

### Clinical and Epidemiology Characteristics and Psychosomatic Changes of Patients Infected with Covid-19

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#### ABSTRACT

COVID-19 infections are very contagious and the number of patients is growing rapidly. It is important to know the specific prevalence aspects of the disease, epidemiological characteristics and the appropriate methods of identifying and treating infected patients. Since the methods of treating COVID-19 are still incomplete and the characteristics of the virus are changing, it should be encouraged to further improve the preventive epidemiological, prophylactic and therapeutic measures.

COVID-19 – more bottom breath of the ways damage with transient sharp respirator viral is an infection. Illness light sharp respirator viral infection in the form of or heavy pneumonia, acute respirator distress syndrome (ARDS), sepsis and septic shock development with heavy and very heavy \_ pass can \_ Symptoms of COVID-19 nonspecific and each how in age fever (83-99%), cough (59-82%), fatigue (44-70%), anorexia (40-84%), shortness of breath tightness (31-40%) myalgia (11-35%) also, for example throat pain, nose finish, head pain, diarrhea, heart nausea or come back to do like nonspecific characters to be can \_ In adults respirator characters appear from being before smell (anosmia) or taste to feel loss (ageusia) too occurs. Pediatric COVID-19 Clinic different different to be despite fever and cough symptoms, most a lot occurs. in the USA in observations (until May 30, 2020) up to 0-9 years in 5188 children and 10-19 years old in 12,689 children symptoms about data is available was \_

Children and pregnant women like of the population special clinical manifestations of COVID-19 in groups about information a lot not \_ Currently pregnant women and reproductive age pregnant didn't happen in women Clinical manifestations of COVID-19 between known difference no \_ This is a dangerous disease, which can take the form of an acute mild respiratory viral infection, and a severe form with the risk of death due to acute respiratory distress syndrome or respiratory failure, a specific complication of which is viral pneumonia. There is currently no specific antiviral treatment or preventative medicine for the disease. In most cases (about 80%), specific treatment is not required, recovery occurs by itself. Severe forms of the disease can develop more in the elderly and in patients with certain diseases, asthma, diabetes and heart disease. In severe cases, drugs aimed at preserving the functions of vital organs are used. The purpose of the study. Study of clinical and epidemiological characteristics of patients with COVID-19. According to the available data, children are less sick, have fewer clinical symptoms, require less hospitalization, have a milder illness, but this does not exclude severe cases. There are reports of cases of COVID-19 in newborns. The disease is much rarer in

newborns, in which the route of intrauterine transmission of infection has not been proven. Shortness of breath is the most common symptom in newborns. The disease is usually mild, but severe forms such as late neonatal sepsis and encephalitis can also develop. Severe disease is slightly more common in newborns than in older children. Clinical signs of COVID-19 infection are nonspecific, especially in premature infants. Temperature lability is noted; respiratory symptoms may include tachypnea, shortness of breath, nasal flaring, accessory respiratory muscle involvement, dyspnea, cough, and tachycardia. Sometimes weak sucking, lethargy, regurgitation, diarrhea, abdominal rest observed. In children coxsack frequent infections \_ standing too is characteristic. USA and in Italy conducted in studies co-infection in 6% of children note done being their \_ the most a lot spread out pathogens respiratory syncytial virus, rhinoviruses, Epstein- Barr virus, enteroviruses, A flu, SARS belongs to didn't happen coronavirus and Streptococcus pneumoniae.

Edition meta - analysis information according to children with COVID-19 percentage level to the weight depending on the following indicate organize will:

- ✓ 36.4% in children of the disease light form \_
- ✓ 45% in children of the disease medium heavy pass \_
- ✓ 3% children heavy diseases with acceptance will be done
- ✓ 0.6% of children with critical illnesses with acceptance will be done
- ✓ 16% children without symptoms disease with appeal does

All data the disease in children lighter pass and light forms more to meet to show despite, in children multisystem inflammation syndrome development is worrying. Last times in children Polyorgan deficiency and shock take coming sharp hyperinflammation syndrome lit, which is now children and with COVID-19 in adolescents temporarily depends multisystem inflammation as a syndrome (Kawasaki syndrome). is being lit. Still too in children main the disease heavy diseases with connecting reliable evidence is available not \_ Laboratory confirmed COVID-19 and main circumstances about complete information have 345 people \_ children 23% of the main from illness except chronic lungs disease (including bronchial asthma), heart and blood vein diseases and immunosuppression was \_

Clinical symptoms of COVID-19 in children correspond to the clinical presentation of ARVI caused by other viruses: fever, cough, sore throat, sneezing, weakness, myalgia. The severity of the febrile reaction can be different: half of sick children have a fever up to 38°C, a third of children have an increase in body temperature from 38.1 to 39.0°C.

The severity of the clinical manifestations of coronavirus infection varies from the absence of symptoms (asymptomatic course) or mild respiratory symptoms to severe OORS (severe acute respiratory syndrome) with the following symptoms:

- ✓ high fever;
- ✓ from obvious disturbance of condition to disturbance of consciousness;
- ✓ shivering, sweating;
- ✓ headache and muscle pain;
- ✓ dry cough, shortness of breath, rapid and heavy breathing;
- fast heart rate. The most common manifestation of OORS is O'RDS, or bilateral viral pneumonia complicated by pulmonary edema. Breathing may stop, which requires artificial ventilation of the lungs and support in the conditions of resuscitation and intensive care unit

(RITB). The resulting poor outcome is due to the addition of secondary infection in the form of acute respiratory failure and sepsis. Possible complications:

- ✓ ORDS;
- ✓ acute heart failure;
- ✓ acute kidney failure;
- ✓ septic shock;
- ✓ polyorgan failure (dysfunction of many organs and systems)

SARS-CoV-2 virus was not detected in all children with suspected COVID-19 and severe illness, which indicates that additional infections or other respiratory diseases should not be excluded in children with suspected disease based on clinical and epidemiological data.

The type and severity of the disease are important factors in the decision to transport patients with COVID-19. In most countries, depending on whether or not there are signs of respiratory failure, the development of pneumonia and acute respiratory syndrome, it is divided into asymptomatic, mild, moderate, severe (severe pneumonia) and critical forms.

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