

# WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 9, Issue 5, 2646-2653.

Research Article

ISSN 2277-7105

# UNSTOPPABLE COVID 19: A COMPARATIVE STUDY ON TOP 13 AFFECTED COUNTRIES

#### Vishal Kumar Deshwal\*

Department of Microbiology, BFIT Group of Institutions, Dehradun (India).

Article Received on 21 March 2020, Revised on 11 April 2020, Accepted on 01 May 2020 DOI: 10.20959/wjpr20205-17585

\*Corresponding Author Vishal Kumar Deshwal

Department of Microbiology, BFIT Group of Institutions, Dehradun (India).

vishal\_deshwal@rediffmail.com

# **ABSTRACT**

Aim of the present study to analysis comparative study of top 13 Covid-19 affected countries. The major parameters such as confirmed cases, deaths, and death rates per 1000 confirmed case were used. In the present time, United States has highest number of Covid-19 cases and deaths. Death rate in United States is 5.7% and the pattern of disease confirmed that rate may be increased. The death rate per 1000 confirmed cases are in Spain (102), Italy (136), France (143), Germany (39), United Kingdom (135), Turkey (26), Iran (64), China (56), Russia (10), Brazil (69), Belgium (157), Canada (57), India (32), and South Korea (23). In China, the death rate climbed up from 4.1 to 5.6% in the last two weeks but it is constant which showed the condition is

in control. At present, no effective treatment of Covid-19 disease is available, and as a result death rate will increase in all the above listed Countries. More rapidly enhancement of disease cases will be observed in Germany, United Kingdom, Turkey, Iran and Russia as compared to other listed countries.

KEYWORDS: Covid-19, SARS, SARS-CoV-2, Coronavirus, hydroxycholoroquine.

#### INTRODUCTION

The COVID-19 disease is the most challenging disease in the world in present scenario. Many scientists are searching for an effective treatment for the control of Covid-19 disease. These Coronaviruses (CoVs) are named for the crown-like spikes on their surface and have enveloped positive-sense RNA viruses, which are characterized by club-like spikes that project from their surface.<sup>[1]</sup> The Coronaviruses (CoVs) belong to family Coronaviruses which is subdivided into four groups namely alpha, beta, gamma, and delta coronaviruses.<sup>[2]</sup> Human coronaviruses were first identified in the mid-1960s and the seven coronaviruses that

can infect people are: 229E (alpha coronavirus), NL63 (alpha coronavirus), OC43 (beta coronavirus), HKU1 (beta coronavirus), MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS), SARS-CoV (the beta coronavirus that causes a severe acute respiratory syndrome, or SARS) and SARS-COV-2 (beta coronavirus related with COVID-19).<sup>[3]</sup>

WHO documented Covid-19 disease transmission into three types. Symptomatic transmission "a case who has developed signs and symptoms compatible with COVID-19 virus infection", Pre-symptomatic transmission "the incubation period for COVID-19, which is the time between exposure to the virus (becoming infected) and symptom onset is on average 5-6 days, however, can be up to 14 days" and Asymptomatic transmission "transmission of the virus from a person, who does not develop symptoms".<sup>[4]</sup>

On 6<sup>th</sup> march, WHO stated the role and need of masks during COVID-19 outbreak in which they mentioned that "If you are healthy, you do not need to wear a mask, unless you are taking care of a person with suspected COVID-19 infection".<sup>[5]</sup> Such a statement create doubt in mind "not to wear a mask if you are not infected" but symptoms of the disease may appear 2-14 days after exposure to the virus with symptoms such as Fever, Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell.<sup>[6]</sup>

