

COVID-19 Pandemic Spread and Containment: Perspectives

Bruno Riccardi^{1*}, and Sergio Resta²

¹Biologist freelancer, 56022 Castelfranco di Sotto (Pisa), Via dei lazzari, 33, Italy.

²Surgeon, General Surgery Specialist, Freelancer. 53043 Chiusi (SI) – Via Monte Grappa 1 – Italy.

***Correspondence:**

Bruno Riccardi, Biologist freelancer, 56022 Castelfranco di Sotto (Pisa), Via dei lazzari, 33, Italy.

Received: 12 November 2021; **Accepted:** 05 December 2021

Citation: Riccardi B, Resta S. COVID-19 Pandemic Spread and Containment: Perspectives. Chem Pharm Res. 2021; 3(1): 1-6.

ABSTRACT

In this manuscript we will examine the health policies unambiguously adopted by all the world governments for the containment and the fight against the pandemic by SARS-Cov-2, and document why the exclusive use of vaccinations for the prevention of contagion, is ineffective or even harmful, neglecting effective and safe alternative therapies.

Looking back over the past and recent epidemiological history of infectious diseases, we realize that although there are still many contagious diseases, much more fearsome than SARS-Cov-2, never before in these two years have such restrictive health policies been imposed.

While all other diseases, both infectious and degenerative, have been obscured or overshadowed, they continue to be the main causes of global death.

The subject that dominates the scenes and the information is the COVID-19 that seems the unique object of the attentions of scientists, and of the obituaries of the mass media.

In this desolating scenario that will see millions of forgotten people die for all the other diseases now neglected, strikes the total accomplice indifference and intellectual apathy of scientists, with very few exceptions, who suffer without discussing or raising the appropriate criticism, the repetitive information and the dominant unique thinking of health and political authorities.

It's incredible to see how many of those scientists and doctors who have helped to unravel and combat all the other diseases are now silent in the face of this incredible tragedy.

Keywords

Pandemic COVID-19, Health policy, History of pandemics.

Introduction

Two years after the outbreak of the pandemic by COVID-19, for the first time in the history of infectious diseases, we are experimenting with a new method of prevention and containment of the viral infection, based on home isolation, the social spacing, the use of facial masks and especially the administration of experimental antigenic serum.

Let's see what it is, starting from a historical review of pandemics to get to the present day.

Epidemics and Pandemics in World History

In order to understand the significance and extent of the recent SARS-Cov-2 pandemic, we need to go back to the history of past pandemics and see what the epidemiological impact on the world population has been and what they have left us with.

Difference between Epidemic and Pandemic

We speak of an *epidemic* when an infection spreads in a very significant way over a small number of nations; when it affects a large number of nations around the world, to the point of affecting more than 2 continents, we call it a *pandemic*.

Main infectious diseases that have occurred over the centuries

The epidemiological history of recent decades teaches us that we must never lower our guard in the face of the possible emergence of new infectious diseases. The "declared war" between us and the germs continues and probably will continue forever. Just think of the more or less recent onset of new diseases, such as AIDS in the eighties, or the reappearance of "old" diseases now become antibiotic-resistant, such as tuberculosis; or, even more simply, seasonal flu, that every year reaps victims worldwide with a multi-year cycle.

The flu virus mutates significantly over time, becoming particularly virulent and lethal, such as what caused the so-called "Spanish" in 1918-1919, Asian in 1957, type A avian influenza of "Hong Kong" in 1968, and so on [1-3].

The plague (1346-53)

Plague is an infectious disease caused by the bacterium *Yersinia pestis*, usually host to rodent fleas. It is common in the history of mankind in poorly cleaned areas, where rats and fleas are very common.

There are three different types of plague: bubonic plague, pulmonary plague and septic plague. The plague is still present today: from 2010 to 2015 there were 3248 cases worldwide, of which 584 died. Currently the countries most affected are the Democratic Republic of Congo, Madagascar and Peru.

