

Historical Aspects of Corona Virus

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EDITORIAL NOTE

SARS was initially brought to the attention of the international community on February 11, 2003, when Chinese officials alerted WHO of 305 instances of atypical pneumonia and five deaths in Guangdong Province since November 2002. On February 21, a SARS-infected Chinese physician flew from Guangdong to Hong Kong and slept in a hotel there. He experienced more serious respiratory problems over the next two days and was admitted to a Hong Kong hospital, where he died due to his illness. Studies that show the virus may survive in the environment for days highlight the possibility of fomite transmission. SARS-CoV may have been spread via small-particle aerosols in a few cases, according to some research.

Epidemiologic evidence suggests that infected people do not spread SARS-CoV before symptoms appear, and that the majority of transmission happens later in the illness, when patients are more likely to be hospitalized. The risk of a virus changing increases when it is widely circulating in a community and generating many infections. The more opportunities a virus has to spread, the more it multiplies- and the more mutations it might go through. The ability of most viruses to produce infections and sickness is unaffected by most alterations. However, the location of the mutations in the virus's genetic material might affect the virus's features, such as transmission. Because the COVID-19 vaccines that are currently in research or have been licenced induce a wide immune response including a variety of antibodies and cells, they are predicted to give at least some protection against future viral strains. As a result, changes or mutations in the virus should not render vaccines

useless. While we learn more, we must do everything we can to stop the virus from spreading so that mutations do not reduce the efficacy of existing vaccinations. Furthermore, producers and vaccine-delivery programmes may need to adapt to the COVID-19 virus's development.

Since the beginning of the COVID-19 outbreak, WHO has been studying mutations and variations. A specialized Virus Evolution Working Group is part of our global SARS-CoV-2 laboratory network, and its goal is to discover novel alterations promptly and assess their potential impact. A SARS-CoV-2 Risk Monitoring and Evaluation Framework has also been designed by the WHO to identify, monitor, and analyse variations of concern. Surveillance, study on variants of concern, and evaluation of the impact on diagnostics, treatments, and vaccinations will all be part of it. The framework will serve as a reference for manufacturers and countries on potential COVID-19 vaccine adjustments.

Scaling up vaccine production and distributing vaccines as early and extensively as feasible will be crucial in protecting people before they are exposed to the virus and new variations. To optimize worldwide protection against novel variations and limit the likelihood of transmission, high-risk groups should be vaccinated first. Furthermore, ensuring equal access to COVID-19 vaccinations is more important than ever to combat the pandemic's changing nature. We predict virus circulation to decrease as more people become vaccinated, resulting in fewer mutations.

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