INTRODUCTION

In sequential to virological studies which had priorly begun ever since in 1892, the first coronavirus, avian infectious bronchitis virus, was isolated by Fred Beaudette in 1937[1], followed by severe acute respiratory syndrome coronavirus (SARS-CoV) in 2002 and Middle East respiratory syndrome coronavirus (MERS-CoV) in 2012. There are currently about 21,000 deaths out of over 470,000 cases with about 82,000 reported by china and total of over 380 000 confirmed from 194 countries till the 25 March 2020[2,3]. This article summarized records of index cases in Africa, the difference between SARS-CoV-2 and other coronaviruses in addition to the preventive strategies Sarbecovirus earlier reported by Benvenuto et al[4] and Xu et al.[5]. According to Zhang et al.[6], phylogenomic analysis of the recently, released genomic data of 2019nCoV showed that the 2019-nCoV is most closely related to two severe acute respiratory syndrome (SARS)-like CoV sequences that were isolated in bats from 2015 to 2017, suggesting that the bats’ coronaviruses and the human 2019-nCoV share a common ancestor. Therefore, the 2019-nCoV can be considered as a SARS-like virus hence, the name SARS-CoV-2 as designated by the Coronavirus Study Group of the International Committee on Taxonomy of Viruses. The two bat viruses were collected in Zhoushan, Zhejiang Province, China, from 2015 to 2017. The new coronavirus was first isolated from stallholders who worked at the South China Seafood Market in Wuhan. This market also sells wild animals or mammals, which were likely intermediate hosts of 2019-nCoV. It has been speculated that the intermediate hosts (wild mammals) may have been sold to the

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seafood market in Wuhan. A study by Tang et al. [7] on population-genetic analyses of 103 SARS-CoV-2 genomes proved that based on 2 different single nucleotide polymorphisms that showed early complete linkage across the viral strains submitted to the Genbank, these viruses evolved into 2 major genotypes designated as L and S with the L type (~70%) found to be more prevalent than the ancestral S type (~30%).

In view of the current records of index cases of coronavirus in Nigeria, Germany, Spain, Italy, Iran, USA, etc respectively. Which cannot be underestimated by any other means. For this reason, the populace of human being has drastically reduced tonegativism or nothingness. Other preventive measures were taken in to recognition in situ.

Chapter two literature review

Aetiology and origin of sars-cov-2

Coronaviruses (CoVs) are positively sensed single-stranded RNA viruses that belong to the order Nidovirales, family Coronaviridae, subfamily Orthocoronavirinae with 4 genera: alpha, beta, delta, and gamma coronaviruses [8]. Alpha CoVs and beta CoVs originated from bats and rodents while delta CoVs and gamma CoVs have their origins from avian species[9]. The beta CoVs including SARS-CoV-1 was isolated from bats in 1992 with civet cats being the intermediary host; MERS-CoV was isolated from drom try camels in 2003; and of course, the currently circulating SARS-CoV-2 formally referred to as 2019 novel coronavirus (2019-nCoV) causing COVID-19.

SARS-CoV-2 has a pleomorphic and circular structure with a diameter of about 60-140 nm. It can be transmitted from human-to-human by respiratory droplets from sneezing coughing, and aerosols, with symptomatic people being the major source of transmission. It has a dynamic incubation period of about 7 to 14 days[10] The novel virus whole-genome sequence showed 96.2% similarity to a bat SARS-related coronavirus isolated in China against <80% to the genomes of SARS-CoV and <50% to MERS-CoV according to Lu et al.[11]; Zhou et al.[12] which further confirmed the similarity between the novel virus and bat coronavirus in the sub-genus

Sars-cov-2 different from other coronaviruses?

SARS-COV-2, like the MERS and SARS coronaviruses, was likely evolved from a virus previously found in animals. It infects people of all ages with evidence that older people and those with underlying medical conditions are at a higher risk of getting severe COVID-19, unlike other coronaviruses that cause a significant percentage of deaths in adults and children that are not a serious threat for healthy adults[13,14]. A good reason could be due to high viral loads of SARS-CoV-2 that have been reported in the upper and lower respiratory tracts of patients comparing with SARS-CoV-1 hence the rate of transmission of SARS-CoV-2 is higher than that of SARS-CoV-1[15]. Also, due to the fact that no one has immunity to COVID-19, it means thousands to millions of people are likely to be more susceptible to viral infection and severe disease. According to the WHO, about 3.4% of reported COVID-19 cases have died till the 3rd March 2020[16] Based on the genomic structure, SARS-CoV-2 has an open reading frame (ORF3b) different from that of SARS-CoVs and a secreted. protein that is ORF8 encoded [17]. Tang et al.[18] reported that spike structure of SARS-CoV-2 has functional site variations in the receptor-binding domain compared to viruses from pangolin SARS-CoVs, which could be the resultant effects of mutations and natural selection, enhancing viral transmission and observable host debility In fact, Angeletti et al.[19] reported that it is the mutational change at positions 723 and 1010 involving the replacement of glycine amino acid with serine and isoleucine by proline respectively in the ORF1ab encoded 2 (nsp2) and nsp3.
examination of viral particles, conventional and real-time reverse transcriptase polymerase chain reaction. 

**Corona Virus Pandemic Epidemiology**

On 29 December 2019, the first four cases of an acute respiratory syndrome of unknown etiology were reported in Wuhan City, Hubei Province, China among people linked to a local seafood market (“wet market”)[3]. Research is underway to understand more about transmissibility, severity, and other features associated with COVID-19[4]. It appears that most of the early cases had some sort of contact history with the original seafood market[2,12]. Soon, a secondary source of infection was found to be human-to-human transmission via close contact. There was an increase of infected people with no history of exposure to wildlife or visiting Wuhan, and multiple cases of infection were detected among medical professionals[14]. It became clear that the COVID-19 infection occurs through exposure to the virus, and both the immunosuppressed and normal population appear susceptible. Some studies have reported an age distribution of adult patients between 25 and 89 years old. Most adult patients were between 35 and 55 years old[14], and there were fewer identified cases among children and infants[18]. A study on early transmission dynamics of the virus reported the median age of patients to be 59 years, ranging from 15 to 89 years, with the majority (59%) being male[2]. It was suggested that the population most at risk may be people with poor immune function such as older people and those with renal and hepatic dysfunction[2]. The COVID-19 has been found to have higher levels of transmissibility and pandemic risk than the SARS-CoV-2, as the effective reproductive number (R) of COVID-19 (2.9) is estimated to be higher than the reported effective reproduction number (R) of SARS (1.77) at this early stage[19]. Different studies of COVID-19 have estimated the basic reproduction (R0) range to be from 2.6 to 4.71. The average incubation duration of COVID-19 was estimated to be 4.8 ± 2.6, ranging from 2 to 11 days[18] and 5.2 days (95% confidence interval, 4.1 to 7)[2]. The latest guidelines from Chinese health authorities stated an average incubation duration of 7 days, ranging from 2 to 14 days[23].

**Symptoms of 2019-nCoV (Wuhan coronavirus)**

- Systemic:
  - Fever
  - Fatigue
- Respiratory:
  - Dry cough
  - Shortness of breath
- Circulatory system:
  - Decreased white blood cells
- Kidneys:
  - Decreased function

**Corona Virus Pandemic Epidemiology**

Coronaviruses are enveloped single-stranded RNA viruses that are zoonotic in nature and cause symptoms ranging from those similar to the common cold to more severe respiratory, enteric, hepatic, and neurological symptoms[15]. Other than SARS-CoV-2, there are six known coronaviruses in humans: HCoV-
Coronavirus has caused two large-scale pandemics in the last two decades: SARS [14] and MERS [15]. To detect the infection source of COVID-19, China CDC researchers collected 585 environmental samples from the Huanan Seafood Market in Wuhan, Hubei Province, China on 1 January and 12 January 2020. They detected 33 samples containing SARS-CoV-2 and indicated that it originated from wild animals sold in the market [39]. Then, researchers used the lung fluid, blood, and throat swab samples of 15 patients to conduct laboratory tests. These laboratory tests found that the virus-specific nucleic acid sequences in the sample are different from those of known human coronavirus species. Laboratory results also indicated that SARS-CoV-2 is similar to some of the beta (β) coronaviruses genera identified in bats [40], which is situated in a group of SARS/SARS-like CoV [12].

**Virology and Pathogenesis**

Coronaviruses are enveloped single-stranded RNA viruses that are zoonotic in nature and cause symptoms ranging from those similar to the common cold to more severe respiratory, enteric, hepatic, and neurological symptoms [41]. Other than SARS-CoV-2, there are six known coronaviruses in humans: HCoV-229E, HCoV-OC43, SARS-CoV, HCoV-NL63, HCoV-HKU1, and MERS-CoV [43]. Coronavirus has caused two large-scale pandemics in the last two decades: SARS [45] and MERS [46].

Figure 4 posted reverse transcription in both eukaryotic and prokaryotic cells.

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To conduct next-generation sequencing from bronchoalveolar lavage fluid and cultured isolates, researchers enrolled nine inpatients in Wuhan with viral pneumonia and negative in common respiratory pathogens. The results of this next-generation sequencing indicated that SARS-CoV-2 was more distant from SARS-CoV (with about 79% sequence identity) and MERS-CoV (with about 50% sequence identity) than from two bat-derived SARS-like coronaviruses – bat-SL-CoVZC45 (with 87.9% sequence identity) and bat-SL-CoVZXC21 (with 87.2% sequence identity) [49]. Studies also reported that COVID-19 S-protein supported strong interaction with human ACE2 molecules despite the dissimilarity of its sequence with that of SARS-CoV [50].

