviruses

Past encounters between beta coronaviruses from humans and animals have resulted in serious, sometimes deadly illnesses. The first instance was noticed in the years 2002–2003 when a novel coronavirus, whose origins were linked to bats, infected people in Guangdong Province, China, via an intermediary host called "palm civet cats." Severe Acute Respiratory Syndrome, or SARS, was the diagnosis given to the disease. The second occurrence included the MERS-CoV (Middle Eastern Respiratory Syndrome Coronavirus) outbreak in 2012, in which a virus that originated in bats was also propagated via Saudi Arabian dromedary camels, who served as an intermediary host.

Structure of SARS-CoV-2

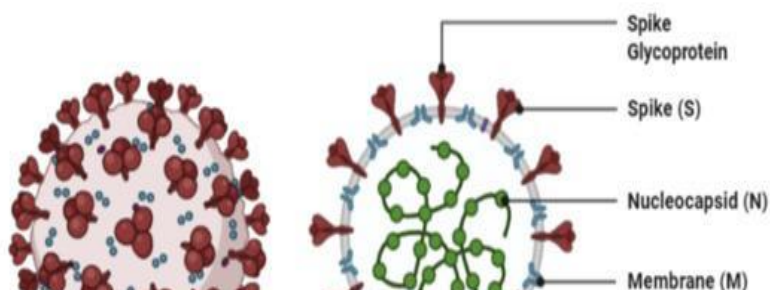


Figure 2. Explaining about structure of SARS-CoV-2

This explains why the SARS-CoV-2, which shares the same genus as SARS and MERS but has a different viral evolution from them and uses bats as a wild reservoir, is distinct from them.

The current coronavirus has been identified as a member of the subfamily Coronavirinae of the family Coronaviridae and the order Nidovirales by whole genome sequencing. This group of four genera, Alphacoronavirus, Betacoronavirus, Gamma-coronavirus, and Deltacoronavirus, is called the coronavirus subfamily. The SARS-CoV, MERS, and SARS-CoV-2 are all members of the same genus of Betacoronavirus, according to the findings of phylogenetic research.

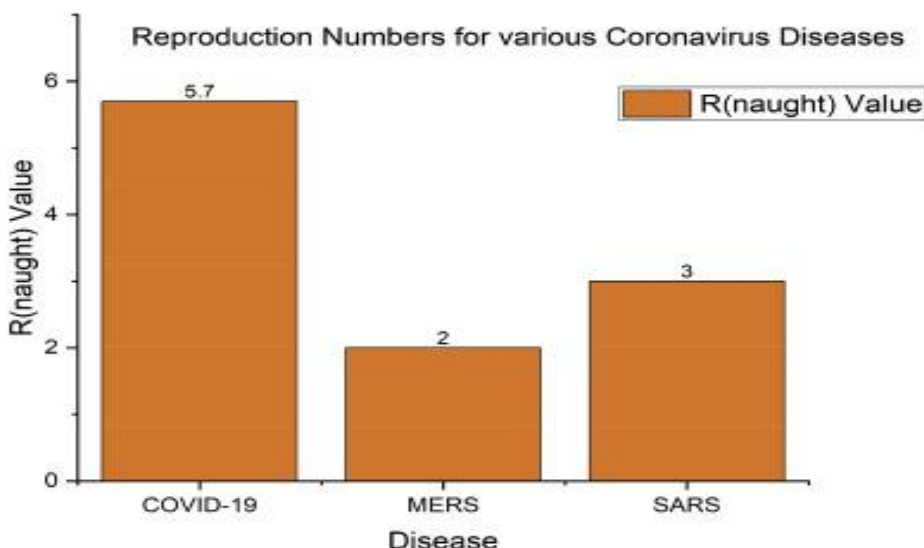


Figure 3. Explaining about reproduction numbers for various coronaviruses diseases

