

# Unlocking the Secrets of Coronaviruses: A Comprehensive Analysis

Santana Rani Sarkar\*<sup>1</sup>, Nitai Chandra Ray<sup>2</sup><sup>1</sup> Department of Microbiology Netrokona Medical College, Netrokona<sup>2</sup> Department of Nephrology, Community Based Medical College and Hospital, Mymensingh

**ABSTRACT:** Coronaviruses are a large family of viruses that can cause illness in animals and humans. These viruses are zoonotic, meaning they can be transmitted between animals and people. The outbreak of the coronavirus disease, also known as COVID-19, in late 2019 has had a significant impact on the world, spreading rapidly across countries and causing widespread illness and death. Coronaviruses are characterized by their crown-like spikes, which can be seen under an electron microscope, hence their name "corona." The symptoms can range from mild to severe, and in some cases, it can be fatal. Common signs of infection include fever, cough, shortness of breath, fatigue, and body aches. The virus primarily spreads through respiratory droplets generated when an infected person coughs, sneezes, or talks. It can also spread by touching surfaces contaminated by the virus and then touching the face, mouth, or eyes. As of now, there is no specific treatment for COVID-19, although various vaccines have been developed and are being distributed worldwide to mitigate the impact of the virus. The COVID-19 pandemic has brought about numerous challenges across the globe. Governments have implemented strict measures such as lockdowns, travel restrictions, and mask mandates to limit transmission and prevent healthcare systems from becoming overwhelmed. The pandemic has also highlighted the importance of public health practices such as hand hygiene, social distancing, and wearing masks. As scientists and researchers continue to study coronaviruses, efforts are being made to develop effective treatments and preventive measures to tackle future outbreaks. The ongoing pandemic serves as a reminder of the need for global cooperation and preparedness against infectious diseases.

**Keywords:** Medical Ethics Education, Ethical Decision-Making, Healthcare Professional Development.



**\*Correspondence:**  
Dr. Santana Rani Sarkar

**How to cite this article:**  
Sarkar SR, Ray NC; Medical Ethics Education: Bridging the Gap Between Theory and Practice. J Netr. Med Coll. 2024;1(1): 23-28.

**Article history:**  
Received: August 10, 2024  
Accepted: November 22, 2024  
Published: December 31, 2024

**Peer Review Process:**  
The Journal abides by a double-blind peer review process such that the journal does not disclose the identity of the reviewer(s) to the author(s) and does not disclose the identity of the author(s) to the reviewer(s).



Copyright: © 2024 by the authors. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

Coronaviruses (CoVs) have traditionally been regarded as insignificant pathogens, causing illnesses in mammals and birds. However, in humans and birds, they can lead to respiratory tract infections that range from mild to fatal.<sup>1</sup> CoVs are the largest group of viruses responsible for respiratory and gastrointestinal infections. Morphologically, CoVs are enveloped viruses that contain non-segmented positive-sense, single-stranded ribonucleic acid (RNA).<sup>2</sup> In humans, mild cases of CoV infections manifest as common colds, which can also be caused by other viruses, primarily rhinoviruses. On the other hand, more severe forms of CoV infections can result in diseases such as SARS, MERS, and COVID-19.<sup>3</sup> In livestock like cows and pigs, CoVs cause diarrhea, while in mice, they induce hepatitis and encephalomyelitis.<sup>4</sup> From the animals to humans can occur through direct contact with infected animals or through the consumption of contaminated animal products. It is crucial to implement strict hygiene measures and surveillance systems to prevent the spread of

CoVs and mitigate the potential risks they pose to both animal and human health.<sup>5</sup>

## History

The history of the coronavirus dates back to the 1930s when scientists first identified a group of viruses that caused respiratory diseases in animals.<sup>6</sup> Fast forward to 2002, the world witnessed the emergence of severe acute respiratory syndrome (SARS), caused by a novel coronavirus known as SARS-CoV. This outbreak, originating in China, spread to over 20 countries, affecting thousands of individuals and causing hundreds of deaths.<sup>7</sup> Moreover, in 2012, the Middle East Respiratory Syndrome (MERS) outbreak occurred, also caused by a coronavirus originating from Saudi Arabia. These events set the stage for the recent COVID-19 pandemic, caused by a novel strain known as SARS-CoV-2.<sup>8</sup> The disease quickly spread globally, leading to millions of infections and deaths, devastating healthcare systems, and triggering a wide range of economic and social consequences. The history of coronaviruses is characterized by sporadic but significant outbreaks, emphasizing the need for enhanced surveillance,

preparedness, and global cooperation to effectively address future threats.<sup>9</sup>