**Clinical Manifestation and Diagnosis**

The complete clinical manifestation is not clear yet, as the reported symptoms range from mild to severe, with some cases even resulting in death [3]. The most commonly reported symptoms are fever, cough, myalgia or fatigue, pneumonia, and complicated dyspnea, whereas less common reported symptoms include headache, diarrhea, hemoptysis,runny nose, and phlegm-producing cough [51, 52]. Patients with mild symptoms were reported to recover after 1 week while severe cases were reported to experience progressive respiratory failure due to alveolar damage from the virus, which may lead to death [53]. Cases resulting in death were primarily middle-aged and elderly patients with pre-existing diseases (tumor surgery, cirrhosis, hypertension, coronary heart disease, diabetes, and Parkinson’s disease) [54]. Case definition guidelines mention the following symptoms: fever, decrease in lymphocytes and white blood cells, new pulmonary infiltrates on chest radiography, and no improvement in symptoms after 3 days of antibiotics treatment [54].

For patients with suspected infection, the following procedures have been suggested for diagnosis: performing real-time fluorescence (RT-PCR) to detect the positive nucleic acid of SARS-CoV-2 in sputum, throat swabs, and secretions of the lower respiratory tract samples.

**Prevention and Control**

Prevention and control Prevention and control strategies and methods are reported at three levels: national level, case-related population level, and general population level. At the national level, the National Health Commission of the People’s Republic of China conducts laboratory tests for SARS-CoV-2. Other than SARS-CoV, other known coronaviruses are blocked by the National Health Commission of the People’s Republic of China.
Republic of China issued the “No.1 announcement” on 20 January 2020, which officially included the COVID-19 into the management of class B legal infectious diseases, and allowed for class A infectious disease preventive and control measures to be implemented \[57\]. Under this policy, medical institutes can adopt isolation treatment and observation protocols to prevent and control the spread of the COVID-19. On 22 January 2020, the National Health Commission published national guidelines for the prevention and control of COVID-19 for medical institutes to prevent nosocomial infection \[40\]. On 28 January 2020, the National Health Commission issued protocols for rapid prevention and control measures in order to effectively contain the spread of the epidemic through a “big isolation and big disinfection” policy during the Chinese Spring Festival \[58\]. National-level strategies have also been issued with targeted measures for rural areas (issued on 28 January 2020) and the elderly population (issued on 31 January 2020) \[59, 60\]. Several public health measures that may prevent or slow down the transmission of the COVID-19 were introduced; these include case isolation, identification and follow-up of contacts, environmental disinfection, and use of personal protective equipment \[61\]. To date, no specific antiviral treatment has been confirmed to be effective against COVID-19. Regarding patients infected with COVID-19, it has been recommended to apply appropriate symptomatic treatment and supportive care \[51, 62\]. There are six clinical trials registered in both the International Clinical Trials Registry platform and the Chinese Clinical Trial Registry to evaluate the efficacy or safety of targeted medicine in the treatment or prognosis of COVID-19 \[63, 64\]. Regarding infected patients with COVID-19, it has been recommended to apply appropriate symptomatic treatment and supportive care \[51, 52\]. Studies have also explored the prevention of nosocomial infection and psychological health issues associated with COVID19. A series of measures have been suggested to reduce nosocomial infection, including knowledge training for prevention and control, isolation, disinfection, classified protections at different degrees in infection areas, and protection of confirmed cases \[65\]. Concerning psychological health, some suggested psychological intervention for confirmed cases, suspected cases, and medical staff \[65, 66\]. For the general population, at this moment there is no vaccine preventing COVID-19. The best prevention is to avoid being exposed to the virus \[67\]. Airborne precautions and other protective measures have been discussed and proposed for prevention. Infection preventive and control (IPC) measures that may reduce the risk of exposure include the following: use of face masks; covering coughs and sneezes with tissues that are then safely disposed of (or, if no tissues are available, use a flexed elbow to cover the cough or sneeze); regular hand washing with soap or disinfection with hand sanitizer containing at least 60% alcohol (if soap and water are not available); avoidance of contact with infected people and maintaining an appropriate distance as much as possible; and refraining from touching eyes, nose, and mouth with unwashed hands \[68\]. The WHO also issued detailed guidelines on the use of face masks in the community, during care at home, and in the health care settings of COVID-19 \[68\]. In this document, health care workers are recommended to use particulate respirators such as those certified N95 or FFP2 when performing aerosol-generating procedures and to use medical masks while providing any care to suspected or confirmed cases. According to this guideline, individuals with respiratory symptoms are advised to use medical masks both in health care and home care settings properly following the infection prevention guidelines. According to this guideline, an individual without respiratory symptoms is not required to wear a medical mask when in public. Proper use and disposal of masks is important to avoid any increase in risk of transmission \[69\]. In addition to articles published in research journals, the China CDC published a guideline to raise awareness of the prevention and control of COVID-19 among the general population. The key messages of the guideline include causes, how to choose and wear face masks, proper hand washing habits, preventive measures at different locations (e.g., at home, on public transportation, and in public space), disinfection methods, and medical observation at home \[69\]. In addition to scientific knowledge on ways to handle the COVID-19 outbreak, the guideline also suggests ways to eliminate panic among the general population \[69\].

**Community Measures and Social Distancing**

should be implemented proactively and with active community engagement in order to reduce the impact of the epidemic and to delay its peak, allowing healthcare systems to prepare and cope with an increased influx of patients. • Rigorous hand washing, respiratory etiquette, and the use of face masks by persons with respiratory symptoms can contribute to decreasing the spread of COVID-19 in the community \[18\].

![Figure 6](image.png)

**Figure 6** Schematic mechanism of the neutralizing antibodies. Competition of the neutralizing antibody with the receptor (ACE2) for binding to the receptor-binding domain (RBD) of the SARS-CoV-2 Spike protein is shown. The protruding portion (violet) of RBD is both the ACE2 receptor-binding site and the antibody epitope.

Layered application of social distancing measures (including isolation of cases and quarantine of contacts; measures at, or closure of, workplaces and educational institutions; restrictions in movement and social gatherings) can play a significant role in reducing community transmission if strictly adhered to. Measures in healthcare facilities are an immediate priority in order to: 1) slow the demand for specialized healthcare, such as ICU beds; 2) safeguard risk groups 3); protect healthcare workers that provide care; and 4) minimize the export of cases to other healthcare facilities and the community \[23\]. In healthcare settings, surge capacity plans must be available and up-to-date in expectation for the high demand for care of patients with moderate or severe respiratory distress. Critical
care needs can be required for up to 15% of hospitalized patients with COVID-19. Long-term care facilities should implement infection prevention and control measures.

Figure 7 posted reverse transcription in virus if could be Covid-19, HIV, etc

Healthcare workers need to be protected as they are part of the critical infrastructure of response to this epidemic and should be prioritized in the testing policy; healthcare workers need access to, and appropriate training on, PPE use.

Cohosting of hospitalized cases is advised to save staff and PPE resources. Rational use of PPE should be employed at all times, but especially when there is shortage of PPE material. Patients with mild clinical presentation, particularly those who are not in a recognized risk group for developing severe disease, can be managed at home with instructions to follow up if symptoms deteriorate. Measures to prevent household transmission should be advised and/or facilitated. Patients presenting with respiratory distress with increased need for oxygenation require management in hospital. Patients in critical condition need specialized care, on average for more than two weeks. Current criteria for discharge from the hospital include resolution of symptoms and laboratory evidence of SARS-CoV-2 clearance from the upper respiratory tract. Criteria can be adapted to the local context. Testing and surveillance strategies should rapidly detect cases and elucidate transmission patterns. Capacity for SARS-CoV-2 laboratory testing at high levels is essential.

Shortages in testing capacity need to be anticipated and addressed, taking the needs for testing of other critical diseases into account; if capacity is exceeded, priority should be given to the testing of vulnerable patients, healthcare workers and patients requiring hospitalization.

Validation of performance and operational utility of selected rapid/point-of-care tests (e.g. for antigen detection) is needed before recommending their use for clinical diagnosis. Serological assays are currently not recommended for case detection.

Sentinel syndromic and virological surveillance of ARI/ILI allows for the monitoring of community transmission and, together with surveillance of hospitalized cases, can help to define triggers for escalation/de-escalation of mitigation measures. Countries recommending that patients with ARI/ILI should not visit general practitioners need to identify alternative sources for community-based surveillance such as telephone helplines.

Hospital-based surveillance is needed to identify risk groups for severe disease, measure impact and inform decisions on mitigation measures. Contact tracing should continue during all stages of the epidemic as long as resources allow. For areas with widespread transmission there is still value in continuing contact tracing, resources permitting, as part of a range of measures. A strategic approach based on early and rigorous application of these measures will help reduce the burden and pressure on the healthcare system, and in particular on hospitals, and will allow more time for the testing of therapeutics and vaccine development. What is new in this update? COVID-19 pandemic: increased transmission in the EU/EEA – seventh update

Disease Background

For information on COVID-19, please visit this page on ECDC’s website. Coronavirus disease (COVID-19) In December 2019, a novel coronavirus (now called SARS-CoV-2) was detected in three patients with pneumonia connected to a cluster of acute respiratory illness cases in Wuhan, China. By the end of February 2020, several countries, including several European countries, were experiencing sustained local transmission of coronavirus disease.

Figure 8 posted symptoms of covid-19 caused by Novel Corona virus, SARS-Cov-Symptoms, severity, and case fatality. By 24

March 2020, 50 569 laboratory confirmed cases have been reported to the European Surveillance System (TESSy). Information on symptoms was available for 14 011 cases from 13 countries, mainly (97%) from Germany. Among these cases, the most commonly reported clinical symptom was fever (47%), dry or productive cough (25%), sore throat (16%), general weakness (6%) and pain (5%). The frequency of these symptoms differs notably from those reported from China and is summarized in the sixth update of ECDC’s Rapid Risk Assessment. Data on cases reported more recently to TESSy may be biased toward the more seriously ill because national policies have shifted focus towards testing of more severe cases. Preliminary estimates of severity were based on the analysis of data from EU/EEA countries and the UK available in TESSy and online country reports (for countries whose data was incomplete or missing in TESSy).

Among all Cases
Hospitalization occurred in 30% (13 122 of 43 438) of cases reported from 17 countries (median country specific estimate, interquartile range (IQR): 24%, 11- 41%) Severe illness (requiring ICU and/or respiratory support) accounted for 2 179 of 49 282 (4%) cases from 16 countries (median, IQR: 3%, 2- 8%).