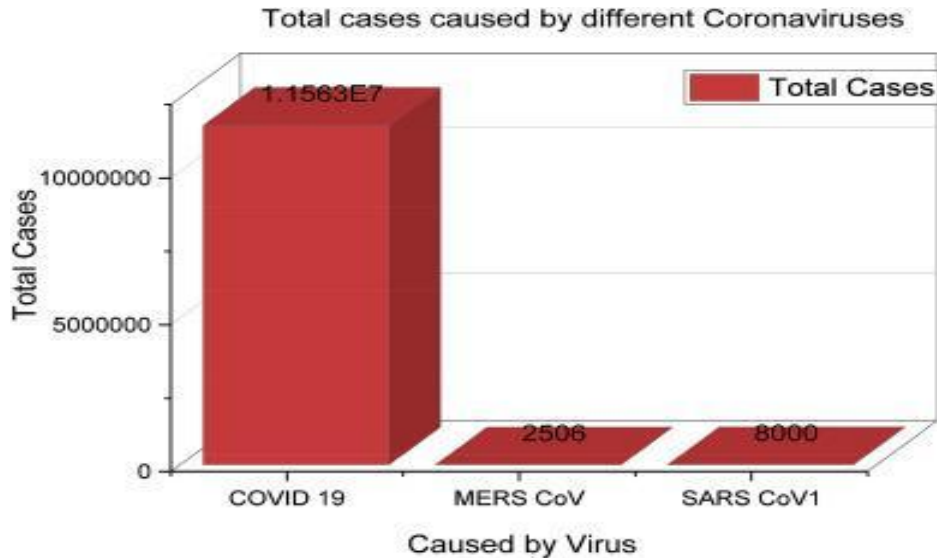


Figure 4. Total cases caused by the different coronaviruses

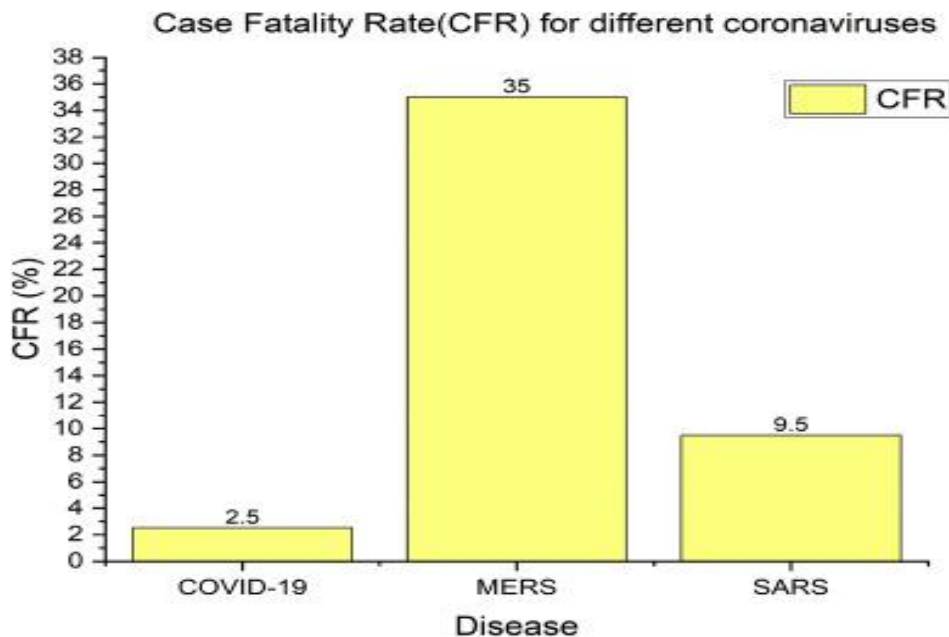


Figure 5. Cases fatality for different coronaviruses

Case Casualty Rates for Diverse Coronaviruses Information collected from the provided information:

Since the prevalence of COVID-19 is substantially higher than that of SARS or MERS, the total number of cases is also exponentially larger than that of other similar illnesses. SARS and MERS, on the other hand, have far higher fatality rates than COVID-19, with respective mortality rates of 9.5% and 35%. In comparison to the percentage of those poisoned, a greater number of people succumbed to the virus. Besides the differences.

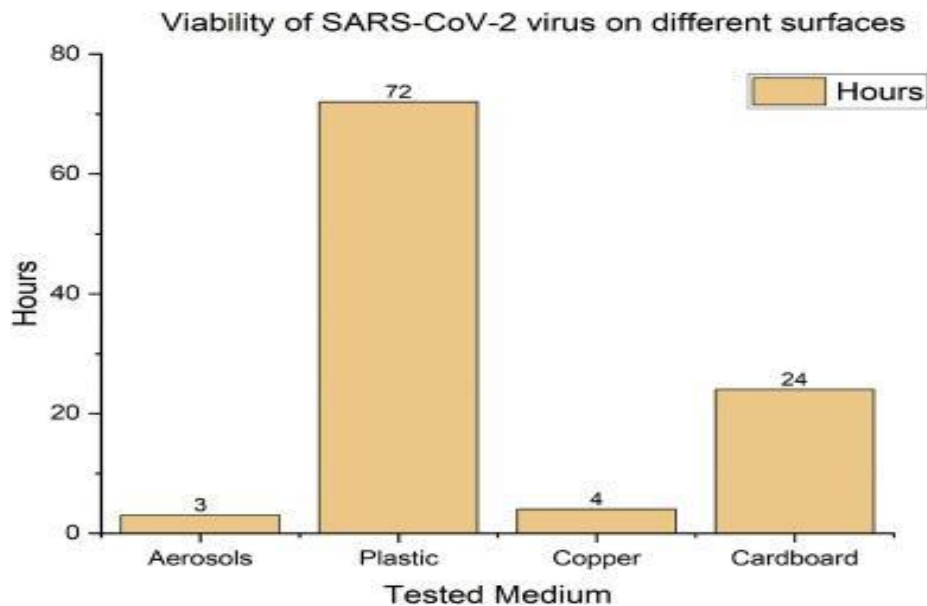


Figure 6. This graph depicts the viability of the SARS-CoV-2 virus in different mediums and surfaces

