

Hospitals & Asylums

Novel Coronavirus-Infected Pneumonia Treatment HA-13-3-20

By Anthony J. Sanders

The coronavirus has caused the stock market to panic, and self and mandatory quarantines are restricting global travel, work and school. As of March 6, 2020 more than 100,000 people have been diagnosed with the coronavirus disease globally, with at least 3,015 deaths in China and 267 fatalities in other parts of the globe, most of them in Italy and Iran, a 3.3% chance of dying. Italy has placed up to 16 million people under quarantine as it battles to contain the spread of coronavirus. Anyone living in Lombardy and 14 other central and northern provinces will need special permission to travel. Milan and Venice are both affected. Italy has seen the largest number of coronavirus infections in Europe, with the number of confirmed cases jumping by more than 1,200 to 5,883 on March 7. The death toll in Italy has passed 230, with officials reporting more than 36 deaths in 24 hours. At least 1,200 of the new infections are in Iran, on March 6 Iran's health ministry noted that 124 people have died. It is alarming that the Iranian health director who announced that coronavirus was not a threat was diagnosed with COVID-19 the next day. On March 7, Dr. Stephen M. Hahn, FDA Commissioner, said that 1,583 people in the U.S. have been tested for COVID-19 through the CDC tests. As of March 9, 2020, in the US, cases of coronavirus crossed 500 and deaths rose to 22, a 4.4% chance of dying. There are 124 confirmed COVID-19 cases in California, including 22 passengers aboard the Grand Princess cruise ship off the state's coast. About 10,250 Californians are under self-quarantine, meaning they think there's a chance they were exposed to this novel coronavirus, so they've separated themselves from others in case they start showing symptoms. Ohio, Maryland and New Mexico have closed all schools for about a month and are advocating distance learning.

A 2005 report by the U.S. Congressional Budget Office estimated the damage from a severe flu pandemic to the American economy at around 5% of GDP. The stock market has fallen more than 20% from February. COVID-19 was officially declared a pandemic on March 11 and although there is some debate as to whether COVID-19 is statistically more dangerous than severe influenza as accounted for by the World Health Organization, taking into consideration the difficulty of diagnosing COVID-19, the pandemic is obviously very dangerous, loss of life and fear is very tragic. Whereas COVID-19 has been declared a pandemic, the stock market crash should not be instantly considered a panic, but it is difficult to understand why electronic trading would cease due to COVID-19 exposure fears. International travel is highly delayed due to quarantines ranging from 14 days to a month, and this must impair international trade. International trade is however overrated as a basis of economic prosperity. It is not fully understood why people shirking work to avoid COVID-19 exposure would not engage in electronic stock market investment. Is it that the stock market floor traders are avoiding work, and should develop a method whereby they too would do their trading electronically, rather than continue trading in crowded and messy trading centers, the old fashioned way?

Congress has nearly passed a multi-billion dollar coronavirus bill to provide relief for quarantined workers, while they are unable to work, free testing and treatment. The President is attributed with resisting the bill by strangely attempting to attach a patently unlawful payroll tax, for which the General Fund would owe compensation, dollar for dollar, but his panicky attempt to offset the stock market crash, does not adequately take into consideration that COVID-19 has officially been declared a panic, stock market traders may want to go completely electronic, from a distance. While false social

security association gave rise to the first reports of the virus in China, that is the lack of non-benefit paying sick and/or toxic officials, who need to stop wear gloves on the outgoing mail, and stop entering addresses in the profile, when brought before the World Health Organization, without the required arrest of the data-based home invader. Robbing the payroll tax to bail out the stock market is a grave breach of the Geneva Convention for which the General Fund would again owe dollar for dollar compensation. The United States must stop falling victim to the hacking of the principle of non-repetition from the principle of compensation, so that the purpose of a trial is non-repetition and compensation so that it would be as if the illegal act had never occurred. The 2020 Annual Report of the Supplemental Security Income Program: Letter of Intent [HA-20-11-19](#) is currently being followed up on regarding the 2020 Message of the Public Trustee and will hopefully tax the rich and state employees the full 12.4% payroll tax on all their income to end child poverty by 2020 and all poverty by 2030. This should reduce or eliminate idiocy amongst the rich and state employees, whose mental capacity is limited by their personal wealth, while the rights of the poor add up.

Colds are by far the most widespread of all infections in this country affecting more than 150 million people in the United States each year. Many people, especially children, have two or more colds annually. In the average year, colds are responsible for a loss of 440 million workdays and 62 million school days. Including time lost from work, doctors' fees and medications purchased, the annual cost of colds has been estimated well in excess of eight billion dollars annually. Colds are infections of the lining of the nose. The common cold is caused by a virus, not just a single virus but any one of more than 125. These include rhinovirus, adenovirus, coronavirus, and respiratory syncytial virus. Coronaviruses are one of the viruses behind the common cold. Named for their crown of club-shaped thorns, which can be seen with an electron microscopes, they cause colds especially during the winter and spring. Coronaviruses need only about three days to multiply in the respiratory tract before their victim starts feeling miserable. On average the cold lasts for a week, a few days shorter than a typical rhinovirus cold, but with more nasal congestion. Coronaviruses are remarkably good at re-infecting their hosts, which is one reason why vaccines remain elusive (Biddle '95: 49). Normally there is no treatment for coronaviruses other than a caution to wash hand and keep clean. For Severe Acute Respiratory Syndrome (SARS), a coronavirus, the treatment with no fatalities was to ventilate the patient and medicate with the antibiotic levofloxacin (Levaquin), and corticosteroids methylprednisolone IV and then prednisone (Kit-Ying '06). The United States should probably adopt this hospital treatment to theoretically reduce COVID-19 fatalities from 4.4% to 3.3%.