Among Hospitalized Cases

Severe illness was reported in 15% (1 894 of 12 961) of hospitalized cases from 15 countries (median, IQR: 16%, 10- 24%).

Death occurred in 1 457 of 12 551 (12%) hospitalized cases from eight countries (median, IQR: 10%, 6- 14%). Age-specific hospitalization rates among all cases based on TESSy data showed elevated risk among those aged 60 years and above (Figure 3). Figure 3. Age-specific hospitalization rates among all cases, data from 14 countries in TESSy with >50% completeness for hospitalization and >50 cases, 24 March 2020 Robust estimates for case fatality risk for COVID-19 are still lacking and potentially biased by incomplete outcome data and differences in testing policies. The mean crude case-fatality (proportion of deaths among total cases reported) from the EU/EEA and the UK by 23 March 2020 was 5.4% (median country-specific estimate: 0.5%; range: 0.0-9.3%). Based on a large dataset from cases in China, the overall case-fatality risk (CFR) among laboratory-confirmed cases was higher in the early stages of the outbreak (17.3% for cases with symptom onset from 1-10 January RAPID RISK ASSESSMENT COVID-19 pandemic: increased transmission in the EU/EEA – seventh update 6 2020) and has reduced over time to 0.7% for patients with symptom onset after 1 February [8]. In data on diagnosed COVID-19 cases in China and South Korea, overall CFR was 2.3% and 0.5%, respectively, and increased with age in all settings, with the highest CFR among people over 80 years of age (14.8% and 3.7%, respectively) [9,10]. Similarly, age-specific estimates of crude case-fatality for Germany, Italy and Spain increased rapidly with age, particularly above 60 years of age ). The absolute numbers of deaths also increased with age in each country: those aged 70–79 years accounted for 19% (Germany), 36% (Italy) and 20% (Spain) of all deaths per country; these proportions rose to 74% (Germany), 50% (Italy) and 67% (Spain) among those aged 80 years and above. Figure 4. Age-specific crude case-fatality (deaths/all cases) in Germany (TESSy data up to 24 March 2020), Italy (country report with data up to 19 March 2020) and Spain (country report with data up to 22 March 2020) Data from a country report for Italy as of 19 March 2020 showed an increased risk of death among males compared with females in all age groups from 50 years and above.

The risk of death becomes more pronounced with age, with an overall maletofemale ratio among COVID-19 deaths of 2.4:1. According to TESSy data from Germany as of 24 March 2020, this ratio is 1.6:1, with a particularly increased risk of death among males aged 70– 79 years compared to their female contemporaries. Among deceased patients in Italy until 19 March 2020, 73.8% had hypertension, 33.9% diabetes, 30.1% ischemic heart disease, 22.0% atrial fibrillation, 19.5% a cancer diagnosed in the last five years. About half (48.6%) of the COVID-19 deaths had three or more comorbidities, 26.6% had two comorbidities, 23.5% had one comorbidity, and 1.2% had none. The most common complications observed in Italy were respiratory insufficiency (96.5%), acute kidney failure (29.2%), acute myocardial damage (10.4%) and bacterial superinfection (8.5%) [12].

Incubation period: Current estimates suggest a median incubation period from five to six days for COVID-19, with a range from one to up to 14 days. A recent modelling study confirmed that it remains prudent to consider the incubation period of at least 14 days [13,14]. Viral shedding: Over the course of the infection, the virus has been identified in respiratory tract specimens 1–2 days before the onset of symptoms, and it can persist up to 8 days in moderate cases and up to 2 weeks in severe cases. In terms of viral load profile, SARS-CoV-2 is similar to that of influenza, which peaks at around the time of symptom onset [6,15], but contrasts with that of SARS-CoV which peaks at around 10 days after symptom onset, and that of MERS-CoV which peaks at the second week after symptom onset. Older age has also been associated with higher viral loads [16]. The high viral load close to symptom onset suggests that SARS-CoV-2 can be easily transmissible at an early stage of infection [15]. Viral RNA has been detected in faeces from day 5 after symptom onset and up to 4 to 5 weeks in moderate cases, as well as in whole blood [16], serum [17,18] saliva [14,15] and urine [19]. Prolonged viral RNA shedding has been reported from nasopharyngeal swabs (up to 37 days among adult patients [20] and in faeces (more than one month after infection in pediatric patients) [21]. It should be noted that viral RNA shedding does not equate with infectivity. The viral load can be a potentially useful marker for assessing disease severity and prognosis: a recent study indicated that viral loads in severe cases were up to 60 times higher than in mild cases [22].

Basic reproduction number (R0): Recent modelling of the basic reproductive number (R0) from Italy estimate R0 between 2.76 and 3.25. Researchers from Lombardy who analyzed the early phase of the outbreak in their region reported a reduction in R0 shortly after the introduction of mitigation measures [23]. This is consistent with RAPID RISK
ASSESSMENT COVID-19 pandemic: increased transmission in the EU/EEA – seventh update 7 findings from China. A recent review of 12 modelling studies reports the mean R0 at 3.28, with a median of 2.79. R0 is proportional to the contact rate and will vary according to the local situation. Further research is needed to get a more accurate estimate of R0 in the various outbreak settings [23].

**Infection in asymptomatic individuals:** Asymptomatic infection at time of laboratory confirmation has been reported from many settings [24–27]: a large proportion of these cases developed some symptoms at a later stage of infection [25]. There are, however, also reports of cases remaining asymptomatic throughout the whole duration of laboratory and clinical monitoring. Viral RNA and infectious virus particles were detected in throat swabs from two German citizens evacuated from Hubei province on 1 February 2020 who remained well and afebrile seven days after admission to a hospital in Frankfurt [29]. A mother and her child (from a family cluster) who both tested positive by quantitative RT-PCR (nasopharyngeal swab samples) remained asymptomatic (including normal chest CT images during the observation period) [30]. Similar viral loads in asymptomatic versus symptomatic cases were reported in a study including 18 patients [31]. Persistent positivity of viral RNA in throat and anal swabs was reported in an asymptomatic female patient after 17 days of clinical observation and treatment [32]. Transmission in pre-symptomatic stage of infection: No significant difference in viral load in asymptomatic and symptomatic patients has been reported, indicating the potential of virus transmission from asymptomatic patients [9,32,33]. Major uncertainties remain with regard to the influence of PR symptomatic transmission on the overall transmission dynamics of the pandemic because the evidence on transmission from asymptomatic cases from case reports is suboptimal. Pre-symptomatic transmission has also been inferred through modelling, and the proportion of pre-symptomatic transmission was estimated between 48% and 62% [34]. Pre-symptomatic transmission was deemed likely based on a shorter serial interval of COVID-19 (4.0 to 4.6 days) than the mean incubation period (five days). The authors indicated that many secondary transmissions would have already occurred at the time when symptomatic cases are detected and isolated [35]. Children: Children made up a very small proportion of the 50,068 cases reported to TESSy as of 24 March.

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**Index Cases of Covid-19 in Some Selected Countries Like Those of Nigeria, Spain, Italy Germany, America, Iran**

Imo State has recorded its first case of the novel coronavirus disease, The PUNCH reports. The Nigeria Centre for Disease Control made this disclosure on Saturday night via Twitter. It announced that 87 new infections were recorded in the country while 35 fatalities and 222 recoveries were reported. It said the lethal infection has spread to 29 states including the Federal Capital Territory Abuja. It stated, “87 new cases of COVID-19 have been reported; 33 in Lagos, 18 in Borno, 12 in Osun, 9 in Katsina, 4 in Kano, 4 in Ekiti, 3 in Edo, 3 in Bauchi and 1 in Imo. “As at 11:55 pm 25th April, there are 1182 confirmed cases of COVID-19 reported in Nigeria. Discharged: 222, Deaths: 35.” A state by-state breakdown showed that Lagos has 689 cases while FCT has 138 infections followed by Kano with 689 cases since FCT followed by Kano with 77 cases. “Ogun – 35, Osun – 32, Gombe – 30, Katsina – 30, Borno – 30, Edo – 22, Oyo – 18, Kwara – 11, Akwa Ibom – 11, Bauchi – 11, Kaduna – 10, Ekiti – 8, Ondo – 4, Delta – 6, Rivers – 3, Jigawa – 2, Enugu – 2, Niger – 2, Abia – 2, Zamfara – 2, Sokoto – 2, Benue – 1, Anambra – 1, Adamawa – 1, Plateau – 1, Imo – 1,” it stated.

**A Summarized Index Cases of 2020 Covid19 In Spain**

The 2019–20 coronavirus pandemic was confirmed to have spread to Spain on 31 January 2020, when a German tourist tested positive for SARS-CoV-2 in La Gomera, Canary Islands. Post-hoc genetic analysis has shown that at least 15 strains of the virus were imported and community transmission had begun by mid-February. By 13 March, cases had been confirmed in all 50 provinces of the Country. A state of alarm and national lockdown was imposed on 14 March. On 29 March it was announced that, beginning the following day, all non-essential workers were to stay home for the next 14 days. By late March, the Community of Madrid has recorded the most cases and deaths in the country. Medical professionals and those who live in retirement homes have experienced especially high infection rates. On 25 March 2020, the death toll in Spain surpassed that reported in...
mainland China and only Italy had a higher death toll globally. On 2 April, 950 people died of the virus in a 24-hour period—at the time, the most by any country in a single day.[89] The next day Spain surpassed Italy in total cases and is now second only to the United States.

As of 26 April 2020, there have been 207,634 PCR-confirmed cases with 98,732 recoveries and 23,190 deaths in Spain. The actual number of cases, however, is likely to be much higher, as many people with only mild or no symptoms are unlikely to have been tested. The number of deceased is also believed to be an underestimate due to lack of testing and reporting, perhaps by as much as 10,000 according to excess mortality analysis.