Cholera (19th century)

Cholera is an acute diarrheal infection caused by the *Vibrio cholerae* bacterium. It is transmitted through the fecal-oral route and leads to serious dehydration phenomena. Cholera, originally from the Ganges Delta in India, reached its peak in the 19th century, when six pandemics occurred worldwide.

Cholera still exists today, especially in Asia, Europe, Africa, the Americas where there are between 1.3 and 4 million cases every year, of which between 21 thousand and 143 thousand people die. In some countries the disease has become endemic.

The Spanish flu (1918-20)

The Spanish was the worst pandemic in the history of humanity for the number of infected and the number of dead. It's an influenza caused by the flu virus type A. The cause is the A/H1N1 virus, which between 1918 and 1920 infected about a third of the world's population, resulting in between 50 and 100 million deaths, since it had a lethality of over 25%.

The Asian Flu (1957)

The Asian flu, caused by the A/H2N2 virus, was so named because it was first detected in China. Of avian origin, it caused at least 1 million deaths, but it is estimated that it may have caused up to 4 million. The virus mainly affected people with chronic diseases and less healthy people. After 11 years from the pandemic the virus disappeared, being supplanted by a mutation, the virus A/H3N2.

The Hong Kong pandemic (1968)

Already mentioned, caused by the Asian mutation, the A/H3N2 virus was, once again, flu-like. First detected in Hong Kong in 1968, it spread around the world until 1969, killing between 1 and 4 million people. Only in Italy it killed 20 thousand people. The symptoms were similar to the previous flu and affected the weakest people in the same way.

AIDS (1981-)

Acquired immunodeficiency syndrome (AIDS) is caused by the HIV virus, the human immunodeficiency virus. For the first time reported in the literature in 1981, it is caused by a retrovirus that affects the cells of the immune system, making the subject immunodepressed and therefore very vulnerable to infections, tumors, viruses, bacteria, fungi. Transmission occurs by exchange of infected body fluids, for example through unprotected sexual intercourse. There is no vaccine for AIDS. The number of people infected, after a major drop in the late '90s, is now starting to rise again. In 2018 there were 1.7 million new infected. The number of deaths is fortunately decreasing thanks to the use of retroviral drugs (about 60% of patients have access, it is about 2.4 million people), rising from 1.7 million deaths in 2004 to 770 thousand in 2018.

Swine flu (2009)

Called swine flu because it was originally transmitted from pigs to humans, the first case occurred in Mexico in 2009. It was a new type of A/H1N1 virus, which had been unknown until then and, on 11 June 2009, the WHO declared the pandemic alert phase. In 2009 alone, this flu caused between 100,000 and 400,000 global deaths.

Hepatitis B, E C

Hepatitis B: is a serious liver disease that can be chronic and lead to cirrhosis and cancer over time; can be prevented with vaccination. It is transmitted through exposure to infected blood or body fluids such as semen and vaginal fluids. In addition, hepatitis B can be transmitted from the infected mother to the newborn. The disease causes an acute liver infection;

Hepatitis C: is an often asymptomatic liver infection or has vague and non-specific symptoms; in a high percentage of cases it becomes chronic and can lead to cirrhosis or cancer. Healing occurs in about 20% of cases, but in a high percentage of cases (about 80-85%), the acute infection can become chronic and turn into a long-term pathology and/or lead to cirrhosis, a serious liver condition that can lead to liver failure and liver cancer.

Hepatitis in the world

Viral hepatitis are among the most important infectious diseases in the world, in Europe and Italy, and are responsible for 78% of cases of primitive liver cancer [1]. About one third of the world's population has been exposed to the virus and an estimated 350 million people are chronically affected worldwide. Every year more than 500,000 people die from hepatitis B-related diseases.

The World Health Organisation estimates that between 2% and 3% of the world's population is currently infected with the HCV virus, for a total of 120-170 million people [1]. Around 23 million people in Europe suffer from hepatitis B (HBV) or C (HCV) viruses [7,8].