Scientists are searching the proper treatment of dangerous Covid-19 disease but till date, no effective medicine has been developed for curing of disease. Countries are using hydroxychloroquine for the management of ill patients with COVID-19 disease.<sup>[7]</sup> French scientists had done trial of drugs on few Covid-19 patients and reported that hydroxychloroquine treatment is significantly associated with viral load reduction/disappearance in COVID-19 patients and its effect is reinforced by azithromycin. [8] Antiviral drugs for managing infections with human coronaviruses are not yet approved, posing a serious challenge to current global efforts aimed at containing the outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Remdesivir (RDV) is an investigational compound with a broad spectrum of antiviral activities against RNA viruses, including SARS-CoV and the Middle East respiratory syndrome (MERSCoV) and RDV is a nucleotide analog inhibitor of RNA-dependent RNA polymerases (RdRps). [9]

Australian scientist reported Ivermectin, an FDA-approved anti-parasitic previously shown to have broad-spectrum antiviral activity in vitro, is an inhibitor of the causative virus (SARS-CoV-2), with a single addition to Vero-hSLAM cells 2 h post-infection with SARS-CoV-2 able to effect ~5000-fold reduction in viral RNA at 48h. [10] Chinese health department recommended chloroquine phosphate tablet, 500mg twice per day for 10 days for patients diagnosed as mild, moderate and severe cases of novel coronavirus pneumonia and without contraindications to chloroquine. [11]

#### MATERIAL AND METHODS

**Collection of data:** COVID-19 confirmed cases and number of deaths are collected. <sup>[12]</sup> Top most 13 Covid-19 affected countries, India and South Korea selected for present study.

**Parameters used in study:** Three parameters such as COVID-19 confirmed cases, number of deaths, deaths rate per 1000 confirmed cases are used in present study.

**Model study:** Comparison of above said data from 20 March 2020 to 29 April 2020 is used for analysing the progress of disease and South Korea is used as control.

# **RESULTS AND DISCUSSION**

In United States, the number of confirmed cases as well as deaths due to Covid-19 disease is gradually increased from Ist week of April 2020. After 5th April 2020, the death rate per 1000 confirmed case was jumped from 27 to 57 i.e. more than double and number of cases in the USA raised more than 300%, on 3<sup>rd</sup> week of March 2020, in Spain, the death rate per 1000 confirmed cases was nearly 51 but number of cases and deaths increased by 10.60 and 22.31 times respectively as compared data on 20<sup>th</sup> March 2020. Further, more than 7000 cases of Covid-19 between 27-04-2020 to 29-04-2020 which is an alarming condition. At present, Italv has 3<sup>rd</sup> highest Covid-19 confirmed cases in world and death rate per 1000 confirmed case was moving near to 134, and the number of deaths amplified 200% as compared to the starting of April, 2020. Number of deaths due to Covid -19 disease in France was speed up by 62 times as compared to 20 March 2020 and death rate per 1000 confirmed case was 143 (Table 1). Number of cases in Germany has crossed 160,000 confirmed cases and death rate per confirmed cases is 39 but pattern showed that upcoming days the number of deaths will increased rapidly. The third week of March 2020, few thousands of Covid-19 cases were observed in the United Kingdom and sharply increased by 48 times till 29-04-2020. In Turkey, Confirmed case and deaths were increased by 318 and 747 respectively as compared to third-week data. Death rate per 1000 confirmed cases in Turkey is 26 which may be increased between the first and second week of May month. In Iran, a confirmed case of Covid-19 was increased 4 times as compared to the third week of March 2020 (Table 2).

Table 1: COVID-19 confirm cases, deaths and death rate in 1000 confirmed case in United States, Spain, Italy, France.