**A Summarized Index Cases Of 2020 Covid19 In Usa**

The ongoing pandemic of coronavirus disease 2019 (COVID-19), a novel infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), spread to the United States in January 2020. Cases have occurred in all fifty U.S. states and all inhabited U.S. territories except American Samoa.[77] All fifty states have received disaster declarations from the federal government. As of April 24, the U.S. death rate was 152 per million people, the tenth highest rate globally. The first known case of COVID-19 in the U.S. was confirmed in Snohomish County, Washington on January 20, 2020, in a 35-year-old man who had returned from Wuhan, China, five days earlier. On January 29, the White House Coronavirus Task Force was established.[78] Two days later, the Trump administration declared a public health emergency and announced a ban of most foreign nationals arriving from China.[79] On February 6, in a case in a person with “no known exposure to the virus through travel or close contact with a known infected individual” was confirmed by the Centers for Disease Control and Prevention (CDC).

The early U.S. response to the pandemic was slow, especially in regards to testing. A manufacturing defect rendered CDC-developed test kits unusable, and regulatory rules prevented commercial laboratories from using their own tests. Initially, President Donald Trump was optimistic, dismissing the threat posed by coronavirus and claiming the outbreak was under control. By March, the Food and Drug Administration (FDA) began allowing public health agencies and private companies to develop and administer tests, and loosened requirements to allow anyone with a doctor’s order to be tested.[80] The U.S. had tested fewer than 10,000 people by March 11,[81] but that number exceeded 1 million (1 per 320 inhabitants) by the end of the month.[82] The Trump administration largely waited until mid-March to start purchasing large quantities of medical equipment. In late March, the administration started to use the Defense Production Act to direct industries to produce medical equipment.[83] Federal health inspectors surveyed hospitals in late March, reporting shortages of test supplies, personal protective equipment (PPE), and other resources due to extended patient stays while awaiting test results. By April 20, the United States had processed more than 4 million tests (approximately 1 per 82 inhabitants).[82]

The CDC warned that widespread disease transmission may force large numbers of people to seek healthcare, which could overload healthcare systems and lead to otherwise preventable deaths. On March 16, the White House advised against any gatherings of more than ten people.[83] Since March 19, 2020, the U.S. Department of State has advised U.S. citizens to avoid all international travel. In mid-March 2020, the Federal Emergency Management Agency (FEMA) told the United States Army Corps of Engineers to construct new medical facilities, and to convert leased buildings for use as hospitals and intensive care units. State and local responses to the outbreak have included prohibitions and cancellation of large-scale gatherings (including cultural events, exhibitions, and sporting events), restrictions on commerce and movement, and the closure of schools and other educational institutions.[84] Disproportionate numbers of cases have been observed among African American populations, and there have been reported incidences of xenophobia and racism against Asian Americans.

**Fig 12** posted interaction between HIV and the red blood cells. Blood is a perfect medium for the rapid replication of Virus, bacteria, mosquitoes’ vectors etc. can the white blood cell fight against numerous virus found replicating in a suitable medium? then why drugs or vaccine that can only be suppressive?

**Fig 13** posted Viral and host factors that influence the pathogenesis of SARS-CoV-2. Bats are the reservoir of a wide variety of coronaviruses, including severe acute respiratory syndrome coronavirus (SARS-CoV) -like viruses. SARS-CoV-2 may originate from bats or unknown intermediate hosts and...
cross the species barrier into humans. Virus-host interactions affect viral entry and replication. Upper panel: Viral factor. SARS-CoV-2 is an enveloped positive single-stranded RNA (ssRNA) coronavirus. Two-thirds of viral RNA, mainly located in the first open reading frame (ORF 1a/b), encodes 16 non-structure proteins (NSPs). The rest part of the virus genome encodes four essential structural proteins, including spike (S) glycoprotein, small envelope (E) protein, matrix (M) protein, and nucleocapsid (N) protein, and also several accessory proteins. S glycoprotein of SARS-CoV-2 binds to host cell receptors, angiotensin-converting enzyme 2 (ACE2), that is a critical step for virus entry. The possible molecules facilitated membrane invagination for SARS-CoV-2 endocytosis are still unclear. Other virus proteins may contribute to pathogenesis. Host factors (Lower panel) can also influence susceptibility to infection and disease progression. The elderly and people with underlying disease are susceptible to SARS-CoV-2 and tend to develop into critical conditions. RBD, receptor-binding domain; HR1, heptad repeats 1; HR2, heptad repeats.

A Summarized Index Cases Of 2020 Covid-19 in Germany

The 2019–20 coronavirus pandemic was confirmed to have reached Germany on 27 January 2020, when the first COVID-19 case was confirmed and contained near Munich, Bavaria. The majority of the cases in January and early February originated from the headquarters of a car parts manufacturer there. On 25 and 26 February, multiple cases related to the Italian outbreak were detected in Baden-Württemberg. A large cluster linked to a carnival event was formed in Heinsberg, North Rhine-Westphalia, with the first death reported on 9 March 2020. New clusters were introduced in other regions via Heinsberg as well as via people arriving from China, Iran and Italy, from where non-Germans could arrive by plane until 17–18 March.

![Image](image_url)

**Fig 14** posted Visualizing what covid-19 does to your body.

German disease and epidemic control is advised by the Robert Koch Institute (RKI) according to a national pandemic plan. The outbreaks were first managed in a containment stage, which attempted to minimize the expansion of clusters. The German government and several health officials stated that the country was well-prepared and initially did not implement special measures to stockpile medical supplies or limit public freedom. Since 13 March, the pandemic has been managed in the protection stage as per the RKI plan, with German states mandating school and kindergarten closures, postponing academic semesters and prohibiting visits to nursing homes to protect the elderly. Two days later, borders to five neighboring countries were closed. On 22 March, the government announced the imposition of a national curfew which allows people to leave their homes for certain activities only, including commuting to work, exercising or purchasing groceries in groups not exceeding two people, unless they are from the same household. As of 25 April 2020, 156,513 cases have been reported with 5,877 deaths and approximately 103,300 recoveries. The low preliminary fatality rate in Germany, compared to Italy and Spain, has resulted in adiscussion and explanations citing the country’s higher number of tests performed, higher number of available intensive care beds with respiratory support, absence of COVID-19 analyses in autopsies performed and higher proportion of positive cases among younger people. The head of the Robert Koch Institute warned that the German death rate would increase over time.

On 25 February, a 25-year-old man from Göppingen, Baden-Württemberg, who had recently returned from Milan, Italy, tested positive and was treated in Klinik am Eichert. On 26 February, Baden-Württemberg confirmed three new cases. The 24-year-old girlfriend of the 25-year-old man from Göppingen and her 60-year-old father, who worked as a chief physician at University Hospital Tübingen, tested positive and were admitted to the same hospital in Tübingen. A 32-year-old man from Rottweil, Baden-Württemberg, who had visited Codogno, Italy with his family on 23 February, tested positive and was admitted to a hospital for isolation. On 27 February, Baden-Württemberg confirmed four new cases, for a total of eight cases in the region. Two women and a man from Breisgau-Hoch schwarzwald and Freiburg, respectively, tested positive. They had had contact with an Italian participant at a business meeting in Munich; he was subsequently tested positive in Italy. A man from the district of Böblingen, who had had contact with the travel companion of the patient from Göppingen, also tested positive.

![Image](image_url)

**Fig 15** posted Corona virus and sex hmmm see HIV carrier and Corona virus carrier where does man hope stand? Taking double orthodox medicine for suppressions and not cure, human being are in problem.
On 28 February, Baden-Württemberg confirmed five new cases, bringing the total number of cases in the state to thirteen. A man from Ludwigsburg with flu symptoms who had tested negative for influenza virus was automatically tested for SARS-CoV-2 and confirmed positive. A man from Rhine-Neckar returning from a short ski holiday with mild cold symptoms checked himself in to the emergency department of the University Hospital Heidelberg and tested positive. A 32-year-old man in Heilbronn tested positive and was admitted to a hospital. He had been in Milan on 21 February and fallen ill with flu symptoms on 23 February. A man from Breisgau who had travelled to Bergamo, Italy also tested positive and underwent isolation.\[89\]

On 28 February, a man from Nuremberg who was in Karlsruhe on business was admitted to the Karlsruhe City Hospital. His family in Nuremberg was also ill with respiratory symptoms.\[24\] Bavaria

On 27 January 2020, the Bavarian Ministry of Health announced that a 33-year-old employee of Webasto, a German car parts supplier at Starnberg, Bavaria tested positive for SARS-CoV-2.\[90\] He contracted the infection from a Chinese colleague who had received a visit in Shanghai from her parents from Wuhan.\[91\] His was the first known case of a person contracting the virus outside of China from a nonrelative – the first known transmission of the virus outside China being father to son in Vietnam.\[92\]

On 28 January, three more cases were confirmed, a 27-year-old and a 40-year-old man as well as a 33-year-old woman. All three were also employees of Webasto. They were monitored and quarantined at the München Hospital in Schwaning.

On 30 January, a man from Siegsdorf who worked for the same company tested positive.

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On 28 February, a 33-year-old Webasto employee from Fürstenfeldbruck tested positive.

On 1 February, a 33-year-old Webasto employee living in Munich tested positive.\[32\] On 3 February, another employee was confirmed positive. On 7 February, the wife of a previously diagnosed man tested positive. On 11 February, a 49-year-old Webasto employee tested positive, as did a family member of a previously diagnosed employee.\[94\]

On 27 February, Bavaria confirmed that a man from Middle Franconia tested positive after he had contact with an Italian man who later tested positive as well.

On 8 March, a 83-year-old resident of the St. Nikolaus home of the elderly in Würzburg was brought into hospital and died four days later diagnosed with COVID-19, becoming the first reported death of the virus in Bavaria.\[95\]

By 27 March, ten more residents of the St. Nikolaus home of the elderly had also died of the virus and 44 residents and 32 employees tested positive. The residency complained about a lack of personnel and protective equipment.

