

Severe Acute Respiratory Syndrome Coronavirus2 and Novel Coronavirus 2019

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INTRODUCTION

Coronavirus is a usual virus from a huge family of viruses that can root for many diseases such as the common cold and SARS. However, not all coronaviruses are dangerous, but some can be deadly.

Previously COVID-19 disease responsible virus known by name 'Coronavirus' Now officially the disease is known as Corona Virus Disease(COVID-19) and the virus name is severe acute respiratory syndrome coronavirus 2(SARS-CoV-2).

Virus and disease have different names because Viruses, Diseases they cause usually have distinct Names. International Committee on Taxonomy of Viruses (ICTV) gives name to Viruses depending on the Virus's DNA structure Vaccines, Medicines and Diagnosis the disease [1,2].

World Health Organization(WHO) will officially name the new disease in the International Classification of Diseases (ICD).

Typically, the indications of COVID-19 show up after a Quarantine time of 2–14 days, with a normal time of 5.2 days. Most normally, the beginning of COVID-19 is set apart by fever, dry hack, exhaustion and muscle torment, with different indications like cerebral pain, lymphopenia and dyspnea. Certain individuals might have the runs or queasiness 1–2 days before contamination. Patients might confront challenges in breathing 5 days after the beginning of contamination, and intense respiratory trouble condition (ARDS) on day 8. In case the patient's condition declines, they might encounter stomach misery and pneumonia, with other useful disappointments relying upon their safe and wellbeing status[3]. The timeframe from beginning of contamination till the very end goes from 6 to 41 days, with a normal of 14 days. This period is subject to a few factors like age and wellbeing, and is more limited for patients with comorbidities and matured more than 70 years.

Regardless of comparative names, there are a few contrasts between the Covids that cause COVID-19 and SARS. Both COVID-19 and SARS are brought about by Covids. The infection that causes SARS is known as SARS-CoV, while the infection that causes COVID-19 is known as SARS-CoV-2. There are also other types

of human coronaviruses.COVID-19 stands for CO states Corona, VI states Virus, D defines Disease and 19 denotes the year it was discovered [4].

"Covid" is a nonexclusive term that incorporates a huge group of infections, like saying somebody has seasonal influenza. SARS-CoV-2 is a particular infection that can cause COVID-19, an illness.For example HIV is virus where as AIDS is the disease name.

The SARS-COV2 infection assaults the Type 2 Lymphocytes in your lungs, obliterates the surfactant (lipids and proteins ensuring your alveoli) which permits fluid, puss, garbage, soil, and so forth into the alveoli (air pockets in your lungs). Then, at that point, the infection starts to recreate in the alveoli. As the infection increases, your lungs get heavier and heavier in light of the fact that they are being loaded up with fluid, making it more inconvenient to breath.

These diseases can pollute people and a couple of animals. SARS-CoV-2 was first known to pollute people in 2019. The infection is thought to spread from one individual to another through drops delivered when a contaminated individual sneezes, coughs, and talks. It may in like manner be spread by reaching a surface with the disease on it and a while later reaching one's mouth, nose, or eyes, yet this is more surprising.. Research is being done to treat COVID-19 and to prevent infection with SARS-CoV-2. Also called severe acute respiratory syndrome coronavirus2[5].

REFERENCES

1. Munster VJ, Koopmans M, Van Doremalen N, Van Riel D, De Wit E. A novel coronavirus emerging in China – key questions for impact assessment. *N Engl J Med* 2020;382(8):692-694.
2. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet* 2020;395:1054-1062.
3. Wang D, Hu B, Hu C, Zhu F, Liu X, Zhang J, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. *JAMA* 2020;323(11):1061-1069.

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4. Guan W, Ni Z, Hu Y. China Medical Treatment Expert Group for Covid-19. Clinical characteristics of coronavirus disease 2019 in China. *N Engl J Med* 2020;382(18):1708-1720.
5. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72314 cases from the Chinese Center for Disease Control and Prevention. *JAMA* 2020.