Date	United States			Spain			Italy			France		
	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R
20/03/2020	16,067	219	14	20,412	1,041	51	41,035	3,405	83	10,995	372	34
25/03/2020	54,968	784	14	47,610	3,434	72	69,176	6,820	99	22,304	1,100	49
28/03/2020	116,057	1,937	17	72,248	5,812	80	92,472	10,023	108	32,964	1,995	61
31/03/2020	175,733	3,425	19	94,417	8,269	88	105,792	12,428	117	44,550	3,024	68
05/04/2020	311,637	8,454	27	130,759	12,418	95	124,632	15,362	123	89,953	7,560	84
10/04/2020	502,876	18,747	37	158,273	16,081	102	147,577	18,849	128	124,869	13,197	106
12/04/2020	533,115	20,580	39	166,019	16,972	102	152,271	19,468	128	129,654	13,832	107
14/04/2020	587,173	23,644	40	172,541	18,056	105	159,516	20,465	128	136,779	14,967	109
16/04/2020	645,922	28,640	44	182,816	19,130	105	165,155	21,645	131	147,863	17,167	116
19/04/2020	738,923	39,015	53	195,944	20,453	104	175,925	23,227	132	151,793	19,323	127
21/04/2020	792,938	42,518	54	204,178	21,282	104	181,228	24,114	133	155,383	20,265	130
23/04/2020	849,094	47,684	56	213,024	22,157	104	187,327	25,085	134	159,877	21,340	133
25/04/2020	925,758	52,217	56	219,764	22,524	102	192,994	25,969	135	159,828	22,245	139
27/04/2020	987,322	55,415	56	229,422	23,521	103	197,675	26,644	135	162,100	22,856	141
29/04/2020	1,036,417	59,284	57	236,899	24,275	102	201,505	27,359	136	165,911	23,660	143

R= death rate per 1000 confirmed cases

Table 2: COVID-19 confirm cases, deaths and death rate in 1000 confirmed case in Germany, United Kingdom, Turkey and Iran.

Date	Germany			Unite	United Kingdom			Turkey			Iran		
	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R	
20/03/2020	18,588	52	3	3,269	184	56	359	4	11	19,644	1,433	73	
25/03/2020	34,009	172	5	8,077	422	52	1,872	44	24	27,017	2,077	77	
28/03/2020	56,202	403	7	17,089	1,019	60	7,402	108	15	35,408	2,517	71	
31/03/2020	68,180	682	10	25,150	1,789	71	10,827	168	16	44,605	2,898	65	
05/04/2020	96,108	1,446	15	41,903	4,313	103	23,934	501	21	58,226	3,603	62	
10/04/2020	122,171	2,736	22	73,758	8,958	121	47,029	1,006	21	68,192	4,232	62	
12/04/2020	125,452	2,871	23	78,991	9,875	125	52,167	1,101	21	71,686	4,474	62	
14/04/2020	130,214	3,203	25	88,621	11,329	128	61,049	1,296	21	74,877	4,683	63	
16/04/2020	135,549	3,850	28	103,093	13,729	133	69,392	1,518	22	77,995	4,869	62	
19/04/2020	143,779	4,543	32	114,217	15,464	135	82,329	1,890	23	82,211	5,118	62	
21/04/2020	147,103	4,862	33	124,743	16,509	132	90,980	2,140	24	84,802	5,297	62	
23/04/2020	151,022	5,334	35	133,495	18,100	136	98,674	2,376	24	87,026	5,481	63	
25/04/2020	155,054	5,788	37	143,464	19,506	136	104,912	2,600	25	89,328	5,650	63	
27/04/2020	157,946	5,984	38	152,840	20,732	136	110,130	2,805	25	91,472	5,806	63	
29/04/2020	160,059	6,314	39	161,145	21,678	135	114,653	2,992	26	93,657	5,957	64	

*R*= *death rate per 1000 confirmed cases* 

Table 3: COVID-19 confirm cases, deaths and death rate in 1000 confirmed case in China, Russia, Brazil, Belgium.