Hepatitis B and C are a major public health problem, as well as the frequency, the high percentage of clinically undetectable cases that are an important source of infection; the high percentage of chronic infection, which can lead to more severe liver damage, such as cirrhosis and hepatocellular carcinoma; for the high number of deaths related to them; for the significant social impact of the infection due to the undeniable psychological damage and to the life of report, which many patients face and, last but not least, because of the significant economic weight of the disease. The direct and indirect costs associated with the treatment of the disease, linked to the loss of productivity and the premature death of the infected subjects, increase exponentially in relation to the progressive worsening of the disease.

Tuberculosis

The global number of deaths officially classified as caused by TB (1.3 million) in 2020 was almost double the number caused by HIV/AIDS (0.68 million), and TB mortality has been more severely impacted by the COVID-19 pandemic in 2020 than HIV/AIDS.

The latest year for which WHO has published estimates of global deaths by cause is 2019. TB was the 13th leading cause of death worldwide and the top cause from a single infectious agent. In 2020, it is anticipated that TB will rank as the second leading cause of death from a single infectious agent, after COVID-19 [9].

Emerging infectious diseases (EID)

Coronavirus, Ebola, MERS, Chikungunya Virus, Swine Flu, Avian Influenza, HIV, SARS, Lyme disease, E. coli, Hantavirus, Dengue fever, West Nile virus, Zikavirus.

The infectious diseases today

“The world is confronted by increasing infectious disease outbreaks.

Between 2011 and 2018, WHO tracked 1483 epidemic events in 172 countries.

Epidemic-prone diseases such as influenza, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Ebola, Zika, plague, Yellow Fever and others, are harbingers of a new era of high-impact, potentially fast-spreading outbreaks that are more frequently detected and increasingly difficult to manage. Fig. 1 demonstrates the global emergence of selected pathogens over the past 50 years, including both those that naturally emerge/re-emerge and those that are deliberately released” [4], (Figure 1).