**Berlin**

A closed off playground in Lankwitz, Berlin. The first case detected in the nation’s capital of Berlin was reported on 2 March 2020. On 17 March, the government of Berlin announced plans to open a 1,000-bed hospital for COVID-19 patients on the grounds of Messe Berlin in the Westend locality of Charlottenburg-Wilmersdorf.\[96\]

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**A Summarized Index Cases of 2020 Covid-19 in Iran**

During the 2019–20 coronavirus pandemic, Iran reported its first confirmed cases of SARS-CoV-2 infections on 19 February 2020 in Qom.\[97\] The virus may have been brought to the country by a merchant from Qom who had travelled to China. Iran has the highest number of coronavirus cases in the world.\[98\] In response to the coronavirus, the government cancelled public events and Friday prayers; closed schools, universities, shopping centers, bazaars, and holy shrines; and banned festival celebrations.\[99\] Economic measures were also announced to help families and businesses. The government initially rejected plans to quarantine entire cities and areas, and heavy traffic between cities continued ahead of Nowruz, despite the government’s intention to limit travel. The government later announced a ban on travel between cities following an increase in the number of new cases. Some outside estimates of the numbers of COVID-19 deaths are much higher than those from government sources.\[100\] The government has also been accused of cover-ups, censorship, and mismanagement. However,
Multiple government ministers and senior officials have been diagnosed as SARS-CoV-2 positive, as well as 23 members of the Parliament (around 8% of all MPs). At least 12 sitting or former Iranian politicians and officials had died from the virus by 17 March. Notable Iranians reported to have died from COVID-19 include Hadi Khosroshahi, Mohammad Mirmohammadi, Hossein Sheikholeslam, Fatemeh Rahbar, Reza Mohammadi Langroudi, Mohammad-Reza Rahchamani, Nasser Shabani, Hashem Bathaie Golpayegani, and Hamid Kahraman. The MOHME reported 385 new confirmed cases, 11 new deaths, and 52 more people who had recovered, bringing the total to 29, and two more deaths, bringing the total to eight. Eight of the new cases were from Qom and two from Tehran.

On 23 February, Health Minister Saeed Namakisaaid that one of those who died was a merchant from Qom who travelled regularly using indirect flights between China and Iran after direct flights were suspended between the two countries, and may have brought the virus from China. The MOHME reported 10 more infected cases, bringing the total to 29, and two more deaths, bringing the total to eight. Eight of the new cases were from Qom and two from Tehran.

On 25 February, the Iranian government first told citizens that the U.S. had "hyped COVID-19 to suppress turnout" during elections, and that it would "punish anyone spreading rumors about a serious epidemic." A closed parliamentary session including Namaki and Ahmad Amirabadi Farahani was held. Body temperatures were tested prior to the meeting and three members of parliament, including Farahani, were requested to excuse themselves from the session and self-quarantine. All three attended the session. Farahani later spoke with journalists and gave television interviews wearing a mask and pair of gloves. The MOHME reported that there were 593 confirmed cases and 43 deaths as of 29 February. A patient receiving treatment in a hospital in Tehran Number of cases (blue) and number of deaths (red) on a logarithmic scale. On 1 March, the MOHME reported 385 new confirmed cases, 11 new deaths, and 52 more people who had recovered, bringing the total recoveries to 175. On 11 March, the MOHME reported 9,000 new confirmed cases, 354 deaths, and a total of 2,959 patients that had recovered. President Hassan Rouhani took the chair of the national taskforce on combatting the outbreak, replacing the Health Minister at the request of lawmakers. People in Shiraz wearing facemasks next to a closed market.

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Eating the World Health Organizations says that it has not seen problems with Iran's reported figures. Multiple government ministers and senior officials have been diagnosed as SARS-CoV-2 positive, as well as 23 members of the Parliament (around 8% of all MPs). At least 12 sitting or former Iranian politicians and officials had died from the virus by 17 March. Notable Iranians reported to have died from COVID-19 include Hadi Khosroshahi, Mohammad Mirmohammadi, Hossein Sheikholeslam, Fatemeh Rahbar, Reza Mohammadi Langroudi, Mohammad-Reza Rahchamani, Nasser Shabani, Hashem Bathaie Golpayegani, and Hamid Kahraman.

Early Cases (19 February – 23 February)

On 19 February, two people tested positive for SARS-CoV-2 in the city of Qom. Later that day, the Ministry of Health and Medical Education (MOHME) stated that both had died. On 20 February, three new cases were reported by the MOHME. Two of them were from Qom and one from Arak. On 21 February, 2 deaths and 13 new cases were reported; seven cases were from Qom, four from Tehran, and two from Gilan Province. On 22 February, the MOHME reported 10 more infected cases, bringing the total to 29, and two more deaths, bringing the total to eight. Eight of the new cases were from Qom and two from Tehran.

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On 12 March, the MOHME reported 1,075 more new confirmed cases and 75 new deaths. They also reported that 3,276 people had recovered. Iran requested an emergency loan of US$5 billion from the International Monetary Fund for the first time since the 1960s to help combat the outbreak. However, the United States government opposed this request, according to Ali Shamkhani, the secretary of Iran's Supreme National Security Council. On 17 March, the MOHME reported 1,178 more new confirmed cases, 135 new deaths, and 5,389 people who had recovered in total. Sharif University published a study about possible outcomes of the pandemic. Three scenarios were announced: if people cooperated immediately, Iran would see 120,000 infections and 12,000 deaths before the outbreak was over; if there was a medium amount of cooperation, there would be 300,000 cases and 110,000 deaths; and if people did not follow any guidance, it could collapse Iran's already strained medical system and there would be 4 million cases and 3.5 million deaths. On 19 March, the MOHME reported 18,407 total confirmed cases and 1,284 deaths.

A Summarized Index Cases Of 2020 Covid-19 In Italy

An ongoing pandemic of coronavirus disease 2019 (COVID-19), a novel infectious disease caused by Severe Acute Respiratory Syndrome coronavirus (SARS-CoV-2), was first confirmed to have spread to Italy on 31 January 2020, when two Chinese tourists in Rome tested positive for the virus. One week later an Italian man repatriated back to Italy from the city of Wuhan, China, was hospitalized and confirmed as the third case in Italy. A cluster of cases was later detected, starting with 16 confirmed cases in Lombardy on 21 February, and 60 additional cases and the first deaths on 22 February. By the beginning of March, the virus had spread to all regions of Italy.

On 31 January, the Italian government suspended all flights to and from China and declared a state of emergency. In February, eleven municipalities in northern Italy were identified as the centers of the two main Italian clusters and placed under quarantine. The majority of positive cases in other regions traced back to these two clusters. On 8 March 2020, Prime Minister Giuseppe Conte expanded the quarantine to all of Lombardy and 14 other northern provinces, and on the following day to all of Italy, placing more than 60 million people in quarantine. On 11 March 2020, Conte prohibited nearly all commercial activity except for supermarkets and
pharmacies. On 21 March, the Italian government closed all non-essential businesses and industries, and restricted movement of people.\[^{[114]}\]

On 6 March 2020, the Italian College of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) published medical ethics recommendations regarding triage protocols that might need to be employed.

As of 25 April 2020, Italy is one of the world's centers of active coronavirus cases with 105,847 active cases.\[^{[118]}\] The total of confirmed cases is 195,351, with 26,384 deaths, and 63,120 recoveries or dismissals. By 25 April, Italy had conducted about 1,707,700 tests for the virus, and tested about 1,052,000 people. Due to the limited number of tests performed, the real number of infected people in Italy, as in other countries, is estimated to be higher than the official count. On 19 March, Italy became the country with the highest number of confirmed coronavirus deaths in the world, but on 11 April it was overtaken by the United States.\[^{[116]}\]

**Chapter Three**

**METHODOLOGY/ MATERIALS**

The method employed was primarily based on the literature review approach, which was largely and qualitatively in nature. Thus guided by scheme emerging infectious diseases of viral pandemic (Covid-19, SARS-Cov2) etc. respectively.

**Chapter Four**

**RESULTS AND DISCUSSION**

*We Trust In God, You Trust In Drugs African Replied Americans*

Taking a pictorial general overview of pool/toll index of 2020 corona virus (covid-19) globally in table 1. has shown that the total confirm cases currently is over to 3 million follow by recovered case s with 892599, and the least was 210842 as per just 3 weeks or so. Thus, in comparison to the previous findings which was over2million confirm cases, recovered cases was 486, 622 and death toll was 126,681. There were un-doubt differences spotted massively hmm…. Where do the faith of human being stand? It is possibly one could think that the world is actually making its final fare well to an end for the existence of human being talk-less of animals. Jesus Christ added that Nation shall rise against Nation, famine, plague, floor, pestilence, earth quack rumors of war etc. respectively would have been the beginning of sorrow. For nation shall rise against nation, and kingdom against kingdom: and there shall be famines, and pestilences, and earthquakes, in divers places. All these are the beginning of sorrows. Then shall they deliver you up to be afflicted, and shall kill you: and ye shall be hated of all nations for my name's sake. And then shall many be offended, and shall betray one another, and shall hate one another. Matthew 24:7-10. Nation will rise against nation, and kingdom against kingdom. They will be earthquakes in various places, as well as famines. These are the beginning of birth pains Mark 13:8. In table 2. it has shown that USA has the highest confirmed and death pool/toll with 987,467 and 56,164 respectively followed by Spain with 174,060 and 81,255 respectively Italy and Germany also have their own problem with 162,488 and 21,067, 132,210 and 3,495 respectively. Nigeria located in Africa has the least of all with 1182, 222 and 35 death respectively. According to President Donald Trump of the United State is possible that Nigeria in African or African continent have Voodoo and charms are responsible for the low death rate, where as other continent are losing their citizen in thousands. Only few are dying in Africa as many keep recovering on daily bases. This is starting especially to Americans who think that African are enchanting death because they neither have health care nor medical facilities. According to him this is very heart breaking for Americans. He further added one asked why are these niggas not dying. what are we not doing correctly? Trump says once again American and Europeans are very angry that corona virus pandemic is now very partial (Sir God is not a partial judge), and that corona pandemic seems to be sparing Africans and now killing Americans and Europeans in thousands.

Donald Trump and co added by asking, why is the corona virus pandemic hates whites and love black? They finally jump into conclusion that African are using black magic, charm and voodoo. Edmon in his puzzle said how can people without health care facilities, medical equipment and drugs be surviving corona virus, while countries with medical facilities solid health care system. He said there must be something wrong somewhere.