### Coronavirus Genome and Structure

The coronavirus, also known as SARS-CoV-2, is an enveloped, positive-sense RNA virus that belongs to the family Coronaviridae. Its genome consists of a single-stranded RNA molecule, of approximately 30,000 base pairs in length, which encodes several structural and non-structural proteins. The genome is arranged into several open reading frames (ORFs), each responsible for the synthesis of a specific protein. These proteins play crucial roles in the viral life cycle, including virus entry, replication, assembly, and release.<sup>10</sup> The genome structure of the coronavirus is highly complex and organized. It starts with a 5' untranslated region (UTR) followed by the ORF1a and ORF1b, also referred to as the replicase gene. These two ORFs produce two large polyproteins, pp1a and pp1ab, which are then further processed by viral proteases into 16 non-structural proteins (NSPs).<sup>11</sup> These NSPs form the replicase complex responsible for genome replication and other critical functions within the virus. The remaining genome encodes the structural proteins such as the spike (S), envelope (E), membrane (M), and nucleocapsid (N) proteins, as well as accessory proteins that play various roles in viral pathogenesis. Understanding the genome and structure of the coronavirus is essential for the development of effective therapeutic interventions and vaccines against this devastating viral infection.<sup>12</sup>

### Classification

The classification of coronaviruses is based on a variety of factors that encompass their genetic makeup, antigenic properties, and biological characteristics. Currently classified into four genera, namely Alphacoronavirus, Beta coronavirus, Gamma coronavirus, and Delta coronavirus, these diverse viruses are further divided into several distinct species.<sup>2</sup> Specifically, the Beta coronavirus genus is subdivided into lineages A, B, and C, with the latter containing the notorious severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV), and the recently emerged and highly contagious SARS-CoV-2 causing the ongoing COVID-19 pandemic.<sup>13</sup> Although sharing common traits, the classification of coronaviruses allows for a comprehensive understanding of their pathogenicity, transmission dynamics, and potential vaccine and therapeutic development, laying the foundation for effective global public health responses.<sup>14</sup>

### Transmission

Coronaviruses constitute a vast family of hundreds of viruses. The transmission of coronaviruses involves an intricate interplay of biological and environmental factors. Primarily, these viruses infect animals, including bats, chickens, camels, and cats. On rare occasions, a virus that infects one species can undergo mutations that enable it to infect another species. This phenomenon is known as "cross-species transmission" or "spillover".<sup>4</sup> Coronaviruses, including the recent SARS-CoV-2,

primarily spread through respiratory droplets generated by infected individuals during activities such as coughing, sneezing, and talking. These droplets can infect nearby individuals who come into close contact, typically within a distance of about six feet.<sup>15</sup> Moreover, recent studies suggest that aerosol transmission of smaller virus-containing particles may also occur in specific circumstances, particularly in poorly ventilated indoor settings. Additionally, fomite transmission, where individuals touch contaminated surfaces and then touch their face, is considered a potential but less common route of infection.<sup>16</sup> Overall, understanding the mechanisms and modes of transmission is crucial for implementing effective preventive measures, such as maintaining physical distancing, practicing good hand hygiene, wearing masks, optimizing ventilation systems, and regularly disinfecting surfaces.<sup>17</sup> The interaction between the coronavirus spike protein and its corresponding cell receptor plays a crucial role in determining the tissue tropism, infectivity, and species variation of the released virus.<sup>18</sup> Epithelial cells are primarily targeted by coronaviruses. Human coronaviruses infect the epithelial cells of the respiratory tract, while animal coronaviruses generally infect the epithelial cells of the gastrointestinal (GI) tract.<sup>19</sup>

