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Introduction to Public Health.

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INTRODUCTION

In the following paragraph I am going to explain what is covid19. So covid19 is an infection disease virus. Also we are going to see which is the treatment which are the symptoms and how they measure, control, monitor the covid 19 .

Covid19

The SARS-CoV-2 virus is the infectious disease known as coronavirus disease (COVID-19). The majority of virus-infected individuals will experience a mild to moderate respiratory illness and will recover without the need for special care. However, some people will develop serious illnesses and need to see a doctor. Serious illness is more likely to strike older people and those with underlying medical conditions like cancer, diabetes, cardiovascular disease, or chronic respiratory diseases. COVID-19 can cause anyone to become seriously ill or pass away at any age.

Being knowledgeable about the illness and the virus's transmission is the best way to stop or slow down transmission. By keeping a distance of at least one metre between people, donning a mask that fits properly, and frequently washing your hands or using an alcohol-based rub, you can prevent infection in both yourself and other people. When it's your turn, get your vaccination, and abide by any local advice.

When an infected person coughs, sneezes, speaks, sings, or breathes, the virus can spread from their mouth or nose in minute liquid particles. From larger respiratory droplets to smaller aerosols, these particles are diverse. It's crucial to use proper respiratory technique, such as coughing into a flexed elbow, and to confine yourself to your home and rest until you feel better.

MEASURE COVID 19

The WHO reported that more than 5.9 million people had COVID-19 infections as of May 31, 2020. The virus was blamed for 367 166 deaths worldwide on that same day. ¹

A new strain of pneumonia with an unidentified cause had been discovered in the Hubei Province, it was reported to the WHO country office in China five months earlier, on December 31, 2019. The Chinese government identified this pneumonia as a new coronavirus strain on January 7, 2020. Japanese and Thai health ministries both confirmed imported cases of the new coronavirus by the middle of January. On January 20, the Republic of Korea reported its first case. The WHO started releasing daily situation reports² the following day and confirmed 282 cases across the four affected countries. Six deaths occurred in China.

After that, things moved quickly (see figure 1), and by the end of January, their Emergency 2019-nCoV Committee had declared a PHEIC under the 2005 International Health Regulations, the day after the WHO named the illness "2019-nCoV acute respiratory disease" as the disease's temporary name (WHO, 2020). On that day, the WHO reported 213 fatalities and 9 826 confirmed cases across 20 countries (all in China). ³ That day also saw reports of Italy's first confirmed cases.

CONTROL COVID 19

Depending on the risk of exposure, protective measures can be taken to prevent workers from being exposed to and contracting SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). The risk varies depending on the type of work being done, the possibility of prolonged or other human contact, and the degree of contamination in the workplace. Employers should implement infection prevention and control strategies after thoroughly evaluating the risks in the workplace. To prevent worker exposures, they should use the right combinations of engineering and administrative controls, safe work practises, and personal protective The general advice provided below is not intended to change the specific compliance obligations for any industry, but rather to inform all U.S. employees and employers. Workers and employers should also refer to additional, detailed guidance for those at either lower (i.e., caution) or increased (i.e., medium, high, or very high) risk of exposure, depending on where their operations fall in OSHA's exposure risk pyramid. Workers and employers can identify exposure risk levels typically associated with different sectors by using the exposure risk pyramid and a workplace hazard assessment. Employers should take appropriate steps to prevent and control infection by staying aware of evolving outbreak conditions, such as those relating to the virus's spread within the community and the accessibility of testing.

• MONITOR COVID 19

The following should be routinely observed in hospitalised patients to enable early detection of deterioration and to keep an eye out for complications.

- A vital sign (temperature, respiratory rate, heart rate, blood pressure, oxygen saturation)
- Parameters for haematology and biochemistry.
- Parameters of coagulation (D-dimer, fibrinogen, platelet count, prothrombin time).
- ECG Chest x-rays.
- Venous or arterial thromboembolism symptoms and signs.

scores for medical early warning.