<table>
<thead>
<tr>
<th>Confirmed Cases</th>
<th>Recovered Cases</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,037,605</td>
<td>892,599</td>
<td>210,842</td>
</tr>
</tbody>
</table>

**Table 1** Total confirm, recovered and death cases ascertained globally 27-28\(^{th}\) April 2020

<table>
<thead>
<tr>
<th>Location</th>
<th>Confirmed</th>
<th>Recovered</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>1182</td>
<td>222</td>
<td>35</td>
</tr>
<tr>
<td>USA</td>
<td>987,467</td>
<td>111197</td>
<td>56,164</td>
</tr>
<tr>
<td>Spain</td>
<td>209,465</td>
<td>252,128</td>
<td>23,822</td>
</tr>
<tr>
<td>Italy</td>
<td>192,414</td>
<td>66,624</td>
<td>26,977</td>
</tr>
<tr>
<td>Germany</td>
<td>158,768</td>
<td>117,400</td>
<td>6,136</td>
</tr>
<tr>
<td>France</td>
<td>162,220</td>
<td>22,590</td>
<td>45,681</td>
</tr>
<tr>
<td>UK</td>
<td>157,149</td>
<td>-</td>
<td>21,092</td>
</tr>
<tr>
<td>China</td>
<td>82,852</td>
<td>77,610</td>
<td>4,633</td>
</tr>
<tr>
<td>Iran</td>
<td>92,584</td>
<td>72,439</td>
<td>5,877</td>
</tr>
</tbody>
</table>

**Table 2** The Geographical Distribution Of Corano Virus Pandemic Infection In Some Selected Countries 27-28\(^{th}\) April 2020
They haven’t created a vaccine; no country had created a vaccine/drugs produced by the China. By 2050 the China is going to be so much and so there wouldn’t be enough space to live in China, so they want your country and 2050 the China is going to be so much and so there wouldn’t be an instant when the white man have no respect to God at all.

The writer talks about people who hold their noise when you walk pass and now, they are sending a vaccine, what vaccine? They haven’t created a vaccine; no country had created a vaccine for Covid-19/HIV/Ebola yet what so ever they have sent to Africa/ Nigeria is not a vaccine for corona virus but poison. So, Nigeria the giant of Africa watch and pray least you would have fallen into temptation or victims of circumstances. There has been no vaccine they have ever sent to Africa/ Nigeria that has ever done any good. the writer also reveals that during HIV/AID, they’ve created a vaccine or drugs for the cured and in reciprocal they infected a lot of African/Nigerian with HIV. Before God and man there are a lot of people that are HIV carrier, thus they’ve gotten it through so many indiscriminate / illegal Sex yet they are under drugs immune suppression. Is that a vaccine or drug for HIV cured? Let us not deceive ourselves. So many people globally are HIV carrier syndrome and people are dying due to the immunosuppressive drugs yet scientist have claimed they have the drugs. God is not a respecter of any person and who so ever that’ve entered in to good covenant relationship with him he would survive Corona, Ebola and HIV virus without qualm. Prophet Abraham/Lots his brother, Prophet Noah, Prophet Moses all the generation of Laws Survive the Plague and wrath of God in their generation. Our secret sins would fetch every one of us in the generation of grace through so many plagues of all kinds. Whether you are a Doctor, General in the army, Accountant General, “Presido”/president of a country, Minister of God, Cora no virus has no respect to any body that lie in Sin. One could be at a safe side if he distances his/her self from illegal sex and serving other gods (spiritual distances). Apart from keeping arm at length from each other (i.e. is the physical distance). Whether you like it or not the secret of spiritual distance is the most powerful and dangerous in comparison with the physical. So, my fellow brethren stay clear from illegal sex, consulting soothsayer/ seer/ African magic beer, Indian magic beer, German magic beer/fortune teller American Magic beer/ fortune teller etc. are all Idolatries. If white men are complaining that why the black race are not dying like the white race, then it should be that black man do respect God to an instant when the white man have no respect to God at all time because of their technological know-how. Who gave them the technology is it not the gods they visit in the secret all times for solution? So, let their gods solve the problem of HIV,

**Secret Plan of China Against Nigeria or Africa**

American lady reveals secrete plan of China against Nigeria and the writer was solidly in agreement with her. A conspiracy theory continues brew the spread of Covid -19 pandemic and G5 network and it link from China and American woman has taken to her social media page to share her opinion regarding to the recent global that is happening. There is yet identified lady reportedly expose the plan of china against Africa and amid Covid-19. The writer or servant of the most high is advising the African to be wise enough to carry the bull by the horn for the secret conspiracies they have so the degrade the Africans to nothingness. Rightly as the genesis of the covid- 19 was right from China, they lied about what it started, how it started and where it started. As matter of truth it started 6 weeks before they finally let the cat out the bag to humanity. The writer also explained why the China is kicking Africans out of their homes (racism). There are so many Chinese that are living in Africa and they in-turn kicking Africa’s out of their respective houses, therefore accusing them of bringing Covid-19 to China. Corona virus have dully originated from China, where they’ve found quite hardly to speaking the truth when it comes to reality. A country that hate Africans, yet Jibril El- Aminu Sudanese or Buhari the president of Nigeria invited team of quack doctors to troop in in Nigeria so as to alleviate the covid-19 from infected Nigerian citizenry. Team of China doctor that troop in to Nigeria for help, are in the other ways have secret agendas. If they are good doctors why don’t they come and teach the Nigerian doctor for just a week or so. Thus, the Nigerian doctor would have carried go the fake and adulterated virus Vaccine/ drugs produced by the China. BY 2050 the china is going to be so much and so there wouldn’t be enough space to live in china, so they want your country and they don’t want you in theirs.

The writer talks about people who hold their noise when you walk pass and now, they are sending a vaccine, what vaccine? They haven’t created a vaccine; no country had created a vaccine for Covid-19/HIV/ Ebola yet what so ever they have

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**Fig 19** posted how other infection are curable while viral infections like those of Herpatitis B, Herper simplex Virus, HIV, corona virus etc are incurable?

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Ebola, Covid-19 etc. respectively and completely. No vaccine or drugs they’ve produced that would have eradicate HIV/Ebola/Covid-19 except immunosuppression (immune suppression). if the white man has no respect to God Almighty and they are dying like chicken why then the black men wouldn’t have taught the white men how to truth God Almighty in truth and in spirit

**Severe Symptoms**

In 15-20% cases, the immune system’s response to inflammation in the lungs can cause what’s known as a “cytokine storm”. This runaway response can cause more damage to the body’s own cells than to the virus it’s trying to defeat, and is thought to be the main reason for why the conditions of young, otherwise healthy individuals can rapidly deteriorate.

If enough alveoli collapse, a patient to be placed on a ventilator for breathing assistance. Both acute respiratory distress syndrome (ARDS) and high-altitude pulmonary edema (HAPE) are being investigated as causes.

![Figure 20](Image)

**Figure 20** At this stage, the surfactant that helps keep alveoli from collapsing has been diluted, and fluid containing cellular debris is impairing the gas exchange process that supplies oxygen to our bloodstream.

Thus, as the writer is concern, both black and white man race have small shit in their anus; except, that the black man shit is too short in his anus in comparison to the white man with long shit in his anus. Thus, because of the satanic technology they might have acquire from their idol. (No respect to God Almighty and they are full of “braggardos”/braggard of the fact that they are better than the black race.

White man acquires his knowledge from their gods so as to make name while the black man wisdom is from the idol they worship or patronize in secret after church. For this reason, was to kill his fellow brother from progressing (stagnated or wasted material)! The African who are always in dependent to white men as woman wrappers, the writer has warned not to accept any corona virus vaccine, and that if a vaccine has been created by Chinese let them 1st of all tries it to their people. Adding that if Nigeria/Africa countries accept any vaccine which has not been tested in America/Germany/ Russia etc. or other high-risk countries that is not a vaccine but poison. Suppression drugs are not vaccines. If they’ve gotten vaccine, let them 1st of all use it against the virus in their lab, use it on animals before testing it on humans. So whatever vaccine they have brought to Africa/ Nigeria is to kill us. As of matter of truth China want to wipe out African/ Nigerian because they want to take over the continent. They also reveal that China is given trillions/billions of loans to African countries with interest as a token plan to take over Africa. The writer once again discloses that the Chinese people in Nigeria have a hidden agenda, they left their country and arrive Nigeria government welcome them adding that one of their plans is to spread the virus in Nigeria and give people poison in the name of drugs or vaccine or suppression.

DOES CORA NO VIRUS(COVID-19) HAS CURE?

If the virulent of the corona virus pandemic to the victim of circumstances is very poisonous, right from the respiratory tract down to two bronchoalveolar leading to the lungs inside the alveolar where there is an exchange of Oxygen/ within the blood). Thus, is most likely that the blood served as a medium for rapid mutation of the deadly Convid-19 in the infected person due to the presence of the protein present in the blood. Peradventure ones take in an opportunistic polluted aerosol containing clusters of Cora no virus. or conducted the next-generation sequencing from bronchoalveolar lavage fluid and cultured isolates, would there be a solution? Furthermore, routine work on research with viral pneumonia which isfar and far younger to the Covid -199, would there be an appreciable result? Let it be known to the scientist the more an appreciable protein present in the medium which is more or less the enzyme (essential element), the better the Convid-19 attached itself to replicate or mutate and there by releasing toxins or poisons in human body (from localized to generalized fashion in the body). Thus, concomitantly oxidation and reduction process would only be the energy giver to the Covid-19 and there by releasing of electron (ADP + Pi = ATP + energy release).

