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EPIDEMIOLOGICAL ASPECTS OF CORONAVIRUS INFECTION

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In the new millennium, mankind is faced with infectious diseases that no one knew about. Plague and typhus have been replaced by dangerous viruses. Environmental changes, climate warming, an increase in population density and other factors provoke their appearance, and high migration activity of the population contributes to their spread throughout the world. Truly, infections know no boundaries.

The aim of the study was to study the epidemiological aspects of coronavirus infection.

Test methods and materials. Coronaviruses (lat.Coronaviridae) are a family of 40 species of RNA-containing complexly organized viruses with supercapsid as of January 2020 (1). They are grouped into two subfamilies that affect humans and animals. The name is associated with the structure of the virus: from the supercapsid, large spine-like processes in the form of a club, which resemble a crown, protrude. Virions are 80-220 nm in size. The nucleocapsid is a flexible helix composed of a genomic RNA plus strand and a large number of N nucleoprotein molecules. Has the largest genome among the RNA genomic viruses. Bats are the natural reservoir of the SARS-CoV-2 virus. Mammals eating bats can serve as an additional reservoir, with further distribution among humans. Phylogenetic studies of the isolated strains have shown that the genomic sequences of viruses found in bats are 99 percent identical to those isolated from patients with COVID-19. Currently, the main source of infection is an infected person, including those at the end of the incubation, prodromal period (the beginning of virus isolation from target cells) and during clinical manifestations. The transmission mechanism is aspiration (5). Routes of transmission: airborne (virus release when coughing, sneezing, talking) upon contact at close range. The contact-household route is realized through transmission factors: water, food products and objects (door handles, smartphone screens) contaminated with the pathogen. The risk of transmission of the virus from the hands to the mucous membranes of the eyes, nose and mouth and the disease has been proven. It is possible to implement the fecal-oral mechanism (the pathogen was found in fecal samples from patients infected with SARS-CoV-2). The fact of implementation of the artifactual transmission mechanism of SARS-CoV-2 has been established. In the PRC, more than 1,700 confirmed cases of the disease of medical workers who provided assistance to patients with COVID-19 have been registered (6). Susceptibility to the pathogen is high among all population groups. The risk groups for a severe course of the disease and the risk of death include people over 60 years of age, patients with chronic diseases (diseases of the respiratory system, cardiovascular system, diabetes mellitus, cancer). Mortality varies from 2 to 4%. The SARS-CoV-2 virus is characterized by low resistance in the environment. Dies under the influence of ultraviolet irradiation, disinfectants, when heated to 40 ° C for 1 hour, up to 56 ° C in 30 minutes. On the surface of objects at 18-25 ° C remains viable from 2 to 48 hours. The incubation period for COVID-19: from 2 to 14 days, on average 5-7 days. In comparison, the incubation period for seasonal flu is about 2 days. Among the first symptoms of COVID-19, an increase in body temperature (90%), cough - dry or with a small amount of sputum (80%), shortness of breath (55%), myalgia and fatigue (44%), a feeling of tightness in the chest (20%)), as well as headaches (8%), hemoptysis (5%), diarrhea and nausea (3%). These symptoms at the onset of infection can be observed in the absence of an increase in body temperature (3). Most patients with severe COVID-19 develop pneumonia in the first week of illness.

Conclusion: Changes in the environment, climate warming, an increase in population density, the development of biotechnology and other factors provoke the emergence, and the ever-increasing migration flows and processes of economic globalization contribute to the spread of new infections. The biological threats associated with epidemics of infectious diseases are global in nature. The COVID-19 epidemic is not the last threat in the 21st century. All countries should be ready for coordinated actions to prevent the emergence and spread of infections, to timely diagnose them, to develop methods of treatment and prevention, and to create vaccines.

СОДЕРЖАНИЕ