

# EC EMERGENCY MEDICINE AND CRITICAL CARE

**Opinion** 

## **COVID-19 Infection Emergency and Insights**

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#### **Abstract**

The coronavirus (COVID-19, SARS-Co-2) pandemic is the biggest human healthcare catastrophic since this millennium. The association between COVID-19 mortality and emergency capability is of one of the greatest medical significance. Different fatality treatment with COVID-19 infection requires extensive exploration and breakthroughs.

Keywords: Obesity; COVID-19; Emergency; Viral Treatment; Inflammatory Factors; Viral Infection

#### **Background**

The coronavirus (COVID-19, SARS-Co-2) pandemic is the biggest human healthcare catastrophic since this millennium [1-10]. It causes a lot of human mortality worldwide. To reduce the case fatality rate or infection fatality rate for viral infection, the origin, pandemic, mortality study of COVID-19 infection needs a great breakthrough. The association and treatment outcomes between emergency and COVID-19 infection is a great challenge.

#### **Mortality factors**

Understanding different rates of human fatality associated with COVID-19 infection require effective emergence treatment in the clinic. Following medical factors are important for human infection and mortality [11].

#### Coronavirus infection, immunity and mortality

- Population density
- Culture behaviors
- Age structure
- · Co-morbidity
- Demographic factors
- Local healthcare infrastructure.

High-quality counteractive actions should be seek.

#### **COVID-19 infection emergency limitations**

Several factors should be overcome in clinical emergency trials; Harmful effects for surgery or some drug treatments in the clinic:

- Too late to achieve survival benefits in present emergency treatment.
- The injury for patients is difficult to fully recovery after treatments.
- Poorly understood on molecular or cellular levels of disease deterioration and pathology.

The pathology pathways leading to human mortality by COVID-19 are largely unknown. A number of clinical pathogenesis has been associated with infection mortality, most important ones like co-morbidity [12-20]. Cellular and molecular etiologic/pathological knowledge should be strengthened [21-23].

#### **System insights**

The clinical emergence varies greatly. Apart from pulmonary injure, COVID-19 also affects other human organs-cardiology, gastro-intestinal, neuropathology, kidney and others [23]. Proper diagnosis and high-quality treatment selections may be useful. It is an open question to discuss [24]. Our suggestion is:

- Sign notice and quick decision.
- Selecting less invasive treatment mostly at this stage.
- Therapeutic combination (oxygen provide and others).

#### **Future Direction**

Several pathways are important for the future:

- Establishing the associations between molecular diagnosis and treatment selection.
- New pipeline for drug development and clinical applications should be updated.
- Clinical paradigms for updating general practice of COVID-19 infection.

#### **Conclusion**

The quality of human emergency treatment for COVID-19 is strongly associated with human morbidity and mortality. After systematic study, therapeutic promotions of COVID-19 infections may be greatly improved in the future.

#### **Conflict of Interests**

None.

### **Bibliography**

- 1. Zhu N., *et al.* "A novel coronavirus from patients with pneumonia in China". *The New England Journal of Medicine* 382.8 (2020): 727-733.
- 2. Ciotti M., et al. "COVID-19 outbreak: An overview". Chemotherapy (2020).
- 3. Miranda P and Getty AFP. "Coronavirus pandemic, nature's pledge to you". Nature 579 (2020): 471-472.
- 4. Callaway E. "Should scientists infect healthy people with the coronavirus to test vaccines?" Nature 580 (2020): 17.
- 5. Lu DY., et al. "Coronavirus (COVID-19), origin, infectivity, epidemics, therapeutics and global impacts". EC Pharmacology and Toxicology 9.3 (2021): 100-107.
- 6. Callaway E. "Coronavirus vaccines five key question as trial begin". Nature 578 (2020): 481.
- 7. Blaising J., et al. "Arbidolas as a broad-spectrum antiviral: an update". Antiviral Research 107 (2014): 84-94.
- 8. Vincent MJ., et al. "Chloroquine is a potent inhibitor of SARS coronavirus infection and spread". Virology Journal 2.1 (2005): 69.
- 9. Kebede T., et al. "Potential drug options for treatment of COVID-19, a review". Coronaviruses 1.1 (2020): 42-48.
- 10. Doshi GM., et al. "Critical insight into the attributes of emwerging novel coronavirus (COVID-19) in India and across the world". Coronaviruses 1.1 (2020): 49-56.
- 11. Randolph HE and Barreiro LB. "Herd immunity: understanding COVID-19". Immunity 52 (2020): 737-741.
- 12. Lu DY, et al. "Type 2 diabetes study, introduction and perspective". The Open Diabetes Journal 8 (2018): 13-21.
- 13. Brestoff JJR and Artis D. "Immune regulation of metabolic homeostasis in health and disease". Cell 161 (2015): 146-160.
- 14. Yanai H. "VLDL is the leading actor in lipid abnormality in patients with diabetes and obesity". *The Journal of Clinical Endocrinology and Metabolism* 7.4 (2017): 101-102.
- 15. Putta S., et al. "Diabetes mellitus and male aging, pharmacotherapeutics and clinical implications". *Current Pharmaceutical Design* 23.41 (2017): 6321-6346.
- 16. Che JY., et al. "Human obesity and diabetes, is it associated with COVID-19 mortality". EC Diabetes and Metabolic Research 4.11 (2020): 1-3.
- 17. Che JY., et al. "How COVID-19 infection associates with cardiovascular emergence". EC Emergency Medicine and Critical Care 5.2 (2021): 36-38.
- 18. Ledford H. "How does COVID-19 kill? Uncertainty is hampering doctor's ability to choose treatment". Nature 580 (2020): 311-312.
- 19. Jainta N., et al. "Infection diseases and vaccination in patients with diabetes". EC Diabetes and Metabolic Research 3.3 (2019): 91-97.

- 20. Easton JD., et al. "Risk for major bleeding in patients receiving Ticagrelor compared with aspirin after transient ischemic attack or acute ischemic stroke in the SOCRATES study (acute stroke or transient ischemic attack treated with aspirin or Ticagrelor and patient outcome". Circulation 136 (2017): 907-916.
- 21. Lu DY., et al. "Heart and brain stroke, a paramount task for emergency medication". EC Emergency Medicine and Critical Care 3.10 (2019): 785.
- 22. Lu DY, et al. "Brain stroke treatment, emergency importance". EC Emergency Medicine and Clinical Care 3.11 (2019): 115-117.
- 23. Naqvi IA and Tazvi SNZ. "The comprehensive appresal of COVID-19: its clinical panorama from virology till management and beyond". *Coronavirus* 1.1 (2020): 57-72.
- 24. Lu DY., et al. "Cardiovascular emergency, sign notice". EC Emergency Medicine and Critical Care 5.5 (2021): 44-46.

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