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Discussion on Impact of COVID-19 on Human Health

Damir B. Khismatullin^{*}

Department of Biomedical Engineering, Tulane Cancer Center, Tulane University, USA

DESCRIPTION

COVID-19 in humans. Some may be asymptomatic or have mild symptoms, while others are sufficiently ill to require hospitalization, extra oxygen, and ventilator use. In general, COVID-19, as a respiratory virus, induces breathlessness, exhaustion, and muscle ache. A new symptom started to appear as the pandemic has progressed and documented clinical case histories have accrued the partial or complete loss of taste and smell sensation. For a respiratory viral infection, this in itself is not uncommon, but what was remarkable is that people had this symptom without any of the other normal infection symptoms.

A coronavirus that originated in 2003, extreme Acute Respiratory Syndrome (SARS), causes symptoms very close to COVID-19. As with COVID-19, the greatest risk of serious symptoms is in persons over 60 years of age. An analysis of the long-term effects of SARS conducted in Hong Kong found that one in two SARS survivors had much poorer exercise ability and health status two years after they had the disease than those who had never had the disease. 1 year after infection, only 78 percent of SARS patients were able to return to full-time work.

Another research, also done in Hong Kong, showed those 3.5 years after being diagnosed, 40 percent of people recovering from SARS still had chronic fatigue symptoms. It is understood that viral infections including SARS and Epstein-Barr virus cause chronic fatigue syndrome that can last for months or years. How long the symptoms will last is a striking feature of COVID-19. Initial medical guidance on recovery periods for mild COVID-19 had indicated 1-2 weeks in the early part of the pandemic. Many

people, however, have had symptoms that last for 8 to 10 weeks or longer, and symptoms can appear to go away only to return to racing. Many individuals had a pattern of symptoms, where initially their symptoms intensified, almost vanished, then returned with ferocity, along with a very wide variety of symptoms.

What triggers the recurrent symptoms is a key issue, i.e. whether it is reactivation of a chronic infection, reinfection (which seems unlikely based on current data), or whether the person has become infected with another virus or even bacteria as their immune system is still recovering.

Survivors can have a number of long-term effects on their organs, including what some physicians call 'post-COVID lung disease,' considering the multi-organ effect of COVID-19 on the body. Looking at the organs affected by infection can give an indication of where the long-term effects on the body are likely to manifest.

It is too early to say what COVID-19 survivors are likely to face in a year's time, since we are still in the throes of the pandemic, and at a very early stage of a new illness.

However, some researchers are worried that many individuals with the current coronavirus will continue to experience postviral chronic fatigue syndrome, much like SARS. For COVID-19 survivors, the uncertainty of the future is why many long-term cohort studies (which research genetic and environmental factors over a period of time in large groups) have been repurposed to study the physical, mental and socio-economic effects of the pandemic.

Correspondence to: Damir B. Khismatullin, Department of Biomedical Engineering, Tulane Cancer Center, Tulane University, E-mail: damir@tulane.edu

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