### Pathogenesis

The pathogenesis of coronaviruses involves multiple steps, starting with viral entry into the host's cells. Studies have shown that coronaviruses primarily target cells expressing angiotensin-converting enzyme 2 (ACE2) receptors, which act as a gateway for viral entry. Once inside the host cells, coronaviruses utilize their spike (S) proteins to bind with the ACE2 receptors, facilitating fusion between the viral envelope and the host cell membrane.<sup>20</sup> After viral entry, the coronaviruses undergo replication and transcription within the host cells. This process leads to the production of viral proteins and the assembly of new viral particles, which are then released from the infected cells to infect adjacent cells or spread to other individuals. The release of inflammatory mediators and cytokines during infection contributes to the pathogenesis of coronaviruses, leading to tissue damage, inflammation, and in severe cases, organ dysfunction.<sup>14</sup> Moreover, the ability of some coronaviruses to evade the host's immune response further enhances their pathogenicity.<sup>21</sup>

### Infections in Human

Following infection, a wide range of symptoms may manifest, ranging from mild and asymptomatic cases to severe respiratory distress and multi-organ failure. Vulnerable populations, such as the elderly and those with pre-existing medical conditions, are at a higher risk of developing severe symptoms and complications.<sup>9</sup>

### Infections in Human are as Follows:

#### Common Cold

The common cold, caused by a family of viruses known as coronaviruses, poses a significant global concern which merits scholarly attention. While often regarded as mild, this widespread infectious disease should not be

underestimated due to its capacity to afflict populations worldwide.<sup>22</sup> With symptoms including sneezing, coughing, and fever, the coronavirus-driven common cold poses a relentless challenge to public health systems (15). It is crucial to recognize the impact of this seemingly innocuous ailment and contribute to the advancement of knowledge surrounding its prevention, treatment, and management.

### Severe Acute Respiratory Syndrome (SARS)

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus known as SARS-CoV. First identified in 2002 in the Guangdong Province of China, SARS quickly spread to over two dozen countries, causing a global epidemic.<sup>23</sup> The disease primarily affects the respiratory system, leading to severe respiratory distress and in some cases, organ failure. SARS is transmitted through respiratory droplets when an infected person coughs or sneezes or through direct contact with contaminated surfaces.<sup>24</sup> The incubation period for SARS is typically between 2 to 7 days, during which an individual may remain asymptomatic but contagious. While efforts to contain the spread of SARS and develop effective treatments have improved since the initial outbreak, its potential for rapid transmission and high mortality rate make it a significant concern for global health authorities.<sup>13</sup>

### Middle East Respiratory Syndrome (MERS)

Middle East respiratory syndrome (MERS) is a highly infectious and potentially fatal disease caused by a coronavirus. This viral respiratory illness was first reported in Saudi Arabia in 2012 and has since spread to several other countries.<sup>25</sup> Similar to other coronaviruses, MERS is believed to have originated in animals and then transmitted to humans. While there have been sporadic cases of MERS around the world, the majority of reported cases have been in the Middle East, particularly Saudi Arabia and the United Arab Emirates.<sup>26</sup> MERS is of great concern due to its high fatality rate and its potential to cause large-scale outbreaks. The symptoms of MERS are similar to those of other respiratory illnesses and may range from mild to severe. Patients typically experience fever, cough, and shortness of breath, which may progress to severe pneumonia and even respiratory failure.<sup>27</sup> Although the exact source and transmission routes of MERS remain uncertain, dromedary camels have been identified as carriers of the virus, suggesting that direct or indirect contact with these animals may be a possible mode of transmission to humans.<sup>28</sup>

### Coronavirus Disease 2019 (COVID-19)

Coronavirus disease 2019 (COVID-19) has emerged as a global health crisis, unparalleled in recent history. This novel respiratory illness, caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), was first identified in Wuhan, China in December 2019. Since then, it has rapidly spread across the globe, leading to millions of infections and hundreds of thousands of deaths.<sup>8</sup> COVID-19 primarily spreads through respiratory droplets when an infected individual coughs, sneezes, or talks, making it highly contagious. The virus presents a wide