**Similarly, process goes to Bacteriophage**

(Virus attacking the Bacteria) see illustration in fig 20b. Scientist is there any other ways or hope to blocking the protein synthesis so as the convid-19 would have stopped replication? A microbiologist from Nigeria has thrown these challenges to the Doctors/ Scientist in general? The Better the protein content in a substrate the greater the Convid-19/ bacteria/ fungi/yeast etc. mutate or replicate in millions in a twinkle of
Mechanism Of Corona Virus(Covid-19) Hiv, Ebola Virus Etc

Corona virus is a family of viruses common to both in people and animals sometime the viruses can be transfer from animal to people which is the believe of the scientist; thus, as it is spreading now. It is often called the “new” or “novel” corona virus because it has not been widely spread before in human. The technical term is SARS-Cov-2 and not to be misconceive to SARS Cov. Taking a critical view of the virus that has immensely contributed to a global outbreak in 2003 from table 1 once again as in 27th-28th April 2020 confirm cases was 3,034,603, recovered cases was 892,599, death toll 210,842 respectively. In just three weeks or so the findings have risen to about 3.6 million confirm cases, followed by recovery cases with about 1.18 million and the death toll was about 69,000. Thus, what is the hope of humanity to her futuristic endeavor regarding to development. Is it in progress or degeneration? Taking a bold step of faith let us considered how covid-19 do have access in to the host cell. For this reason and to a layman understanding (simple protein syntheses) as could be view in figure 1, the molecule of mRNA from a double DNA helix shape providing the codes to synthesized a protein. In the process of translation, the mRNA gradually moves in the cytoplasm to attaching itself to ribosome a long side with codon, in the process of time the tRNA molecules become so activated in the cytoplasm once again through which its shuttles alongside with anticondon carrying the appropriate amino acid to the ribosome. One by one coddled by sequential triplet codon on the mRNA until a complex protein is finally synthesized or yielded. Thus, one might not notice any alteration in their bases (G-C, A-U, T-A) etc. respectively. Contrary wise reverse transcription in viruses is that most viruses use reverse transcription to their survival (i.e. the concept of survival of the fittest). For this reason, whether
even essential to our body. It helps to prevent our essential to our well-being! An enzyme called telomerase is an important reverse transcriptase in our body, it helps to prevent our chromosome from breaking over time and it control aging in cells. It's like a handyman in the house preventing our appliances of the structure of the house from wear and tear over time. In the image telomerase is shown copying RNA to DNA to add on the chromosome in the call parent than from wearing down as shown in fig. 4 Both eukaryotic and prokaryotic cells have retrotransposons. These are copies of DNA in the genome that are converted to RNA through a reverse transcriptase and then back to DNA. Thus, it is eventually inserted

**Ebola virus:** The genus *ebolavirus* consists of five known strains: Ebola Zaire (which is also commonly referred to as Ebola virus), Sudan virus, Bundibugyo virus, Tai Forest virus and Reston virus. The first four are known to cause the Ebola virus disease (EVD, also known simply as Ebola) in humans, while the fifth has been known only to affect other primates so far. From the moment the virus infects its victim, a deadly game of deception unfolds as it binds itself to the host cell's outer membrane (see illustration in figure 20). It is then transported into the cell in a membrane-bound bubble called an endosome, which eventually becomes lysosome a spherical membrane-enclosed structure that functions as the cell's digestive system. Since the lysosome is located deep within the cell, the virus is able to evade the notice of the immune system and go about its business undetected. Eventually, the virus latches onto a protein receptor called NPC1 to infiltrate the host cell's cytoplasm (i.e. the fluid that fills a cell), where it can multiply and continue to infect the rest of the body's cells. Previously, the only antibody that had been discovered came from a mouse. To find human antibodies that would be able to thwart the virus, the researchers surveyed 349 specimens that they got from the blood of a survivor of the 2013-16 Ebola epidemic and found two that fit the bill: ADI-15878 and ADI-15742, both of which were able to neutralize the five known *ebolaviruses*. The two antibodies work by binding to the glycoproteins that protrude from the virus' surface before it has a chance to enter the lysosome. These proteins are essential for helping it escape from the lysosome and, with the antibodies bound to them, the virus is unable to do so and infiltrate the host cell's cytoplasm. This essentially stops it from replicating and neutralizes the infection. According to study co-leader Kartik Chandran, a professor of microbiology and immunology, what makes this discovery so unexpected is that the antibodies come from an individual who has only been exposed to the virus once. Usually, it takes multiple exposures or a chronic exposure to a virus before such antibodies are produced, as in the case of patients infected with the dengue, influenza or HIV viruses. "[By] knowing precisely where the antibodies attach to the glycoprotein molecules and when and how they act to neutralize *ebolaviruses*, we can begin to craft broadly effective immunotherapies," says John Dye, chief of viral immunology at the U.S. Army Medical Research Institute of Infectious Diseases, who was part of the study. To observe their efficacy, the researchers tested the antibodies on human cells in a lab setting and found that they provided protection against several strains of *ebolavirus*. They also tested them on ferrets, wild mice and genetically modified mice and found that the antibodies were able to protect these animals from the Bundibugyo virus, Zaire virus, and Sudan virus, respectively.

That said, it should be noted that there were instances in which the antibodies proved to be ineffective. One was when the ferrets were exposed to the Bundibugyo virus and treated with ADI-15742, which resulted in the virus developing a mutation that enabled it to escape the antibody's effects. In addition, the antibodies had no effect on the LloviuandMarburgviruses, which are related to *ebolavirus*, in human cells. Nevertheless, the researchers believe that with further studies, the antibodies could lead to the development of a therapy, in particular one that could confer protection against all known strains of the virus. At present, Ebola vaccines, such as VSV-ZEBOV, target only one particular strain. "Since it's impossible to predict which of these agents will cause the next epidemic, it would be ideal to develop a single therapy that could treat or prevent infection caused by any known *ebolavirus*," says study co-leader Zachary Bornholdt, director of antibody discovery at Mapp Biopharmaceutical. In addition, since the antibodies can stay in the bloodstream for a long time, it could also be used in advance to dose those with a high chance of coming into contact with the. "We'd like to synthesize vaccine immunogens [proteins that trigger antibody production] that can elicit the same types of broadly protective antibodies in people," says his fellow co-leader Kartik Chandran, a professor of microbiology and immunology at Albert Einstein College of Medicine. Pictures of Ebola are shown in figure 11, 18 and 22.
Danger of Vaccine/Suppression Drugs

Having talk of the theory of protein syntheses, reverse transcriptase with regard to how virus do camouflage itself in human genome as well as reverse transcriptase to human health wise as shown in fig.2, 4 and 7. It has proven that the viruses themselves have schematic and deceitful ways of surviving in human body. More so in the case of bacteria, yeast, fungi, etc. respectively. These few organisms were design by God so as to be beneficial to human being. Industrialized organisms like those of Penicillium species (drugs), Aspergillus niger (enzyme amylase), Bacillus sp, (enzyme bating ), Saccharomyces cerevisiae S. overum (for brewers) etc. respectively have no hiccupps to humans as they are being toiled with. Concomitantly to virus which are no nonsense organisms (no respect) to either animal or human being. The writer called them viral evil spirit being (from familiar evil spirit being); hence, they do behave like human bearing satanic attributes. Similarly, this episode goes a long way to how human being and their threat against their fellow brothers in their offices or elsewhere. For every soldier dare to be a general in the army, for every academician also dare to be a professor and every civil servant strive to be Director General. Thus, these top-ranking officers would not dare allowed their subordinate to strive hard for their interim post. Even if the subordinate does something that requires honor to the glory of an organization rather than themselves. Nevertheless, the viruses themselves fight for their survival in a suitable medium or environment and the less privilege suffered a great deal (suppression). This term is called in biology (survival of the fittest or natural selective). Prior to HIV in its pandemic it kills a lot of people, SARS also Killed a lot of people and Covid-19 too is ravaging many to negativism (Natural selective). Naturally in such a fearful pandemic most people must die so as the remaining ones would have learnt a lesson to leaving holy life with God Almighty. As lives of human being continue to live in sin without taken precaution of the previous incident, God would always allow the evil viral spirit being to operate in human for a natural selection to be made until his set time is due. So much to say the perpetual antiviral drugs or anti-viral vaccine suppression for human health that people do take these days have seriously done more harm than good in their system. What is the essence for one to take vaccine/ drugs on a yearly or monthly routine only to suppressed the virus in human body? The term suppression in a lay man language is to hinder someone to reaching a particular high in an organization or environment. So, to say the vaccine or drugs that many people ingest in to their system against HIV. Covid-19, Ebola etc. respective have once again done more harm to human than good. As the ball is trace on the right tract, believe me, or not virtually every body have acquired HIV through sexual intercourse or transmission; except, the small ones that have not been expose to sex. Primary pupil from class 4 to 6, JSS1 to SS3 talk less of tertiary institutions have one way or the other are victim of circumstance (HIV) carrier. Taking a suppressive drugs or vaccine can only subside one’s hiccupps for some months or years. Hence forth the suppressive viral in human body is rendered motionless through combine forces i.e. artificial antibodies help the natural antibodies to thwarting the antigen(virus) to nothingness for a while. At a particular point in time when one is trying to reinforce the vaccine or drugs in to the body, is most likely that some virus must have been metamorphized to another thing else; and thereby injure some of the organs in the system. Consequently, one might have beginning to experience perpetual high-blood pressure, diabatic, pile, Cancer of the lung, cancer of the heart, kidney failure, heart failure, malaria, typhoid fever, gray hairs, one at 35 -40 and above one could hardly read with his/her naked eyes etc. respectively. Thus, the perpetual ingestion of attenuated drugs/ vaccine against the antigen have to be change for another or otherwise. For good ness sake where is the hope for Humanity? What are the quack scientists/ doctors doing, toying with peoples live to dunghill? God forbids! Statistically or the medical report have proven that so many people hardly scale 40years. And anything above that, one is living by grace. When ones die within such a stipulated tender age or premature death, is a course against humanity what does the bible say about three scores and ten? The days of our years are threescore years and ten; and if by reason of strength they be fourscore years, yet is their strength labour and sorrow; for it is soon cut off, and we fly away. Psalm 90:10

Are threescore years and ten - Not as life originally was, but as it has been narrowed down to about that period; or, this is the ordinary limit of life. This passage proves that the psalm was written when the life of man had been shortened, and had been reduced to about what it is at present; for this description will apply to man now. It is probable that human life was gradually diminished until it became fixed at the limit which now bounds it, and which is to remain as the great law in regard to its duration upon the earth. All animals, as the horse, the mule, the elephant, the eagle, the raven, the bee, the butterfly, have each a fixed limit of life, wisely adapted undoubtedly to the design for which they were made, and to the highest happiness of the whole. So, of man. There can be no doubt that there are good reasons - some of which could be easily suggested - why his term of life is no longer. But, at any rate, it is no longer; and in that brief period, he must accomplish all that he is to do in reference to this world, and all that is to be done to prepare him for the world to come. It is obvious to remark that man has enough to do to fill upthe time of his life; that life to man is too precious to be wasted.
curable or suppressable?

