


# THE COVID-19 PANDEMIC — A VIEW OF THE CURRENT STATE OF THE PROBLEM

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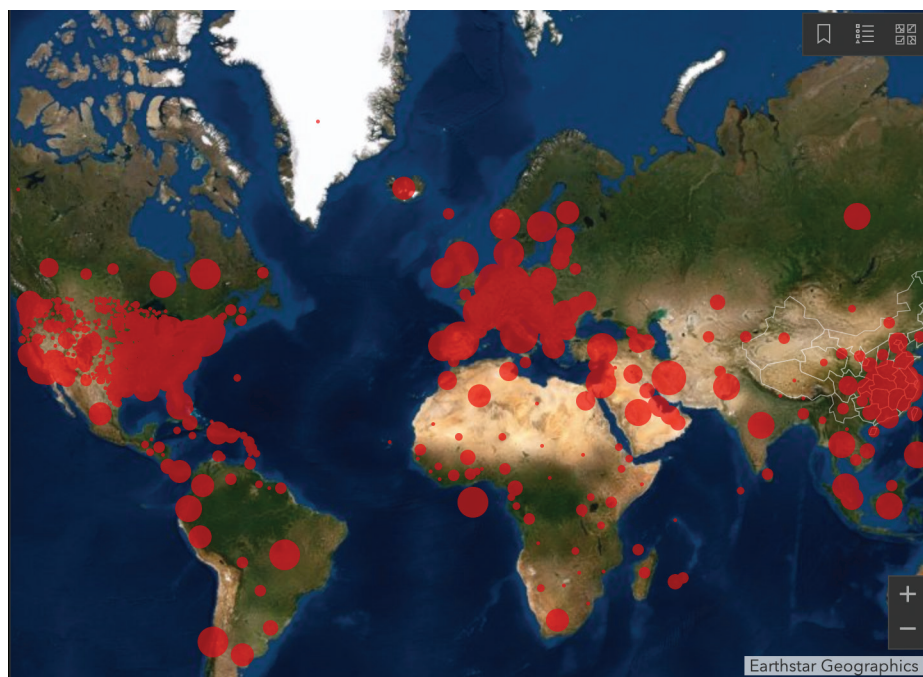
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The current pandemic has raised great global public health concern. The disease name was subsequently recommended as COVID-19 by the World Health Organisation (WHO) [1, 2]. Meanwhile, 2019-nCoV was renamed SARS-CoV-2 by the International Committee on Taxonomy of Viruses. SARS-CoV-2 is considered highly contagious. As of April 1, 2020, more than 883,255 confirmed cases, includ-

ing more than 44,156 deaths, have been reported worldwide, affecting almost the whole world. The distribution of countries with confirmed cases of the newly identified coronavirus SARS-CoV-2 infection as of 1 April 2020 is presented in Figure 1. Originally the epicentre of this ongoing outbreak was located in the city of Wuhan in Hubei Province of central China, and the Huanan seafood wholesale



**FIGURE 1.** Distribution of countries with confirmed cases of the newly identified coronavirus SARS-CoV-2 infection as of 1 April 2020 according to the [gisanddata.maps.arcgis.com](https://gisanddata.maps.arcgis.com)

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market was thought to be at least one of the places where SARS-CoV-2, from an unknown animal source, might have crossed the species barrier to infect humans. Italy and Spain are now considered the European epicentre of COVID-19; as of 1 April 2020, the number of cases in these countries is as follows: 105,792 and 102,136 confirmed infections, and 9,053 and 3,523 deaths, respectively. In the USA, the number of confirmed infections exceeds 189,753 cases. The SARS-CoV-2 coronavirus spreads mainly through respiratory droplets. COVID-19 is similar to SARS and MERS in some clinical manifestations. In COVID-19 patients, fever, cough, and myalgia are the most common symptoms, followed by chest distress and shortness of breath. However, upper respiratory tract symptoms (e.g. nasal congestion, nasal discharge, and sore throat) and gastrointestinal symptoms (e.g. abdominal pain and diarrhoea) are relatively rare. Fever occurs in 98–100% of SARS or MERS patients, compared to 81.3% of COVID-19 patients in this study [3]. Analysis of numerous studies [1, 4–12], covering 1991 patients, identified the most common signs and symptoms at admission to hospital. These symptoms include: dry cough (63.9%), fever (61.7%), fatigue and muscle ache (36.9%), anorexia (27.1%), dyspnoea (21.9%), headache (13.2%), sore throat (12.0%), chest pain (6.4%), confusion (6.1%), rhinorrhoea (6.0%), nausea and vomiting (5.8%), and diarrhoea (5.3%). As we can observe, the clinical picture of people infected with COVID-19 may present itself in a variety of ways; however, special attention should be paid to patients with such symptoms, and they should be subjected to screening and isolation until the results are obtained [13, 14]. At the same time, it is worth emphasising that, as well as searching for a vaccine, it is crucial to constantly analyse the existing symptoms in order to verify new ones that may be reported by patients and which have not yet been taken into account in the clinical picture of the patient.

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