range of symptoms, from mild flu-like symptoms to severe respiratory distress, often requiring hospitalization and intensive care.<sup>29</sup> The pandemic has compelled governments worldwide to implement strict containment measures, including nationwide lockdowns, travel restrictions, and social distancing protocols, to slow down the virus's transmission and prevent healthcare systems from becoming overwhelmed.<sup>30</sup> The risk of transmission depends on the type of exposure. It varies based on the duration of exposure, the use of preventive measures, and individual factors such as the amount of virus in respiratory secretions.<sup>31</sup> Multiple studies have identified a high genetic similarity between SARS-CoV-2 and coronaviruses found in horseshoe bats, suggesting that they were the original hosts of the virus.<sup>32, 33</sup> However, the exact mechanism through which the virus was transmitted to humans remains unknown. Investigation efforts have focused on animal markets, with evidence suggesting that an intermediate host, such as the pangolin, may have played a role in amplifying and transmitting the virus to humans.<sup>34</sup> The devastating impact of COVID-19 extends beyond the realm of public health, cascading into unprecedented economic and sociopolitical consequences. The pandemic has disrupted global supply chains, causing a significant economic downturn and massive job losses in various sectors.<sup>35</sup>

### Diagnosis of Coronavirus

There are several diagnostic methods used to identify coronaviruses, including COVID-19. The most common and reliable method is the RT-PCR test, which detects the genetic material of the virus using a lab technique called reverse transcription polymerase chain reaction (RT-PCR). A health care professional collects a fluid sample by inserting a long nasal swab (nasopharyngeal swab) into the nostril and taking fluid from the back of the nose, or by using a shorter nasal swab (mid-turbinate swab) or a very short swab (anterior nares swab).<sup>36</sup> Another diagnostic method is the antigen test, which detects certain proteins in the virus. Using a long nasal swab to get a fluid sample, some antigen tests can produce results in minutes.<sup>37</sup>

### Prevention and Treatment

The prevention and treatment of the coronavirus, also known as COVID-19, are vital in curbing the spread and minimizing the impact of this global pandemic. Firstly, prevention measures have played a crucial role in containing the virus. Public health guidelines such as hand hygiene, wearing face masks, practicing social distancing, and frequent sanitization have been emphasized to reduce the transmission of the virus.<sup>38</sup> Additionally, widespread vaccination campaigns have been launched to provide immunity against COVID-19. Vaccines have proven to be effective in preventing severe illness, hospitalization, and death caused by the virus.<sup>39</sup> Furthermore, timely testing, contact tracing, and isolation measures are necessary to identify and contain potential outbreaks, ultimately preventing the further spread of the disease.<sup>40</sup> In terms of treatment, early detection of COVID-19 cases is vital to

ensure timely and appropriate treatment. Various antiviral drugs, such as Remdesivir, have been authorized to treat hospitalized patients with severe symptoms.<sup>41</sup> Additionally, supportive care, such as oxygen therapy for respiratory distress, is crucial in managing severe cases. Innovative treatments like monoclonal antibody therapy have shown promising results in reducing the severity of symptoms and preventing hospitalization in high-risk individuals.<sup>42</sup> Research is ongoing to develop more effective therapies, including the use of convalescent plasma and immune-based treatments. Overall, a combination of preventive measures and efficient treatment strategies play a significant role in combating COVID-19 and protecting the global population from this highly contagious virus.

### Global Efforts and Research

Scientists and healthcare professionals from around the world are working tirelessly to understand the virus, develop effective treatments, and create vaccines. This collective effort has led to a wealth of knowledge about the virus's transmission, symptoms, and impact on the human body.<sup>43</sup> Additionally, international cooperation has facilitated the sharing of data, resources, and best practices to better equip countries in their fight against the pandemic. These global efforts and research are crucial in controlling the spread of the virus, mitigating its devastating effects, and ultimately finding a lasting solution to this global health crisis.<sup>44</sup>

### CONCLUSION

In conclusion, coronavirus diseases, particularly COVID-19, have presented substantial challenges for human health and society at large. With the constant developments in the understanding of the virus and the measures taken to combat it, it is essential to stay updated on the latest information and guidelines provided by reputable health organizations and authorities. By staying informed, individuals can make informed decisions regarding personal protective measures, preventive actions, and any necessary adjustments to their daily routines. Additionally, being well-informed enables individuals to effectively contribute to the efforts aimed at curbing the spread of the virus, fostering a stronger and more unified response within their communities and beyond. By staying informed and adhering to public health guidelines, we can collectively contribute to overcoming this global crisis and work towards a healthier future.