	China			Russia			Brazil			Belgium		
Date	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R
20/03/2020	80,967	3,248	40	253	1	4	651	7	11	2,257	37	16
25/03/2020	81,218	3,281	40	658	1	2	2,271	47	21	4,937	178	36
28/03/2020	81,394	3,295	40	1,264	4	3	3,477	93	27	9,134	353	39
31/03/2020	81,518	3,305	41	2,337	17	7	4,715	168	36	12,775	705	55
05/04/2020	81,669	3,329	41	5,389	45	8	10,360	445	43	19,691	1,447	73
10/04/2020	81,953	3,339	41	11,917	94	8	19,943	1,074	54	26,667	3,019	113
12/04/2020	82,052	3,339	41	15,770	130	8	20,964	1,141	54	29,647	3,600	121
14/04/2020	82,249	3,341	41	21,102	170	8	23,723	1,355	57	31,119	4,157	134
16/04/2020	82,341	3,342	41	27,938	232	8	29,015	1,760	61	34,809	4,857	140
19/04/2020	82,735	4,632	56	42,853	361	8	36,925	2,372	64	38,496	5,683	148
21/04/2020	82,758	4,632	56	52,763	456	9	40,814	2,588	63	40,956	5,998	146
23/04/2020	82,798	4,632	56	62,773	555	9	46,348	2,934	63	42,797	6,490	152
25/04/2020	82,816	4,632	56	74,588	681	9	54,043	3,704	69	45,325	6,917	153
27/04/2020	82,830	4,633	56	87,147	794	9	63,100	4,286	68	46,687	7,207	154
29/04/2020	82,858	4,633	56	99,399	972	10	73,235	5,083	69	47,859	7,501	157

R= death rate per 1000 confirmed cases

Table 4: COVID-19 confirm cases, deaths and death rate in 1000 confirmed case in Canada, India, South Korea.

Date	(	Canada			India		South Korea			
Date	Cases	Deaths	R	Cases	Deaths	R	Cases	Deaths	R	
20/03/2020	924	12	13	223	5	22	8,652	94	11	
25/03/2020	2,792	26	9	562	10	18	9,137	126	14	
28/03/2020	5,434	55	10	933	20	21	9,478	144	15	
31/03/2020	7,474	92	12	1,251	32	26	9,786	162	17	
05/04/2020	14,018	233	17	3,588	99	28	10,237	183	18	
10/04/2020	22,148	569	26	7,600	249	33	10,450	208	20	
12/04/2020	23,318	653	28	8,504	289	34	10,512	214	20	
14/04/2020	25,680	780	30	10,541	358	34	10,564	222	21	
16/04/2020	28,379	1,010	36	12,759	423	33	10,613	229	22	
19/04/2020	33,383	1,470	44	16,365	521	32	10,661	234	22	
21/04/2020	36,831	1,690	46	18,985	603	32	10,683	237	22	
23/04/2020	40,190	1,974	49	21,797	686	31	10,702	240	22	
25/04/2020	43,888	2,302	52	24,942	780	31	10,718	240	22	
27/04/2020	46,895	2,560	55	27,977	884	32	10,738	243	23	
29/04/2020	50,026	2,859	57	31,332	1,008	32	10,761	246	23	

R= death rate per 1000 confirmed cases

In China, the death rate is constant which was near 40 from the middle of March and April 2020 but suddenly, there is a steep rise in the number of deaths and death rates. Now, the death rate per 1000 in China was 56 which were 15 counts more. After 10-04-2020, Covid-19 cases and number of death number were boosted in Russia by 7.3 and 9.34 times. But Brazil's COVID-19 cases were enhanced from the second week of April 2020 and death

rate per 1000 confirmed case was 69 which will increase as the number of confirmed cases will increase in the future. Belgium, death rate per 1000 confirmed cases were 157 which were highest in the world (Table 3). The death rate per 1000 confirmed cases in Canada, India and South Korea was 57, 32 and 23 respectively. In Canada, confirmed cases crossed 50,000. The death rate per 1000 confirmed cases in India and South Korea were 32 and 23 respectively (Table 4).

Similarly, previous reports suggested that the source of transmission of COVID-19 disease was a crowded areas, hospitals, spread from person to person. [13-14] Countries in Asian, European, and American continents are most infected by SARS-CoV-2<sup>[13]</sup> and the worst condition is in the United States of America. [14]

#### **CONCLUSION**

In the present scenario, the number of COVID-19 infected cases is increased due to asymptomatic transmission and not the availability of any effective treatment. Scientists reported promising results of Ivermectin in laboratory condition which gives hope. Literature suggested that several treatments with Chloroquine, Hydroxychloroquine, a combination of hydroxychloroquine and azithromycin, Remdesivir (RDV) gave good results but did not affect all patients.