Furthermore, taking attenuated drugs or vaccine that have gotten to do with HIV, or any other virus infected person, such a person is always prone to high blood pressure, diabetes, pile, one could hardly read with eye class at 40 or so. Not only that alone but also many opportunistic illnesses must always occur in all ramifications to a person that is exposed to viral diseases. Enough of such habitual drug addict that warrant taking viral vaccine drugs attenuation. Thus, this have drastically reduced man life span to nothingness. In the process of time the side effect of monthly or yearly routine of indiscriminate ingestion of antiviral drugs could be hazardous to human cells. A lot of people dying now adays is as a result of viral infections. Thus, people always run and hide under the pretense of not having HIV when they have it. “Kai” hospital has become herbal home while other do run the test by themselves at home as well as other for their private home clinic test and drugs. What a mess? Naturally God does not design us to be drugs addict through viral infection disease. Virtually all doctors have become medical lab scientist as well as pharmacist for lab technicians. They have not habituated or cultivated the algorithm of research project, instead, of waiting for imported foreign made drugs/ vaccine to be prescribed and administered to patients. For these reasons the drugs could be poisonous to the black men race through over dependent on imported drugs. Thus, these signals are contributing factors that lead to many African countries dying lake chicken unknowingly as well as the white men race are not left too of viral infection.

Further investigations were made regarding to ones whose status is an HIV or viral carrier. According to data base investigations, the HIV carrier’s status and drugs to be administered depend on the incubation period or how long. When the viral infection is at acute stage there are drugs to be administered to such a victim of circumstances. On the other hand, when an infected person case is a chronic one there are drugs too. Peradventure ones does take the therapy as prescribe by the doctor correctly then such a person would always look a bit fresh and not too plump. However, there are the non-challants attitude types that do take the drugs out of the doctors’ compliance, and such a person would always look emaciated thatwould have given birth to AIDS (last bus stop). Contrarywise the good looking and bad looking ones would always have one illness or the other. Thus, like those of High blood pressure, diabetes, pills Hepatitis A, B, and C, Afro hair is turn to grey hairs, eye vision is fast getting attenuated, cancer of the brain, cancer of the breast, heart failure, kidney problem,

**Figure 23** posted interaction between the viral RNA and human DNA for poisoning

**Figure 24** posted three steps of PCR polymerase chain reaction function
catarrah /glaucoma of the eye etc. respectively (as post sign and symptom of perpetual viral disease in human body). The perpetual viral infection in human body do have its expiring incubation period time and it depend on how the patient takes the drugs. To some it takes 5 years, 10 years, 15 years etc respectively before it become AIDS (last bus stop), while other dies at their plumpy stage as a result of following illnesses; High blood pressure, diabetes, Typhoid, Malaria, Hepatitis A, B, C, Cancer and so many attribute of every kinds of illness. Antiviral drugs and vaccine are not the only ultimate for human solution in this generation of grace but they’ve contributed immensely to destroying one’s organelles to nothingness (their toxic effect/ antigens). When the doctors/ nurses realize that the HIV/AIDS patient life span is quarter to go they would always refer such a patient to another hospital. General hospital Chika has always been last bus stop. Further investigations were also made to how doctors/ nurses do toil with human life, they would finally inject patient to dead. Thus, he/she is not useful in the society and why is he breathing. So, my fellow country people Antiviral drugs and vaccine are not the lasting solution to humanity or ‘nearly does not kill a bird’. At any particular point in time when the doctors and nurses are on strike the federal government would always made hey when the sunshine for them.

Nevertheless, introducing another’s man culture into your system (culture) is very dangerous. Nigeria and china in the early 70 were categorized in the same third-class world countries and where is china now? China are agitating to overtake USA as world class number 1 for stealing her technology. if Nigerian too would have stolen china technology with her endogenous technology, “Haba kai” who are they? Importing expert rate or Chinese doctors at the very heat period of Covid-19 pandemic was a big blow to a whole country like Nigeria. A Hausa popular saying “In Kura namaganinzayokan ta taiyai ma kanta mu gani” / if the Chinese expert rate have gotten the viral anti-drug/ vaccine / solution, let them test it for themselves before bringing it to Nigeria see the illustration in Table 2 it is not just a recent episode
but late April 2020. Now with influx of covid-19, both good and fake Vaccine/drugs would be introduced to people who are covid-19 victim of circumstances. peradventure one has been carrying perpetual HIV disease in his system including the new pandemic Covid-19. For goodness sake where would one go for solution! (“Kai”.../chai...”/surprisingly) where is man hope for safety; it is a multiple obituary to the pit of hell! please doctors let talk reality and shame the devil. Hospital that was used to receiving patient by doctors for consultancy services regarding to one’s health has become (Herbalist home “gidan Boka”). In the early stage of HIV pandemic diseases outbreak as per those days (sexual transmission), many people were running from latitude west to east for condom as a safety or protection for immorality (sin) with both young and elderly women. Nowadays with emergent of covid-19 people are advise to use noise and mouth condom for safety. While other drink or use alcohol as sanitizer for safety. Men want to go to heaven but not one wants to die! Gone are the days when HIV pandemic disease outbreak was around the corner, one could imagine the bold step of faith people who do take to queuing in the hospital for antiviral drug/ vaccine. Today people shy away from taken anti-viral drug from hospital for the fear of not wanting people to say he/she has HIV carrier. As a matter of truth condom use for HIV protection is no longer useful because everybody is a carrier of the syndrome. people preferred flesh to flesh sexual intercourse like two wounded lions (HIV virus + HIV virus) the equation is balance and no cheat what so ever. People have cultivated the habit of doing the HIV test in private clinic or home secretly and for the drugs. Let us not deceive ourselves for God would always fetch each and every one that indulge him/herself in secret sin. So many people have their secret idol (devices like those of HIV status, High blood, diabetes and Covid-19, test machine, if at least is found sold in the market. The micro machine test is secretly used to checkmate the above highlighted mention subject matter. Breaking update in fig 4 free reverse transcriptase reveal to us how nature can clean our system by living a Holy life, and people are advised to go for exercises/natural vitamins(fruits) at their schedule frame of time design by he/she. Believe me or not we shall get there at 80years and above. In addition, one would always look younger than his/her age in due cause. You are warned to stop toiling with sin (fornication/ idolatry). Figure 2 reverse transcriptase with virus reveals to us how our genetic material i.e. the building block of life that are usually altered by virus if one toil with sin to dunghill. Thus, nature cannot perform miracle beyond reasonable doubt. Contrary wise one would always be under the control of antiviral vaccine and drugs till death (premature/untimely death). A word is enough for the wise.

PCR is use for detecting viral disease like those of hiv, covid-19, sars, Ebola in human blood

How does pcr work?

PCR mimics what happens in cells when DNA is copied (replicated) prior to cell division, but it is carried out in controlled conditions in a laboratory. The machine that is used is simply called a PCR machine or a thermocycler. Test tubes containing the DNA mixture of interest are put into the machine, and the machine changes the temperature to suit each step of the process.

**Standard ingredients in the mixture are**
- the DNA segment of interest
- specific primers
- heat-resistant DNA polymerase enzyme
- the four different types of DNA nucleotides
- the salts needed to create a suitable environment for the enzyme to act.

**What is the PCR process?**

**Step 1: Denaturation:** As in DNA replication, the two strands in the DNA double helix need to be separated. The separation happens by raising the temperature of the mixture, causing the hydrogen bonds between the complementary DNA strands to break. This process is called denaturation.

**Step 2: Annealing:** Primers bind to the target DNA sequences and initiate polymerization. This can only occur once the temperature of the solution has been lowered. One primer binds to each strand.

**Step 3: Extension:** New strands of DNA are made using the original strands as templates. A DNA polymerase enzyme joins free DNA nucleotides together. This enzyme is often Taq polymerase, an enzyme originally isolated from a thermophilic bacterium called Thermus aquaticus. The order in which the free nucleotides are added is determined by the sequence of nucleotides in the original (template) DNA strand. The result of one cycle of PCR is two double-stranded sequences of target DNA, each containing one newly made strand and one original strand. The cycle is repeated many times (usually 20–30) as most processes using PCR need large quantities of DNA. It only takes 2–3 hours to get a billion or so copies. As shown in figure 25 a and 24

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**Coronavirus testing methods**

1. **PCR antigen test to detect presence of virus in body**
   - A blood sample is taken from the back of the throat.
   - The lab tests for viral RNA present in the sample.

2. **Antibody test to detect immune response to earlier infection**
   - A blood sample is taken from the back of the throat.
   - The lab tests for the presence of antibodies to the virus.

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**Fig 25 a** posted two processes for detecting Covid-19, HIV, Ebola in PCR antigen and Antibody tests to detect immune response to earlier infection
CONCLUSION

Irrespective of interrupt transmission from animals to humans and human-to-human including reduction of secondary infections among health care workers and other close contacts, preventing transmission by continuous surveillance isolation and prompt care for patients is quite important. Furthermore, addressing vital unknowns regarding clinical severity, and development of diagnostics; communicating important risks to all communities and counter false information. Serious public health actions must be adopted including follow-up of contacts, infection prevention and control in health centers, implementation of health actions for travelers, and awareness raising among the people. For every respective country must detect test, treat, isolate, trace every contact, and mobilize their citizens in the response. Those with a handful number of cases must be prevent from becoming clusters, and those clusters from becoming community transmission. further investigations were duly made for countries not to solely depend on orthodox anti-viral vaccine/ drugs for they’ve done so much harm than good to victims of circumstances; hence, they are suppressive drugs.

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