### REFERENCES

1. Peiris JSM. Coronaviruses. In: Greenwood D, Barer M, Slack R, Irving W, editors. *Medical Microbiology*. 18th ed. Elsevier; 2012. p. 587–93. doi:10.1016/B978-0-7020-4089-4.00072-X.
2. Pal M, Berhanu G, Desalegn C, Kandi V. Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2): An Update. *Cureus*. 2020;12(3):e7423. doi:10.7759/cureus.7423.
3. Desforges M, Le Coupanec A, Dubeau P, Bourgouin A, Lajoie L, Dubé M, et al. Human Coronaviruses and Other Respiratory Viruses: Underestimated Opportunistic Pathogens of the Central Nervous System? *Viruses*. 2019;12(1):14. doi:10.3390/v12010014.
4. Fehr AR, Perlman S. Coronaviruses: an overview of their replication and pathogenesis. *Methods Mol Biol*. 2015;1282:1–23. doi:10.1007/978-1-4939-2438-7\_1.
5. Singla R, Mishra A, Joshi R, Jha S, Sharma AR, Upadhyay S, et al. Human animal interface of SARS-CoV-2 (COVID-19) transmission: a critical appraisal of scientific evidence. *Vet Res Commun*. 2020;44(3-4):119–30. doi:10.1007/s11259-020-09781-0.
6. Jaiswal NK, Saxena SK. Classical Coronaviruses. In: Saxena SK, editor. *Coronavirus Disease 2019 (COVID-19)*. Singapore: Springer; 2020. p. 141–50. doi:10.1007/978-981-15-4814-7\_12.
7. Al-Rohaimi AH, Al Otaibi F. Novel SARS-CoV-2 outbreak and COVID-19 disease; a systemic review on the global pandemic. *Genes Dis*. 2020;7(4):491–501. doi:10.1016/j.gendis.2020.06.004.
8. Sharma A, Tiwari S, Deb MK, Marty JL. Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2): a global pandemic and treatment strategies. *Int J Antimicrob Agents*. 2020;56(2):106054. doi:10.1016/j.ijantimicag.2020.106054.
9. Cascella M, Rajnik M, Aleem A, Dulebohn SC, Di Napoli R. Features, Evaluation, and Treatment of Coronavirus (COVID-19) . In: *StatPearls. Treasure Island (FL): StatPearls Publishing; 2023*
10. Naqvi AAT, Fatima K, Mohammad T, Fatima U, Singh IK, Singh A, et al. Insights into SARS-CoV-2 genome, structure, evolution, pathogenesis and therapies: Structural genomics approach. *Biochim Biophys Acta Mol Basis Dis*. 2020;1866(10):165878. doi:10.1016/j.bbadis.2020.165878.
11. Grellet E, L'Hôte I, Goulet A, Imbert I. Replication of the coronavirus genome: A paradox among positive-strand RNA viruses. *J Biol Chem*. 2022;298(5):101923. doi:10.1016/j.jbc.2022.101923.
12. Yadav R, Chaudhary JK, Jain N, Chaudhary PK, Khanra S, Dhamija P, et al. Role of Structural and Non-Structural Proteins and Therapeutic Targets of SARS-CoV-2 for COVID-19. *Cells*. 2021;10(4):821. doi:10.3390/cells10040821.
13. Zhu Z, Lian X, Su X, Wu W, Marraro GA, Zeng Y. From SARS and MERS to COVID-19: a brief summary and comparison of severe acute respiratory infections caused by three highly pathogenic human coronaviruses. *Respir Res*. 2020;21:224. doi:10.1186/s12931-020-01479-w.
14. Wang Y, Grunewald M, Perlman S. Coronaviruses: An Updated Overview of Their Replication and Pathogenesis. *Methods Mol Biol*. 2020;2203:1–29. doi:10.1007/978-1-0716-0900-2\_1.
15. El Hassan M, Assoum H, Bukharin N, Al Otaibi H, Mofijur M, Sakout A. A review on the transmission of COVID-19 based on cough/sneeze/breath flows. *Eur Phys J Plus*. 2022;137:1. doi:10.1140/epjp/s13360-021-02162-9.