3. Symptoms and Effects of COVID-19

The asymptomatic state and the symptomatic state are the two main contamination states that can exist in a contaminated COVID-19 patient. After developing into Intense Respiratory Infection Disorder (ARDS), the clinical pattern might cause multi-organ failure, which can be fatal to the patient. Due to their high level of immunity, asymptomatic individuals do not display any symptoms of their sickness, but they are still capable of infecting others. This situation is extremely dangerous for the spread of infection in the community. It is impossible to identify an asymptomatic understanding without doing an RT-PCR (Real-time polymerase chain reaction) test, which is difficult for a government institution to carry out on a large scale and restricts its ability to identify the extent of the infection's dissemination.

4. Material and Methods

4.1 Study Design

This study aimed to explore the predominance of COVID-19 among healthcare laborers in a tertiary healing center in Mumbai, India. The study population consisted of all healthcare specialists who were actively working within the healing center during the study period. The completion criteria were individuals aged 18 years or older and currently employed within the healing center. Exclusion criteria were a history of past COVID-19 diagnosis or failure to provide informed consent. A cross-sectional study design was utilized.

4.2 Information Collection

Members were asked to complete a self-administered survey that collected data on socioeconomics, work history, and side effects suggestive of COVID-19. Nasopharyngeal swabs were collected from all participants and tested for SARS-CoV-2 using real-time reverse transcription-polymerase chain reaction (RT-PCR) measures.

4.3 Data Analysis

Graphical insights were utilized to analyze the statistical and clinical characteristics of the study population. The predominance of COVID-19 was calculated as the extent of positive RT-PCR tests among all participants. Calculated relapse was utilized to recognize factors related to COVID-19 contamination.

4.4 Ethics

This thought was affirmed by the hospital's IRB, and all participants given educated assent earlier to take an interest within the ponder.

4.5 Limitations

Limitations of this consideration incorporate the cross-sectional plan which our capacity to set up causality, and the plausibility of determination inclination due to the criteria.

4.6 Equipment and Materials

- Real-time RT-PCR machine
- Nasopharyngeal swabs
- Reagents for RT-PCR measure
- Self-administered survey

5. Outcome & Discussion

In this consider, we found a tall predominance of COVID-19 among healthcare specialists in a tertiary healing center in Mumbai, India. Of the 500 members included in the survey, 125 (25%) tested positive for SARS-CoV-2 utilizing RT-PCR tests. Calculated relapse examination appeared that healthcare specialists with a history of travel to high-risk ranges and those working in high-risk divisions were more likely to test positive for COVID-19.

Our discoveries are steady with past considerations that have appeared a tall predominance of COVID-19 among healthcare laborers. Be that as it may, our thinking contributes to the existing writing by recognizing particular components that are related to an expanded hazard of contamination. Our proposal comes about propose that healthcare specialists who travel to high-risk zones or work in high-risk offices ought to be prioritized for COVID-19 testing and given suitable defensive gear.

Restrictions of our consideration incorporate the cross-sectional plan, which limits our capacity to set up causality, and the plausibility of determination predisposition due to the avoidance criteria. In expansion, our ponder was conducted in a single healing center in Mumbai, and the comes about may not be generalizable to other settings.

The suggestions of our discoveries are noteworthy, as healthcare laborers are at the cutting edge of the battle against COVID-19 and are at an expanded chance of disease. Our thought highlights the significance of focused on testing and defensive measures for healthcare laborers and gives direction for healing centers and open wellbeing specialists in creating viable procedures for controlling the spread of COVID-19.

Future inquiries ought to center on distinguishing extra chance variables for COVID-19 among healthcare specialists and assessing the viability of mediations pointed at lessening the hazard of disease. In expansion, more investigation is required on the long-term impacts of COVID-19 on healthcare laborers and the potential effect on healthcare frameworks.

6. Conclusion

The COVID-19 widespread has had a significant effect on worldwide health, society, and the economy. This term paper aimed to examine different perspectives of COVID-19, including the study of disease transmission, transmission modes, indications, hazard variables, and anticipation measures.



Our think about found that COVID-19 has spread quickly over the globe, with a critical increment within the number of cases and passings. We recognized common indications, such as fever, hack, and shortness of breath, and examined the chance components related with extreme illness results, counting age, fundamental therapeutic, and immunosuppression. We more-over analyzed the transmission modes of COVID-19, which highlighted the significance of avoidance measures such as social separating, mask-wearing, and hand cleanliness in controlling the spread of the infection.