Travel bans are limiting entry to high-risk countries, borders are being sealed off, and people are being forced to stay in quarantine for weeks on end. A mask is useful if you're sick and wish to prevent spread of disease to others. But if you're feeling ill, it's best just not to go to public areas and to stay home, if that's an option. The N95 respirators can provide protection against [this virus] if worn correctly, however these masks need to be fit-tested and are difficult to wear properly for an extended period of time. These masks should be reserved for healthcare workers who are at the greatest risk of acquiring infection. It has been established that COVID-19 can present with mild or no symptoms at all. As a result, it can spread before someone knows that they are ill. staying home when you're sick — or doing your best to avoid contact with others — will help limit spread of the disease. The 2019 coronavirus is much more deadly than seasonal flu. An estimated of people who developed the flu during the 2019–2020 flu season in the United States died (as of February 2020), compared to of those diagnosed with the 2019 coronavirus. Here are some common symptoms of a flu infection: cough, runny or stuffy nose, sneezing, sore throat, fever, headache, fatigue, chills, body aches.

Coronaviruses are zoonotic. This means they first develop in animals before developing in humans. For the virus to pass from animal to humans, a person has to come into close contact with an animal that carries the infection. Once the virus develops in people, coronaviruses can be spread from person to person through respiratory droplets. This is a technical name for the wet stuff that moves through the air when you cough or sneeze. The viral material hangs out in these droplets and can be breathed into the respiratory tract (your windpipe and lungs), where the virus can then lead to an infection. The 2019 coronavirus hasn't been definitively linked to a specific animal. But researchers believe that the virus may have been passed from bats to another animal — either snakes or pangolins - and then transmitted to humans. This transmission likely occurred in the open food market in Wuhan, China. You're at high risk for developing this disease if you come into contact with someone who's carrying the virus, especially if you've been exposed to their saliva or been near them when they've coughed or sneezed. Washing your hands and disinfecting surfaces can help decrease your risk for catching this or other viruses. Older men seem to be especially susceptible to the virus. A study found that the median age of people testing positive for this coronavirus was around 45 years, and that over two-thirds of those people were male. The 2019 coronavirus can be diagnosed similarly to other viral infections: using a blood, saliva, or tissue sample. In the United States, currently has the ability to diagnose COVID-19. Talk to your doctor right away if you think you have a coronavirus infection, especially if you've traveled to China in the past 14 days. Your doctor will speak to local public health officials to provide guidance on whether testing for the virus is needed.

The best way to prevent the spread of this virus is to avoid or limit contact with people who are showing symptoms of the virus and have traveled to China in the past 14 days. The next best thing you can do is practice good hygiene to prevent bacteria and viruses from spreading. Wash your hands frequently for at least 20 seconds at a time with warm water and soap. Don't touch your face, eyes, nose, or mouth when your hands are dirty. Don't go out if you're feeling sick or have any cold or flu symptoms. Cover your mouth with the inside of your elbow whenever you sneeze or cough. Throw away any tissues you use to blow your nose or sneeze right away. Keep any objects you touch a lot clean. Use disinfectants on objects like phones, computers, utensils, dishware, and door handles. This isn't the first time a coronavirus has made news — the deadly 2003 SARS outbreak was also caused by a coronavirus. The SARS virus was first found in animals before it spread to humans. The SARS virus is have come from bats and then was transferred to another animal, and then to humans. Once transmitted to humans, the SARS virus began spreading quickly among people. What makes the 2019 coronavirus so newsworthy is that a treatment or cure hasn't yet been developed to help prevent its rapid spread from person to person. SARS has been successfully contained and treated.

During the 2018-19 flu season, about 35 million people in the US contracted the flu and about 34,000 died, according to the Centers for Disease Control and Prevention, a 0.1% chance of dying. This flu season, an estimated 32 million people have gotten the flu, with 310,000 hospitalizations and 18,000 deaths, a 0.6% chance of dying. The World Health Organization estimates that worldwide, annual influenza epidemics result in about 3-5 million cases of severe illness and about 250,000 to 500,000 deaths, an 8-10% chance of dying, of severe influenza, worldwide. Influenza is the deadliest disease in the history of the world. Influenza, also known as the flu, is a contagious disease that is caused by the influenza virus. History suggests that the influenza pandemics have occurred three times in the 20th century 1918, 1957, and 1968. The 1918 Spanish flu caused an estimated 600,000 death in the US alone, 218.4 deaths per 100,000 Americans, and between 40 and 60 million worldwide, two to three times as many as the 22 million who died in WWI. The 1918 Spanish Flu killed the greatest number of people over such a period of time of any natural or man made calamity. The 1957 Asian flu, caused 2

million lives globally, 22 deaths per 100,000 population; and 1968 Hong Kong flu, took 1 million lives globally, 13.9 deaths per 100,000 population. The outbreak of severe acute respiratory syndrome (SARS) in 2003 lasted around three months, resulting in a total of 774 deaths from more than 8,000 cases of infections in close to 30 countries. In Hong Kong the total number of deaths was around 300, or roughly 0.004% of the population. Yet Hong Kong's GDP for the affected quarter fell an estimated 2% and retail sales fell by 6.1%.

