

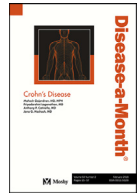


Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Disease-a-Month

journal homepage: www.elsevier.com/locate/disamonth

Introduction - Emerging Pathogens and the COVID-19 Pandemic



R.B. McFee, DO, MPH, FACPM, FAACT

Medical Director, Ellis Medical

As recent events with COVID-19 (SARS2-Cov, SARS-COV-2), demonstrated, coronaviruses are capable of significant human illness.¹⁻¹⁰ Historically coronaviruses have been considered low pathogenic viruses. That changed with SARS in 2003 when the first highly pathogenic coronavirus was discovered. SARS caused severe pulmonary illness, and was associated with a case fatality rate ~9%. With further study into SARS and other human pathogenic coronaviruses, it became clear these highly adaptive viruses should be added to the list of pathogens capable of causing major outbreaks.

Since SARS, two additional highly pathogenic coronaviruses have emerged MERS, and SARS2,⁸⁻¹⁰ which throughout this article, SARS2 will be referred to as COVID-19.⁵⁻⁸ This latest potentially deadly coronavirus, which emerged in late 2019, has caused a level of global illness unseen in numbers and rapidity since the major outbreaks of the early 19th century. According to the World Health Organization, as of 9 June 2020, COVID-19 has resulted in 7,039,918 confirmed cases and 404,396 deaths worldwide, 3,366,251 cases in the Americas, with 140,498 deaths. Of concern in some regions the number of cases continues to rise.^{11,12}

Also worth noting, there remain a significant number of persons infected who are asymptomatic or have minimal disease – some of whom have not been tested. With increased numbers of infection survivors, questions concerning lingering illness, and potential chronic functional impairments needs to be further characterized. Additionally there has been inconsistency in testing throughout regions. All of which add to the challenge of epidemiologic modeling,

As will be discussed later, further magnifying the enormous threat COVID-19 poses is the question of immunity – can it be acquired through surviving the infection, or via vaccine, and how sustained is the immune protection?¹³ And in the absence of specific COVID-19 antivirals, what are the best practices to date in the medical management of highly pathogenic coronaviruses?

While the questions seem to outnumber the answers, there are approaches that have had positive results clinically. With the rapidity of this pandemic, medical science has had a steep

E-mail address: drmcfee2020@gmail.com

<https://doi.org/10.1016/j.disamonth.2020.101065>

0011-5029/© 2020 Elsevier Inc. All rights reserved.

learning curve to climb, and research is still underway to answer the key questions we pose – immune response, protection, hyperimmune reaction, appropriate use of medications, non-medication interventions, appropriate preventive measures, vaccine development.^{14,15} These and other issues will be discussed in the COVID-19 Section of this edition of Disease A Month. To be sure there remain gaps in our knowledge, and in many cases we will provide the best science available as opposed to definitive answers which remain to be discovered; at the moment these still seem to be the guiding principles of medical management against COVID-19 for the foreseeable future.

What follows is an overview of coronaviruses in general, with a review of SARS and MERS, and lastly an in depth look at COVID-19.

References

- Guo YR, Cao QD, Hog ZS, Tan YY, et al. The origin, transmission, and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak – an update on the status. *Mil Med Res.* 2020;7:11. <https://doi.org/10.1186/s40779-020-00240-0>. Last accessed 06/01/20.
- Siddell S, Wege H, ter Meulen V. The biology of coronaviruses. *J Gen Virol.* 1983;64(Pt 4):761–776.
- Perlman S, Netland J. Coronaviruses post SARS: update on replication and pathogenesis. *Nat Rev Micro.* 2009(June):439–450.
- Holmes KV. SARS coronavirus: a new challenge for prevention and therapy. *J Clin Invest.* 2003;111:1605–1609. <http://www.jci.org/cgi/content/full/111/11/1605>.
- DeGroot RJ. Middle East respiratory syndrome coronavirus (MERS – CoV) announcement of the coronavirus study group. *J Virol.* 2013;87:7790–7792.
- Assiri A, Al-Tawfiq JA, Al-Rabeeh AA, et al. Epidemiological, demographic, and clinical characteristics of 47 cases of Middle East respiratory syndrome coronavirus disease from Saudi Arabia: a descriptive study. *Lancet Inf Dis.* 2013;13:752–761.
- Lauer SA, Grantz KH, Olfang B, Jones FK, et al. The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application. *Ann Intern Med.* 2020(March 10). www.annals.org. doi:10.7326/M20-0504. Last accessed 05/25/20.
- Moccia F, Gerbino A, Lionetti V, Miragoli M, et al. COVID-19 associated cardiovascular morbidity in older adults: a position paper from the Italian Society of cardiovascular researches. *GeroScience.* 2020(28 April). <https://doi.org/10.1007/s11357-020-00198-w>.
- Hamid S, Mir MY, Rohela GK. Novel coronavirus disease (COVID-19): a pandemic (epidemiology, pathogenesis, and potential therapeutics). *New Microbe New Infect.* 2020;35. <https://doi.org/10.1016/j.nmni.2020.100679>. Last accessed 05/27/20.
- Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet.* 2020;395:497–506. [https://doi.org/10.1016/S0140-6736\(20\)30183-5](https://doi.org/10.1016/S0140-6736(20)30183-5).
- World Health Organization COVID-19 Resource Center 2020 www.COVID19.who.int Last accessed 06/09/20.
- Worldometer website. COVID-19 coronavirus outbreak. Updated February 24, 2020 www.worldometers.info/coronavirus/. Accessed 24 February 2020 [Google Scholar].
- Catanzaro M, Fagiani F, Racchi M, Corsini E, et al. Immune response in COVID-19: addressing a pharmacological challenge by targeting pathways triggered by SARS-CoV-2. *Sig Trans Targeted Ther.* 2020(29 May). <https://doi.org/10.1038/s41392-020-0191-1>. Last accessed 06/04/20.
- Hung I, Lung K, Tso E, Liu R, et al. Triple combination of interferon beta-1b, lopinavir-ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open label, randomized, phase 2 trial. *Lancet.* 2020(395). 20 May. www.thelancet.com. Last accessed 06/01/20.
- Sanders JM, Monogue ML, Jodlowski TZ, Cutrell JB. Pharmacologic treatments for coronavirus disease 2019 (COVID-19): A review. *JAMA.* 2020;323(18):1824–1836. <https://jamanetwork.com>. Last accessed 06/01/20.