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COMMENTARY

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Classification on Coronavirus (COVID-19) Disease Symptoms

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Description

Coronavirus disease 2019 (COVID-19) is a contagious coronavirus 2 infection that produces severe acute respiratory illness (SARS-CoV-2). In December 2019, the first known case was discovered in Wuhan, China. The disease has since spread around the world, resulting in a pandemic.

Fever, cough, headache, fatigue, breathing difficulty, loss of smell, and loss of taste are common symptoms of COVID 19. Symptoms might appear from between one to fourteen days after being exposed to the virus. At least one-third of those who are afflicted have no symptoms or indicators. The majority (81%) of those who acquire symptoms noticeable enough to be classified as patients have mild to moderate symptoms (up to mild pneumonia), whereas 14% have severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging), and 5% have critical symptoms (respiratory failure, shock, or multiorgan dysfunction). Severe symptoms are more likely to arise in the older people. Some persons continue to have a variety of symptoms (long COVID) months after recovery, and organ damage has been reported. Long-term research is being conducted to learn more about the disease's long-term impact.

COVID 19 is spread through the air when droplets and small airborne particles containing the virus are inhaled. Breathing them in is most dangerous when individuals are close together, but they can also be inhaled over greater distances, especially indoors. Contaminated fluids splashed or sprayed in the eyes, nose, or mouth, as well as contaminated surfaces, can all cause transmission. People can be contagious for up to 20 days after contracting the virus, and even if they don't display any symptoms, they can spread it. Several diagnostic techniques have been created to diagnose the disease. The virus's nucleic acid is detected using real-time reverse transcription polymerase chain reaction (rRT-PCR), transcription-mediated amplification (TMA), or reverses transcription loop-mediated isothermal amplification (RT-LAMP) from a nasopharyngeal swab as the standard diagnostic approach. COVID-19 symptoms vary, ranging from moderate symptoms to severe sickness. Headache, loss of smell (anosmia) and taste (ageusia), nasal congestion and runny nose, cough, muscle pain, sore throat, fever, diarrhoea and breathing difficulties are some of the most common symptoms. People with the same virus may experience a variety of symptoms, which may change over time. A respiratory symptom cluster with cough, sputum, shortness of breath, and fever; a musculoskeletal symptom cluster with muscle and joint pain, headache, and exhaustion; and a digestive symptom cluster with abdominal discomfort, vomiting, and diarrhoea have all been discovered. COVID-19 is linked to loss of taste and smell in persons who have never had ear, nose, or throat problems, and it has been documented in as many as 88 percent of instances.

COVID-19 is mostly spread through the inhalation of virus-containing droplets and small airborne particles. Those particles are exhaled by infected people while they breathe, talk, cough, sneeze, or sing. When people are physically near, transmission is more likely. Infection can, however, spread across longer distances, especially indoors. Infectivity can appear 1–3 days before symptoms appear. Even if they are asymptomatic or pre-symptomatic, infected people can spread the disease. In most cases, the peak viral load in upper respiratory tract samples comes close to the onset of symptoms and then diminishes after the first week. According to current research, viral shedding and infectiousness can last up to 10 days after symptom start in people with mild to moderate COVID-19, and up to 20 days in people with severe COVID-19, including immune compromised people.

Infectious particles range in size from small aerosols that float in the air for a long time to bigger droplets that float or fall to the ground. Furthermore, COVID-19 research has reshaped our knowledge of how respiratory viruses are transmitted. The largest droplets of respiratory fluid do not go far and can infect mucous mem-

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branes of the eyes, nose, and mouth if breathed or landed on them. Aerosol concentrations are highest when humans are physically near together, making viral transmission simpler. However, airborne transmission can occur over greater distances, particularly in poorly ventilated areas, where small particles can remain suspended in the air for minutes to hours. Only 10% to 20% of persons are responsible for the disease's propagation, therefore the number of people infected by one infected person fluctuates. It spreads in clusters, with infections linked to an index case or a specific geographic place. In many of these cases, super spreading episodes occur, in which a single individual infects a large number of people.