- Use medical early warning scores, such as the Paediatric Early Warning Signs (PEWS) and National Early Warning Score 2 (NEWS2), to help identify deteriorating patients early and escalate treatment.
- Data on the usefulness of applying these scores to COVID-19 patients in the primary care setting are lacking.
- The NEWS2 score had a moderate sensitivity and specificity in predicting the deterioration of COVID-19 patients, according to a systematic review and meta-analysis. In predicting the combined outcome of the need for intensive respiratory support, admission to the intensive care unit, or in-hospital mortality, the score demonstrated good discrimination.
- Prior to intubation for COVID-19 pneumonia, the sequential organ failure assessment (SOFA) score does not have sufficient discriminant accuracy to predict mortality in patients. [1315] It might, however, be more precise than other scores.

Pregnant women

- Monitoring of foetal well-being is necessary. Depending on gestational age, the mother's clinical condition (such as hypoxia), and the fetus's conditions, the frequency of foetal heart rate observations should be tailored to each individual case.

Post-discharge follow-up

- Patients who have COVID-19 (of any disease severity) that has been suspected or confirmed and who have persistent, new, or changing symptoms should have access to follow-up care.
- Published guidelines for patients with COVID-19 pneumonia's respiratory follow-up have been made available. Depending on the severity of the pneumonia, follow-up algorithms may include clinical consultation and review (face-to-face or over the phone), a chest x-ray, pulmonary function tests, an echocardiogram, sputum sampling, a walk test, and an evaluation of oxygen saturation.
- There are published guidelines for the respiratory follow-up of patients with COVID-19 pneumonia. Depending on how severe the pneumonia is, follow-up algorithms might also involve clinical consultation and review (in person or over the phone), a

chest x-ray, pulmonary function tests, an echocardiogram, sputum sampling, a walk test, and an assessment of oxygen saturation.

Post-discharge follow-up.

- Follow-up care should be available to patients who have had suspected or confirmed COVID-19 (of any disease severity) and who have ongoing, new, or changing symptoms. The procedures for monitoring patients with COVID-19.
- The procedures for monitoring patients with COVID-19 pneumonia for respiratory issues have been published. Depending on the severity of the pneumonia, follow-up algorithms may include clinical consultation and review (by a doctor or nurse in person or over the phone), chest imaging, pulmonary function testing, an echocardiogram, sputum sampling, a walk test, and oxygen saturation assessment. Twelve weeks after the onset of symptoms, more than half of patients who were released from the hospital had abnormal lung function and chest imaging.
- Pulmonary function tests may show an obstructive or restrictive pattern, as well as a changed diffusion capacity. The first three months were the most crucial for diffusion capacity recovery because females with impaired diffusion capacity recovered more slowly and with greater severity than males.

Prognostic scores.

There are many prognostic and clinical risk scores being investigated or created. In contrast to the PRIEST model, ISARIC4C Deterioration model, Carr's model, and Xie's model, which are suitable for prognostication in a hospital setting, QCOVD can be used for risk stratification in the general population.

In the hospital setting, the Wang model and the Knight 4C Mortality Score both exhibit promise.

However, there is significant regional and international variation in how well prognostic scores perform at predicting short-term mortality in hospitalised patients.

Before their use can be advised, additional external validation across various populations is required.

The World Health Organization advises using clinical judgement, taking the patient's values and preferences into account, and, if applicable, local and national policy.

Inform management decisions, such as hospital admission and admission to the intensive care unit, rather than the currently available prognostic prediction models.

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Inform management decisions, such as hospital admission and admission to the intensive care unit, rather than the currently available prognostic prediction models.

Conclusion.

As explain in the paragraphs we talk about covid 19 explain what is mean what is the strategies or how they monitor, control, measure covid 19 in the uk and Europe also we see with more details all the results. Also we learn how important is to follow the rules

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