

## COVID19-War

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Globally all nations are terrifying and suffering from Covid-19 attack with extraordinary death rate, which the exact mechanism is not elucidated yet. We are living together with Covid-19 with a dual and different feelings 1) prior to patient zero time, and 2) after propagation of Covid-19 mutants with more than 4 million casualties up to now. Last year, a new type (bird flu-like) viral Pneumonia cases, which started spreading from Wuhan, China. Covid-19 mutants attracted the world's attention by killing healthy people in less than one week with misleading diagnostics and treatments [1-3].

In relation to its structure-function, Covid-19 has an envelope, which compared to another genetically identical sorts, apparently consists of different composition concerning proteins/lipids ratio; and is assumed polymorphic, with a diameter of 60 nm up to 140 nm, which is remarkable [1]. Nonetheless, its (epi-) genetic and physiognomies are significantly different from SARS- and the MERS related coronaviruses [1]. Regarding pass on a disease to subject's organs and cells in human body, Covid-19 can be found in human respiratory epithelial, and others cell types i.e. endothelial cells, RBCs, platelets which its pathophysiologic actions and reactions in subject's body are still not elucidated completely.

It is well known that according to the Baltimore classification of viruses, which is based on the method of viral mRNA synthesis, there are 7 group viruses I: dsDNA viruses (e.g. Adenoviruses, Herpesviruses, Poxviruses); II: ssDNA viruses (+ strand or "sense") DNA (e.g. Parvoviruses); III: dsRNA viruses (e.g. Reoviruses); IV: (+)ssRNA viruses (+ strand or sense) RNA (e.g. Coronaviruses, Picornaviruses, Togaviruses); V: (-)ssRNA

viruses (- strand or antisense) RNA (e.g. Orthomyxoviruses, Rhabdoviruses) VI: ssRNA-RT viruses (+ strand or sense) RNA with DNA intermediate in life-cycle (e.g. Retroviruses) VII: dsDNA-RT viruses DNA with RNA intermediate in life-cycle (e.g. Hepadnaviruses) [2].

Moreover, there are at least 6 types of viruses that are differently acting concerning their pathogenesis namely

1. respiratory viruses, which are infecting the human upper respiratory tract, mostly causing mild diseases;
2. Neuro-invasive viruses, are infecting the respiratory tract toward the central nervous system (CNS). Viruses infecting human CNS cells could then cause different types of encephalopathy, including encephalitis, and long-term neurological diseases; [1-3]
3. Neuroimmunopathy viruses, which are infecting and damage the CNS as a result of misdirected host immune responses (virus-induced neuro-immunopathology);
4. respiratory syncytial virus, which are infecting infants and children [2];
- 5.

Urogenital viruses; and 6. Unknown viruses(biosimilar-), which are infecting unknown subjects that we still do not know about their existence.

World widely, Medical teams endorsed to monitor and follow up next clinical symptoms and signs of Covid-19 pathogenesis daily. Subsequently, from any (suspected) patients after getting history following changes might being checked up to assess Covid-19 infection viz. 1. dynamically changes in vital clinical signs, 2. any changes in blood/water electrolytes ratio, 3. any changes in complete blood cells combination 4. any changes in thrombosis and haemostasis, 4. functioning aspects of various organs and tissues, 5. monitoring patients' infection indicators and 6. determining the occurrence of complications such as acute respiratory distress syndrome (ARDS), sepsis and septic shock, stress ulcers, headaches, and occurrence of the deep vein thrombosis (DVT) [1,3-8]. One might ask himself why Covid-19 infection and diagnostics is so difficult for all involved Medici.

It is well known in diagnostics that there are different sources of bias and errors, underlying controversial diagnostics i.e. sampling, processing, freshness of samples, storage condition, tools' sensitivity and specificity, interpersonal variations. Remarkably, one of the main reason, which in this biologic war is causing so many confused diagnostics is sampling aspects. The main question still remains from which part of body sampling is acquired? And how? And Why? And how much is needed for a precisely confirming validated diagnostic outcome?

Although involved Medici possess all modern and mouthful Scientific tools, all standard operating procedures, research and development departments, One might speculate that why Medici still are unable and confused about the Covid-19 mutants diagnostics. Beside, ongoing death tolls are increasing daily toward 300000 and counting. Remarkably there is no Plan B has been foreseen for such biological attack against such 'who-ever (un-)intentionally invented /started' this biologic war. Furthermore, increased unpredictable demands for checkups affects quality of diagnostics and prognostics, significantly. Ongoing unreliable tests made U-turn after 6 months-unwanted biologic war, concerning (so low) Scientific know-how hereover, regrettably.

Now in May 2020 still we are losing Covid-19 war to invisible enemy(ies). Treatments at Covid-19 showed unsuccessful results with an average of globally 4200000 ±1000000 contaminated and 200000 ±150000 deaths, up to May 2020.

Taken together, globally some countries in different continents experienced different Covid-19 mutants, which acutely and severely caused lethal infectious diseases, with higher risk of contaminating capabilities via human-human and/or animal human pathways. Although there is significant difference between old variants and new variants of corona virus, which made this (unknown) Covid-19 little bit super bag, terrorizing whole globe, eventually. More in future investigation needed to unravel who invented Covid-19, and how it could being diagnosed, routinely.

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