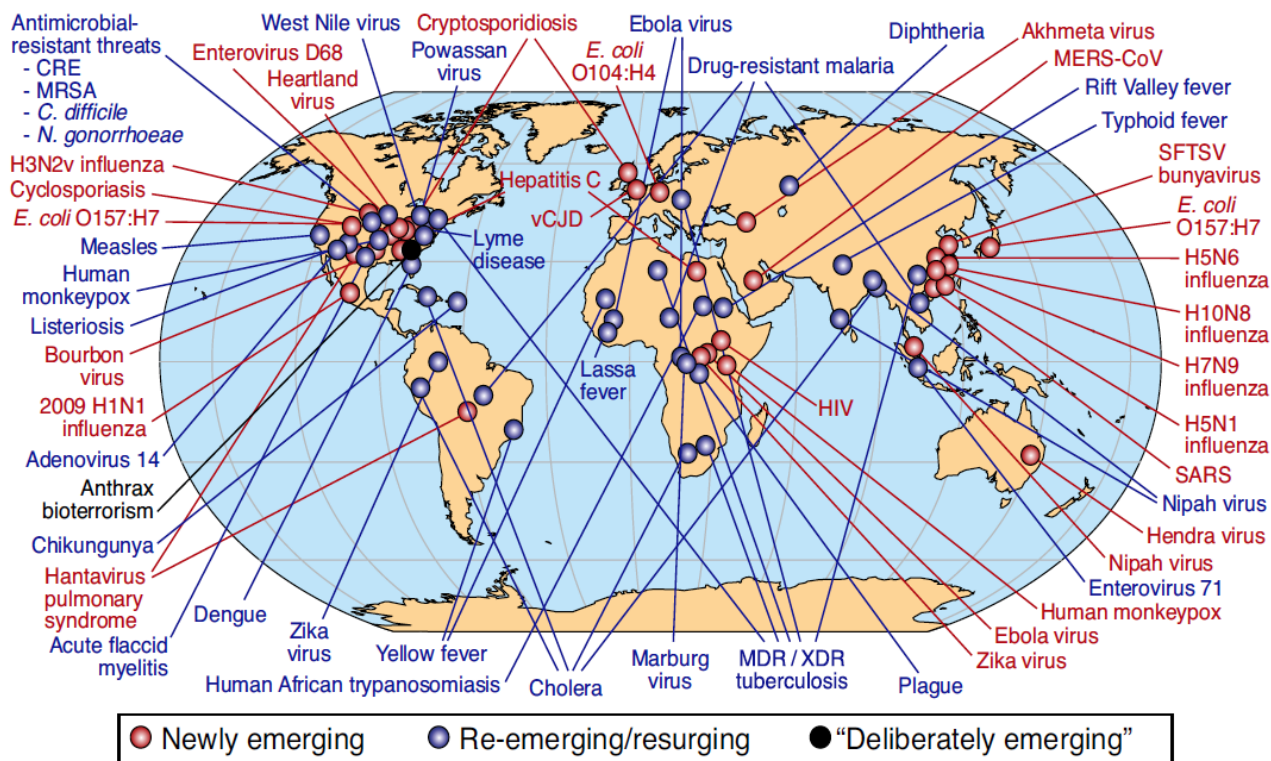


Figure 1: Global examples of emerging and re-emerging diseases

C. difficile: Clostridium difficile; CRE: carbapenem-resistant Enterobacteriaceae; E. coli: Escherichia coli; MDR: multidrug-resistant [tuberculosis]; MERS-CoV: Middle East respiratory syndrome coronavirus; MRSA: methicillin-resistant Staphylococcus aureus; N. gonorrhoeae; Neisseria gonorrhoeae; SFTSV: severe fever with thrombocytopenia syndrome virus; XDR: extensively drug-resistant [tuberculosis].

Source: United States National Institutes of Health, National Institute for Allergies and Infectious Diseases.

Epidemics and inequality

Infectious diseases account for between a quarter and a third of global mortality. The epidemics of these diseases disproportionately affect people living in low- and middle-income countries.

Populations affected by economic and social crises also have an increased risk of excess mortality and morbidity caused by epidemics.

“The poor suffer the most.

Any country without basic primary health care, public health services, health infrastructure and effective infection control mechanisms faces the greatest losses, including death, displacement and economic devastation. Disease outbreaks disrupt the entire health system reducing access to health services for all diseases and conditions, which leads to even greater mortality and further economic depression. Negative impacts are particularly profound in fragile and vulnerable settings, where poverty, poor governance, weak health systems, lack of trust in health services, specific cultural and religious aspects and sometimes ongoing armed conflict greatly complicate outbreak preparedness and response” [5,6].

The rise of SARS-Cov-2 has opened new scenarios

The onset of SARS-Cov-2 in February 2020, has completely changed the paradigm of therapeutic and preventive patterns adopted until then for infectious diseases. While the disease was not given too much importance at the beginning, the exponential increase in diagnosis led governments to adopt drastic measures with isolation and social distancing.

But the epochal change occurred in the wake of the production of the first vaccines, hurriedly welcomed by the various international health regulatory systems, and without the necessary guarantees of effectiveness and safety to exclude side effects, because tested on a limited group of subjects and for insufficient time.

The new vaccines belong to a class of treatments based on genetic engineering, which uses portions of viral messenger RNA, (the one that encodes the protein component called spike that is the key to the entry of the virus into the host cell) which is used to induce the antibody response in the host.

Given these innovative characteristics, the experimental serum used cannot be considered a true vaccine, according to the knowledge of classical infectivity, which involves the use of attenuated bacterial or viral forms, pathogen-free but highly evocative of antibody response.

Why is SARS-Cov-2 considered so dangerous?

SARS-COV-2 virus belongs to the group of CORONA VIRUSES, viruses present and diffused with many species and quasispecies worldwide. It's characterized by high mutability, contagiousness, and morbidity, and reduced lethality, slightly higher than a common flu.

So why have health authorities and many virologists attributed this form of flu to catastrophic lethality, which it doesn't actually possess?

And because the health authorities and governments have intervened so rigorously in the containment of the contagion to the point of imposing isolation and social distancing, to limit personal freedoms and specially to oblige a vaccination therapy whose effectiveness and safety are all to be demonstrated?