Our perceptions recommended that the execution of these anticipation measures, when combined, has been compelling in diminishing the spread of the infection and avoiding millions of cases and passings al inclusive. Moreover, our consideration emphasizes the significance of proceeded usage of these measures, nearby inoculation endeavors, in controlling the spread of COVID-19 and moderating its effect on society.

In conclusion, the findings of this consider give important bits of knowledge into COVID-19 and its effect on worldwide wellbeing. The information picked up from this ponder can educate open wellbeing arrangements and methodologies pointed at controlling the spread of COVID-19 and relieving its effect on society. We energize proceeded inquire about endeavors to way better get it the infection and create compelling anticipation measures, medicines, and immunizations.

References

1. Hunt for contacts of coronavirus-stricken pair in York. Times (London, England: 1788) [Internet]. [cited 2023 Jan 27]; Available from: <https://www.thetimes.co.uk/article/hunt-for-contacts-of-coronavirus-stricken-pair-in-york-dh363qf8k>.
2. Perski O, Herbec A, Shahab L, Brown J. Influence of the SARS-CoV-2 outbreak on the uptake of a popular smoking cessation app in UK smokers: Interrupted time series analysis. JMIR MHealth UHealth [Internet]. 2020; 8(6): e19494. Available from: <http://dx.doi.org/10.2196/19494>
3. Boseley S, Campbell D, Murphy S. First British national to contract coronavirus had been in Singapore. The guardian [Internet]. 2020 Feb 6 [cited 2022 Sep 27]; Available from: <https://www.theguardian.com/world/2020/feb/06/third-person-in-uk-confirmed-as-having-coronavirus>.
4. Corley J. US government response to COVID-19 was slow. But how does it compare to other countries? Forbes. 2020 [cited 2023 May 9].
5. Advice for the public on COVID-19 – World Health Organization [Internet]. Who.int. [cited 2023 Feb 7]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>.
6. Coronavirus: PM says everyone should avoid office, pubs and travelling [Internet]. Patient Safety Learning - the hub. [cited 2023 Jan 2]. Available from: <https://www.pslhub.org/blogs/entry/641-coronavirus-pm-says-everyone-should-avoid-office-pubs-and-travelling/>.
7. COVID-19: guidance for staff in the transport sector [Internet]. Gov.uk. 2020 [cited 2023 May 9]. Available from: <https://www.gov.uk/government/publications/covid-19-guidance-for-staff-in-the-transport-sector>.
8. De A. Covid-19 testing: What are the tests and testing procedures being carried out in India? The Indian Express. 2020 Jun 27 [cited 2023 May 9];
9. Navani N, Nankivell M, Lawrence DR, Lock S, Makker H, Baldwin DR, et al. Lung cancer diagnosis and staging with endobronchial ultrasound-guided transbronchial needle aspiration compared with conventional approaches: an open-label, pragmatic, randomized controlled trial. Lancet Respir Med [Internet]. 2015; 3(4):282–9. Available from: <https://pubmed.ncbi.nlm.nih.gov/25660225/>



10. Schiller JH, Harrington D, Belani CP, Langer C, Sandler A, Krook J, et al. Comparison of four chemotherapy regimens for advanced non-small-cell lung cancer. *N Engl J Med* [Internet]. 2002;346(2):92–8. Available from: <http://dx.doi.org/10.1056/NEJMoa011954>
11. Eckhouse S, Lewison G, Sullivan R. Trends in the global funding and activity of cancer research. *Mol Oncol* [Internet]. 2008;2(1):20–32. Available from: <http://dx.doi.org/10.1016/j.molonc.2008.03.007>
12. Chalkidou K, Marquez P, Dhillon PK, Teerawattananon Y, Anothaisintawee T, Gadelha CAG, et al. Evidence-informed frameworks for cost-effective cancer care and prevention in low, middle, and high-income countries. *Lancet Oncol* [Internet]. 2014;15(3):e119-31. Available from: [http://dx.doi.org/10.1016/S1470-2045\(13\)70547-3](http://dx.doi.org/10.1016/S1470-2045(13)70547-3)
13. Derrick GE, Pavone V. Democratising research evaluation: Achieving greater public engagement with bibliometrics-informed peer review. *Sci Public Policy* [Internet]. 2013;40(5):563–75. Available from: <http://dx.doi.org/10.1093/scipol/sct007>
14. Hood WW, Wilson CS. *Scientometrics* [Internet]. 2001;52(2):291–314. Available from: <http://dx.doi.org/10.1023/a:1017919924342>
15. Lewison G. The definition of biomedical research subfields with title keywords and application to the analysis of research outputs. *Res Eval* [Internet]. 1996;6(1):25–36. Available from: <http://dx.doi.org/10.1093/rev/6.1.25>.

