



Sifting through the COVID-19 Pandemic

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Opinion

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Opinion

Where does this Virus Come from?

There are approximately 6,400 species of mammals on our planet. Bats represent 20% of the mammalian population. There are 1,000 different types of bats, and they are the only mammals that can fly, which explains their great range of movement. Fruit bats harbor a large number of viruses. In the history of their development, fruit bats have probably been the entry point for viruses into the mammalian lineage. There are numerous dangerous viruses that have spread from "bats" to humans, and are responsible for the transmission of many diseases: measles, mumps, rabies, Marburg fever, Ebola and other rarer and no less dangerous diseases. These are biological processes that are millions of years old. The DNA of healthy individuals also contains traces of viral gene sequences that have been "incorporated" over millennia.

Probable Theories on How This Virus Spread to Humans

1. The "COVID-19" virus has been transmitted directly from a bat to humans. However, the structure of the virus in question, which genetically matches the current "COVID-19" virus by 96%, cannot bind to the type 2 "angiotensin-converting enzyme" (ACE) in the lungs; but the virus needs this enzyme to penetrate lung cells (and heart, kidney and intestinal cells) and destroy them.
2. A COVID-19 virus jumped to humans from the pangolin, a Malaysian mammalian dastardly mammal, which was illegally imported into China and initially did not cause disease. As part of consecutive human-to-human

transmissions, this virus has adapted to general human conditions by mutation or adaptation, and eventually was able to bind to the ACE2 receptor, and penetrate cells, which "started" the pandemic.

3. There is an original strain of these two viruses COVID-19, which unfortunately so far has not been detected.
4. It is a synthetic laboratory virus, because this is exactly what was investigated and the biological mechanism of excitation, and described in detail in 2016.

The virologists in question denied this possibility, of course, but they cannot rule it out either in "Nature Medicine" which has just been published: "The proximate origin of SARS-CoV-2" by Kristian Andersen.

The particularity of these facts is that coronaviruses can coexist with the Ebola virus in the same "bat" without the latter getting sick. On the one hand, this is scientifically interesting, because perhaps immune mechanisms can be found that explain why these bats do not get sick. These immune mechanisms against coronaviruses and Ebola virus could provide important information for *Homo sapiens*. On the other hand, these facts are worrisome, because it is conceivable that, due to high and active genetic recombination, a "supervirus" could form, which has a longer incubation period than the current COVID-19 virus, but with a lethality similar to that of the Ebola virus.

What Do We know?

That it is an aggressive virus;

1. that the average incubation period lasts five days; the maximum incubation period is not yet clear;
2. that asymptomatic carrier of COVID-19 can infect other people, and that this virus is "extremely contagious" and

- “extremely resistant”;
3. that we know the populations at risk;
 4. that in the last 17 years it has not been possible to develop a vaccine or a monoclonal antibody against coronaviruses;
 5. that it has never been possible to develop a vaccine or a monoclonal antibody against coronaviruses;
 6. that the so-called “flu vaccine” has minimal effect, contrary to popular publicity.

What We Do Not Know

- Whether or not immunity exists after passing an infection. Some data indicate that humans can develop class G immunoglobulins after day 15, which should prevent reinfection by the same virus. But this has not yet been definitively proven;
- How long a possible immunity could protect;
- Whether this COVID-19 virus remains stable or whether a slightly different COVID-19 spreads again worldwide, analogous to the usual flu wave, against which there is no immunity;
- Whether higher temperatures in summer help us because the COVID-19 casing is unstable at higher temperatures. It is worth mentioning here that the MERS virus spread in the Middle East from May to July, when temperatures were higher than we have ever experienced.

How Long it Takes for a Population to become Infected to the Point Where the R- Value is <1:

If 1 million people in Zurich are tested at a given time, COVID-19 is said to be 12% to 18% positive at that time. To deprive the pandemic of its pandemic character, the R-value must be <1; that is, about 66% of the population must have been in contact with the virus and developed immunity. No one knows how long, how many months will pass before the infection, currently assumed to be between 12% and 18%, reaches 66%! But it can be assumed that the spread of the virus from 12% to 18% to 66% of the population will continue to generate serious illnesses.

Therefore, we do not know how long we will face this virus. Two reports, which should not be available to the public (the US Government's COVID Response Plan, and a report from Imperial College London) independently arrive at a “standstill” phase of up to 18 months; and we do not know whether this virus will occupy us epidemically / pandemically or perhaps even endemically; moreover, we still do not have a recognized and widely applicable defined therapy, and we have never been able to present one of these therapies in the case of influenza.

Perhaps the authorities and the media should put

the facts on the table instead of reporting on a seemingly successful vaccine every other time, and there is still a long way to go.

What Can We Do Now?

I too cannot answer the question and give the best solutions. It is not known whether it is possible for Switzerland to contain the pandemic or whether the infection will remain unaffected because all measures have been taken and implemented too late.

If so, one can only hope that we will not pay for this “policy” with too many dead and seriously ill people. And that not too many patients will suffer from the long-term consequences of COVID-19 infection, such as that “thanks to” COVID-19 I will suffer from pulmonary fibrosis, impaired glucose metabolism and new cardiovascular diseases. The long-term consequences of having suffered a SARS infection are documented up to 12 years after the supposed cure. Let's hope that COVID-19 behaves differently.

Every step towards relaxation is basically a step into the unknown. We can only say what is not feasible: an active infection of non-risk groups with the COVID-19 virus is surely an absolute fantasy. It can only occur to people who have no idea about biology, medicine or ethics. It is certainly impossible to deliberately infect millions of healthy citizens with an aggressive virus, about which we really know nothing, neither the extent of acute damage nor the long-term consequences. The greater the number of viruses per population, the greater the probability of accidental mutation, which could make the virus even more aggressive. Therefore, we should definitely not actively contribute to increasing the number of viruses per population; the more people become infected with COVID-19, the more likely it is that this virus will become “better” adapted to humans and become even more disastrous. It is assumed that this has happened before.

The determination of the concentration of COVID-19 IgM and IgG antibodies in the blood is apparently linked to the neutralization of the COVID-19 virus. The quantitative and qualitative diagnosis of these antibodies has so far only been investigated in a small clinical study with 23 patients. At present it is not possible to say whether the determination of the antibody mass in the blood will make a controlled “blockade” safer by allowing only infectious and infected persons to circulate freely. It is also unclear when this method will be clinically valid and widely applicable.

In conclusion, this is a highly infectious entity with a high probability of zoonotic transmission, where bats and pangolins stand out as potential reservoirs, but we cannot

rule out the possibility of virus synthesis at the laboratory level, so we do not know if the virus will become endemic, recurrent year after year or finally be controlled; What we do know for sure is that we need the joint effort of all human

beings living on the planet to win the battle against this new coronavirus, since we have undoubtedly entered the era of pandemics.