As we said earlier, and as reported by WHO figure 1, there are many other infectious diseases much more fearsome than SARS-COV-2 present worldwide [1-3], for which little or nothing is being done and which have not received the same attention, resonance and the same media and alarmist clamor as that dedicated to SARS-COV-2: No masks were used, the distance and social isolation with lockdown and no vaccination.

The victims of SARS-COV-2 are rare and concern mostly elderly patients with pre-existing conditions or with immune deficits.

However, in the official epidemiological statistics of the patients who died for COVID-19 are artificially included all those who are suffering from previous diseases, in which the viral infection is only a cause of death.

The millions of deaths that are constantly denounced by health authorities, as a result of the pandemic, hide artificial manipulations of epidemiological data, punctually disavowed by more accurate analyses. From which it turns out that the deaths attributed to COVID-19, in reality have different origins in most cases attributable to previous pathologies.

The same Italian Ministry of Health, for example, on the number of deaths for COVID-19, purified from patients who had SERIOUS previous diseases, reduces the total-DEATHS from 130,000 to 3,783 or 2.91% [10].

The truth is that if the COVID-19 is faced from the beginning with common and inexpensive drugs, such as anti-inflammatory, anticoagulants and cortisone, which have shown efficacy in numerous clinical trials, it is resolved in the vast majority of cases, with healing without reliquats [11-15].

Despite being validated by numerous clinical studies the effectiveness of these therapies, the various governments have not adopted, preferring and imposing vaccination, for obvious interests and collusion with Big pharma.

The vaccines approved by the various states, with emergency measures and on the basis of incomplete clinical trials and very short follow-up times, which are now administered and made mandatory to the world population, are to be considered experimental.

In fact, the documentation provided by the manufacturers on the effectiveness of antigenic power of vaccines, are very deficient and based on a small number of cases treated and lack of control of long-term side effects.

Today, more than two years after the start of the pandemic and the mandatory vaccination treatment, there have been incontrovertible evidence of absolute ineffectiveness and total unreliability of vaccines, which have produced an endless list of serious side effects, until the death of the inoculated subject [16-18].

The sum of serious adverse events reported by the OFIA reaches 14,4 % of the total. Among these we detect death 0.61%; disability 0.96%; life hazard 0.90%; congenital abnormalities 0.02% [19].

It should be pointed out that, especially in Italy, the communication of adverse events does not take place according to the rules of epidemiological monitoring imposed by the code of ethics and respect for clinical knowledge. It is therefore extremely likely that adverse reactions to inoculums are much higher than those officially reported.

In the light of the above and the high amount of documentation produced by numerous researchers, intellectually honest and devoid of any connection with the powers of pharmaceutical lobbies, not only the ineffectiveness but also the uselessness and danger of vaccination for COVID-19, has been demonstrated.

Need for repeated vaccination

We must ask ourselves why they have not been used and not even taken into account by the health authorities, the pharmacological therapies we mentioned above, which have given very encouraging results in several clinical trials, and has chosen and imposed only vaccination therapy? [17,18].

We have passed from the administration of a single dose of the vaccine, then the need for the second dose and today we have also passed to the third, a short distance from each other. So the need for repeated vaccination has provided conclusive evidence of the absolute uselessness of this method of immune prevention.

The operation of vaccination carpet, has not reduced the slightest the spread of the virus SARS-Cov-2, which in recent days has resumed its run, even in countries where vaccination has covered over 80% of the population [19].

Despite this, the most disturbing aspect of the health policies of governments is the totally coercive method with which they intend to impose, and have in fact imposed at all costs, the strategy of vaccination terror, which has no equal in the history of humanity.

It was introduced the obligation of the certificate of vaccination, the Green Pass, so that only those who have it can access normal social services, School, University, Bar, Restaurants and even to enter the workplace.

The relentlessness with which is pursue the objective of the obligation to vaccinate, aims to adopt and impose a system of uncontested domination, of single thought, which as in the worst dictatorships, does not allow criticism and discussion of ideas, dissent, doubt and suppresses any area of democracy.