Our data suggested that in the United States, after 5<sup>th</sup> April 2020, the death rate per 1000 confirmed cases was jumped from 27 to 57 i.e. more than double as well as number of cases in the USA raised more than 300% which is not a good sign. A similar condition has been observed in Spain, Italy, France, Germany, United Kingdom, Turkey, Iran, Russia, Brazil, Belgium, Canada, and number of cases may be increased. The death rate per 1000 confirmed cases in Turkey is 26 which may be increased between the first and second week of May month 2020. In South Korea, the number of COVID-19 cases is very low and the death rate is slightly increased. In India, the number of cases, death rates are increased but the condition is under control and the reason behind it may be lockdown. Further author urge to search effective treatment for controlling of disease.

### **REFERENCES**

- 1. Fehr AR, Perlman S. Coronaviruses: an overview of their replication and pathogenesis. Methods Mol Biol., 2015; 1282: 1-23.
- 2. Lilienfeld-Toal MV, Berger A, Christopeit M, Hentrich M, Heussel CP, Kalkreuth J, Klein M, Kochanek M, Penack O, Hauf E, Rieger C, Silling G, Vehreschild M, Weber T, Wolf HH, Lehners N, Schalk E, Mayer K. Community acquired respiratory virus infections in cancer patients Guideline on diagnosis and management by the Infectious Diseases Working Party of the German Society for haematology and Medical Oncology. Eur J Cancer, 2016; 67: 200e212.
- 3. CDC, 2020a, https://www.cdc.gov/coronavirus/types.html.
- 4. WHO, 2020a, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf.
- 5. WHO, 2020b, https://www.who.int/indonesia/news/detail/06-03-2020-media-statement-the-role-and-need-of-masks-during-covid-19-outbreak.
- 6. CDC, 2020b, https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.
- 7. Taccone FS, Gorham J, Vincent JL. Hydroxychloroquine in the management of critically ill patients with COVID-19: the need for an evidence base. 2020 DOI:https://doi.org/10.1016/S2213-2600(20)30172-7.
- 8. Gautret P, Lagier JC, Parola P, Hoang VT, Meddeb L, Mailhe M, Doudier B, Courjon J, Giordanengo V, Vieira VE, Dupont HT, Honoré S, Colson P, Chabrière E, La Scola B, Rolain JM, Brouqui P, Raoult D. Hydroxychloroquine and Azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. Int J Antimicrob Agents, 2020: doi: 10.1016/j.ijantimicag.2020.105949.
- 9. Gordon CJ, Tchesnokov EP, Feng JY, Porter DP, Götte M. The antiviral compound remdesivir potently inhibits RNA-dependent RNA polymerase from Middle East respiratory syndrome coronavirus. J Biol Chem, 2020295 (15): 4773-9.
- 10. Caly L, Druce JD, Catton MG, Jans DA, Wagstaff KM. The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro. Antiviral Res., 2020; 178: 104787.
- 11. Multicenter collaboration group of Department of Science and Technology of Guangdong Province and Health Commission of Guangdong Province for chloroquine in the treatment of novel coronavirus pneumonia. Zhonghua Jie He Hu Xi Za Zhi, 2020; 43(3): 185-8.
- 12. https://www.worldometers.info/coronavirus/.

- 13. Deshwal VK. COVID 19: A comparative study of Asian, European, American continent. Int J Sci Res Enginee Dev., 2020; 3(2): 436-40.
- 14. Deshwal VK. COVID-19: Analysis disease pattern, treatment and use of advance technology to control spreading of disease. Eur J Pharma Med Res., 2020; 7(5): 282-5.