Of the 10 influenza pandemics over the past 300 years, about half have begun in fall or winter, while the other half began in the spring or summer, according to the Center for Infectious Disease Research and Policy at the University of Minnesota. The infamous 1918 flu pandemic, which killed 50 million people worldwide, began in the spring, became dormant in the summer and roared back to life in the fall. Almost all deaths related to current influenza epidemics occur among the elderly. However, mortality was greatest among the young, ages 20-40, during the 1918–1919 pandemic. Mortality during the swine flu A (H1N1) pandemic of 2009 also seems to indicate mortality are mostly amongst people in their 30s. The virologic basis for a recurrent epidemics is a continued process of antigenic change (antigenic drift) among circulating influenza viruses. Between 1972 and 1992 influenza claimed the lives of an average of 21,000 each season with a range between 0 and 47,000 deaths, in the United States. In recent years 95% of deaths have occurred amongst people older than 65 years of age. Mortality is generally highest in seasons when H3N2 predominates. In contrast to annual epidemics worldwide pandemics occur infrequently in association with the unpredictable emergence of a new Influenza A subtype. Pandemics can lead to widespread increases in Influenza morbidity and mortality. The 1918-1919 Spanish influenza was an A(H1N1) and led to an estimated 500,000 deaths in the United States and more than 20 million worldwide. The 1957-1958 Asian influenza was an A(H2N2), the 1968-1969 Hong Kong Influenza was an A(H3N2). Influenza A(H1N1) stopped circulating in 1957 and reappeared in 1977. Influenza A(H2N2) disappeared from the human population in 1968

Pandemic influenza is a global threat from which no country is immune and the actions required are a shared responsibility of the whole international community. The experience of SARS has demonstrated that in the 21st century a pandemic virus could spread throughout the world in a matter of months, if not weeks. In response WHO devised a five point strategic action plan. (1) Reduce human exposure to the H5N1 virus. By reducing opportunities for human infection WHO would reduce opportunities for a pandemic virus to emerge. (2) Strengthen the early warning system to ensure that affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment. (3) Intensify rapid containment operations to prevent the H5N1 virus from further increasing its transmissibility among humans or delay its international spread. (4) Build capacity to cope with a pandemic to ensure that all countries have formulated and tested pandemic response plans and that WHO is fully able to perform its leadership role during a pandemic. (5) Coordinate global scientific research and development to ensure that pandemic vaccines and antiviral drugs are rapidly and widely available shortly after the start of a pandemic and that scientific understanding of the virus evolves quickly.

There's currently no treatment specifically approved for the 2019 coronavirus, and no cure for an infection, although treatments and vaccines are currently under study. Instead, treatment focuses on managing symptoms as the virus runs its course. Seek immediate medical help if you think you have COVID-19. A doctor will recommend treatment for any symptoms or complications that develop. Other coronaviruses like SARS and MERS do have vaccines and treatments. Some treatments for these

similar viruses include: antiviral or retroviral medications, breathing support like mechanical ventilation, steroids to reduce lung swelling, blood plasma transfusions. The most serious complication of COVID-19 is a type of pneumonia that's been called 2019 novel coronavirus-infected pneumonia (NCIP). Results from a of 138 people admitted into hospitals in Wuhan, China, with NCIP found that 26 percent of those admitted had severe cases and needed to be treated in the intensive care unit (ICU). About 4.3 percent of these people who were admitted to the ICU died from this type of pneumonia. So far, NCIP is the only complication specifically linked to the 2019 coronavirus. But researchers have seen the following complications in people who have developed a coronavirus: acute respiratory distress syndrome (ARDS), irregular heartbeat (arrhythmia), cardiovascular shock, severe muscle pain (myalgia), fatigue, heart damage or heart attack. Normally there is no treatment for coronaviruses other than a caution to wash hand and keep clean. For Severe Acute Respiratory Syndrome (SARS), a coronavirus, the treatment with no fatalities was to ventilate the patient and medicate with the antibiotic levofloxacin (Levaquin), and corticosteroids methylprednisolone IV and then prednisone (Kit-Ying '06). The United States should probably adopt this hospital treatment to theoretically reduce COVID-19 fatalities from NCIP pneumonia from 4.4% to 3.3%. Corticosteroids such as hydrocortisone crème and prednisone are likely to be the most effective drugs for self-medicating colds, including COVID-19, with Ampicillin for the invariable pneumonia. Herbal cold remedies such as echinacea may also be helpful.

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