The other goal that you want to achieve is to obscure, with the terrorism of the pandemic, the many serious diseases still existing, and the real problems that afflict countries, hunger, poverty, inequalities and lack of work.

Conclusion

From the examination of the documentation and the arguments set out in this article, we wonder how it was possible to arrive after centuries of struggles for freedom and democratic conquests, to such abjection and the denial of the founding values of a civil society. Why the authorities want to overlook the other infectious diseases and the many degenerative diseases still present. How it was possible to obscure the truth and the scientific evidence. The historical precedent that we believed buried and surpassed of the dark centuries of the Medieval Inquisition, is proposed today with unusual violence and arrogance, masked by the need for common well-being.

With the measures adopted by our governments, even the most elementary freedoms are definitively denied, and the much-celebrated democracy, in political propaganda and during official demonstrations, is in fact obscured by pursuing the same tyrannical policy like China, Russia, Korea. North, etc.

And what about the mass media which have always strongly criticized those dictatorial regimes in other country and today applaud the provisions of the vaccination imposition whit general use of those same methods.

What is especially striking is the total indifference and apathetic resignation of the innumerable group of scientists and researchers, men of culture, who are not horrified at the destruction of truth and freedom enacted by the cynicism of governments and by economic, financial and pharmaceutical multinationals. world cup. Such total indifference cannot belong to men of science and men of culture.

References

1. Jocelyne Piret, Guy Boivin. Pandemics Throughout History. *Frontiers in Microbiology*. 2021; 11: 631736.
2. Marco Marani, Gabriel G. Katul, William K. Pan, et al. Intensity and frequency of extreme novel epidemics. *PNAS*. 2021; 118: e2105482118.
3. Samuel Cohn. Plague and Prejudice. *History Today*. 2016; 66.
4. Global Preparedness Monitoring Board. A world at risk: annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
5. <https://www.annualreviews.org/doi/abs/10.1146/annurev-soc-070308-115929>.
6. Johan (J.P.) Mackenbach, Willem Jan (W.J.) Meerdink, Anton (A.E.) Kunst. Economic implications of socio-economic inequalities in health in the European Union. *European Communities*. July 2007.
7. https://www.salute.gov.it/imgs/C_17_pubblicazioni_2437_allegato.pdf.

-
8. World Health Organization (WHO). GLOBAL HEPATITIS REPORT, 2017.
 9. World Health Organization (WHO). GLOBAL TUBERCULOSIS REPORT, 2021.
 10. Report sulle caratteristiche dei pazienti deceduti positivi a SARS-CoV-2 in Italia. ISS. 5 ottobre 2021.
 11. Jianjun Gao, Zhenxue Tian, Xu Yang. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. Biosci Trends. 2020; 14: 72-73.
 12. Wang M, Cao R, Zhang L, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. Cell Research. 2020; 30: 269-271.
 13. Yao X, Ye F, Zhang M, et al. In vitro antiviral activity and projection of optimized dosing design of hydroxychloroquine for the treatment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Clin Infect Dis. 2020; 71: 732-739.
 14. Antiviral Drugs That Are Approved or Under Evaluation for the Treatment of COVID-19. Antiviral Therapy. July 8, 2021.
 15. Pierre Kory, Gianfranco Umberto Meduri, Joseph Varon, et al. Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19. Am J Ther. 2021; 28: e299-e318.
 16. Vaccino Astrazeneca, Italia, Francia, Germania, Spagna e Lussemburgo sospendono l'utilizzo in via precauzionale.
 17. Rapporto sulla Sorveglianza dei vaccini COVID-19. AIFA. Rapporto numero 9. Periodo dal 27/12/2020- 26/09/2021.
 18. Bruno Riccardi, Sergio Resta. The Covid Virus Infection a Critical Review of the Whole Affair: Personal Opinion. International Journal of Clinical Skills. 2021; 15: 491-501.
 19. Riassunto Delle Caratteristiche Del Prodotto. AIFA il 02/08/2021.