16. Jayaweera M, Perera H, Gunawardana B, Manatunge J. Transmission of COVID-19 virus by droplets and aerosols: A critical review on the unresolved dichotomy. *Environ Res.* 2020;188:109819. doi:10.1016/j.envres.2020.109819.
17. Chiu NC, Chi H, Tai YL, Peng CC, Tseng CY, Chen CC, et al. Impact of Wearing Masks, Hand Hygiene, and Social Distancing on Influenza, Enterovirus, and All- Cause Pneumonia During the Coronavirus Pandemic: Retrospective National Epidemiological Surveillance Study. *J Med Internet Res.* 2020;22(8):e21257. doi:10.2196/21257.
18. Hulswit RJ, de Haan CA, Bosch BJ. Coronavirus Spike Protein and Tropism Changes. *Adv Virus Res.* 2016;96:29–57. doi:10.1016/bs.aivir.2016.08.004.
19. Compans RW, Herrler G. Virus Infection of Epithelial Cells. In: Ogra PL, Mestecky J, Lamm ME, Strober W, Bienenstock J, McGhee JR, editors. *Mucosal Immunology*. 3rd ed. Academic Press; 2005. p. 769–82. doi:10.1016/B978-012491543-5/50045-0.
20. Beyerstedt S, Casaro EB, Rangel ÉB. COVID-19: angiotensin-converting enzyme 2 (ACE2) expression and tissue susceptibility to SARS-CoV-2 infection. *Eur J Clin Microbiol Infect Dis.* 2021;40(5):905–19. doi:10.1007/s10096-020-04138-6.
21. Weiss SR, Navas-Martin S. Coronavirus pathogenesis and the emerging pathogen severe acute respiratory syndrome coronavirus. *Microbiol Mol Biol Rev.* 2005;69(4):635–64. doi:10.1128/MMBR.69.4.635-664.2005.
22. Coerdts KM, Khachemoune A. Corona viruses: reaching far beyond the common cold. *Afr Health Sci.* 2021;21(1):207–13. doi:10.4314/ahs.v21i1.27.
23. Zhong NS, Wong GW. Epidemiology of severe acute respiratory syndrome (SARS): adults and children. *Paediatr Respir Rev.* 2004;5(4):270–4. doi:10.1016/j.prrv.2004.07.011.
24. Burger CD, Mikhail AE, Orenstein R, Ebbert JO, Vergidis P, Badley AD. Research response to SARS-CoV-2/COVID-19. In *Mayo Clinic Proceedings* 2020 Sep 1 (Vol. 95, No. 9, pp. S52-S55). Elsevier.
25. Memish ZA, Perlman S, Van Kerkhove MD, Zumla A. Middle East respiratory syndrome. *Lancet.* 2020;395(10229):1063–77. doi:10.1016/S0140-6736(19)33221-0.
26. Omrani AS, Al-Tawfiq JA, Memish ZA. Middle East respiratory syndrome coronavirus (MERS-CoV): animal to human interaction. *Pathog Glob Health.* 2015;109(8):354–62. doi:10.1080/20477724.2015.1122852. PMID: 26924345; PMCID: PMC4809235.
27. McFee RB. Middle East Respiratory Syndrome (MERS) Coronavirus. *Dis Mon.* 2020;66(9):101053. doi:10.1016/j.disamonth.2020.101053. PMID: 32773137; PMCID:PMC7386480.
28. Hui DS, Azhar EI, Kim YJ, Memish ZA, Oh MD, Zumla A. Middle East respiratory syndrome coronavirus: risk factors and determinants of primary, household, and nosocomial transmission. *Lancet Infect Dis.* 2018;18(8):e217–27. doi:10.1016/S1473-3099(18)30127-0. PMID: 29680581;PMCID:PMC7164784.
29. Stadnytskyi V, Anfinrud P, Bax A. Breathing, speaking, coughing or sneezing: What drives transmission of SARS-CoV-2? *J Intern Med.* 2021;290(5):1010–27. doi:10.1111/joim.13326. PMID:34105202;PMCID: PMC8242678.
30. Han E, Tan MMJ, Turk E, Sridhar D, Leung GM, Shibuya K, et al. Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe. *Lancet.* 2020;396(10261):1525–34. doi:10.1016/S0140-6736(20)32007-9. PMID:32979936;PMCID: PMC7515628.
31. McIntosh K, Hirsch MS, Bloom A. COVID-19: Epidemiology, virology, and prevention. UpToDate. Available online: <https://www.uptodate.com/contents/covid-19-epidemiology-virology-and-prevention> (accessed on 18 March 2021). 2021 Mar 18.
32. Temmam S, Vongphayloth K, Baquero E, et al. Bat coronaviruses related to SARS-CoV-2 and infectious for human cells. *Nature.* 2022;604:330–6. doi:10.1038/s41586-022-04532-4.
33. Hu B, Guo H, Zhou P, et al. Characteristics of SARS-CoV-2 and COVID-19. *Nat Rev Microbiol.* 2021;19:141–54. doi:10.1038/s41579-020-00459-7.
34. Banerjee A, Doxey AC, Mossman K, Irving AT. Unraveling the Zoonotic Origin and Transmission of SARS-CoV-2. *Trends Ecol Evol.* 2021;36(3):180–4. doi:10.1016/j.tree.2020.12.002. PMID:33384197;PMCID: PMC7733689.
35. Nicola M, Alsafi Z, Sohrabi C, Kerwan A, Al-Jabir A, Iosifidis C, et al. The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *Int J Surg.* 2020;78:185–93. doi:10.1016/j.ijssu.2020.04.018. PMID: 32305533; PMCID: PMC7162753.
36. Rong G, Zheng Y, Chen Y, Zhang Y, Zhu P, Sawan M. COVID-19 Diagnostic Methods and Detection Techniques. In: *Encyclopedia of Sensors and Biosensors*. 2023. p. 17–32. doi:10.1016/B978-0-12-822548-6.00080-7. PMCID: PMC8409760.
37. Pavia CS, Plummer MM. The evolution of rapid antigen detection systems and their application for COVID-19 and other serious respiratory infectious diseases. *J Microbiol Immunol Infect.* 2021;54(5):776–86. doi:10.1016/j.jmii.2021.06.003. PMID:34272205;PMCID: PMC8234251.
38. Humphreys J. The importance of wearing masks in curtailing the COVID-19 pandemic. *J Family Med Prim Care.* 2020;9(6):2606–7. doi:10.4103/jfmprc.jfmprc\_578\_20. PMID:32984094;PMCID: PMC7491844.
39. Moghadas SM, Vilches TN, Zhang K, Wells CR, Shoukat A, Singer BH, et al. The impact of vaccination on COVID-19 outbreaks in the United States. *medRxiv.* 2021 Jan 2:2020.11.27.20240051. doi:10.1101/2020.11.27.20240051. Update in: *Clin*

- Infect Dis. 2021;73(12):2257–64. PMID: 33269359; PMID: PMC7709178.
40. Contreras S, Dehning J, Loidolt M, Zierenberg J, Spitzner FP, Urrea-Quintero JH, et al. The challenges of containing SARS-CoV-2 via test-trace-and-isolate. *Nat Commun.* 2021;12(1):378. doi:10.1038/s41467-020-20699 8. PMID: 33452267; PMID: PMC7810722.
  41. Veronin MA, Lang A, Reinert JP. Remdesivir and Coronavirus Disease 2019 (COVID-19): Essential Questions and Answers for Pharmacists and Pharmacy Technicians. *J Pharm Technol.* 2021;37(1):62–74. doi:10.1177/8755122520967634. PMID: 34752546; PMID: PMC7809328.
  42. Mornese Pinna S, Lupia T, Scabini S, Vita D, De Benedetto I, Gaviraghi A, et al. Monoclonal antibodies for the treatment of COVID-19 patients: An umbrella to overcome the storm? *Int Immunopharmacol.* 2021;101(Pt A):108200. doi:10.1016/j.intimp.2021.108200. PMID: 34607231; PMID: PMC8479899.
  43. Kumari M, Lu RM, Li MC, et al. A critical overview of current progress for COVID- 19: development of vaccines, antiviral drugs, and therapeutic antibodies. *J Biomed Sci.* 2022;29:68. doi:10.1186/s12929-022-00852-9.
  44. Amaya AB, De Lombaerde P. Regional cooperation is essential to combatting health emergencies in the Global South. *Global Health.* 2021;17:9. doi:10.1186/s12992-021-00659-7.