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Early Diagnosis of COVID-19 in January 2020

Giulio Tarro
T.&L. de Beaumont Bonelli Foundation for Cancer Research, Naples, Italy

ABSTRACT

With reference to two books signed by Tarro a few months after the outbreak of the pandemic, "Covid 19 – The virus of fear" (June 2020) and then "Covid 19 – The nightmare is over" (June 2022), they were prophetic because, to give just two examples, in the first one, in addition to underlining the macroscopic errors of our Italian government, which acted only with 'Tachipirina and watchful waiting' and denying access to treatments (such as hydroxychloroquine and invermectin even though they are present, and not very expensive, in all pharmacies) legalized only in December 2022 after an order of the Council of State, it has put the spotlight on those mechanisms of fear, panic, terror used by Western governments to chloroform and enslave citizens, forced into those nefarious lockdowns (and then vaccines). In the second book, he extensively illustrated the adverse effects caused by 'Covid products', especially those with mRMA (such as Pfizer and Moderna) which, completely experimental, not very effective and even more unsafe, have caused and are causing enormous problems, in particular affecting the cardiovascular system, with increases in pericarditis, myocarditis, strokes, thrombosis and heart attacks. But there is more. In the last book Tarro proposes the adoption of ad hoc GENETIC TESTS, to verify whether the organism of a certain individual can withstand the impact of the vaccine: fundamental tests (even if expensive, and our Italian State should take care of them) but never even taken into consideration by the governments that have succeeded one another, with the health of citizens rolling towards the abyss.

Keywords: Coronavirus, Wuhan-CoV, SARS, MERS, bat.

INTRODUCTION

Here we are at the 'scientific gem'. Because practically in the most real time possible, Tarro analyzed, even at the end of December 2019, what was happening in those dramatic hours in Wuhan, x-raying the very first manifestations of the Coronavirus. And arriving at providing a first therapeutic indication: in practice that of the "hyperimmune plasma" which after a year will be proposed by the legendary doctor Giuseppe De Donno, who paid with his life for his epic effort to defeat, right from the start, Covid. Naturally massacred and delegitimized by 'Big Pharma' who could not miss the historic opportunity to make stratospheric profits with the golden goose of vaccines, on the skin of citizens who were first guinea pigs and then damaged & killed by those products.

Here is the basic passage in Tarro's first study on Wuhan and the 'new coronavirus', published in mid-January 2020 by the bulletin of the National Order of Biologists [1]. "Progression to lower respiratory tract disease is more common in patients with immune deficiencies for the entire respiratory virus complex. For many of these patients, the presence of neutralizing

antibodies in blood serum and respiratory secretions correlates with protection from infection" [2-4].

And then we offer you another precious gem. Namely, the study signed by Tarro and published by the authoritative 'International Journal of Recent Scientific Research' dated January 28, 2020 and titled "The New Coronavirus from the Chinese City of Wuhan" [5].

METHODS

An outbreak of pneumonia in the Chinese city of Wuhan was reported to the WHO on the last day of the year 2019. A week later, a new coronavirus (2019-nCoV) was identified. The WHO issued guidance for all countries to prepare for the new viral infection. After three weeks, Chinese authorities confirmed human-to-human transmission of the virus. In the meantime, individual cases have been reported in Thailand, South Korea, Japan, the United States, Russia and Mexico. After just over three weeks, 600 people have been infected and 25 have died. According to British statistical calculations, there were already 1,700 infected for a city like Wuhan with 11 million inhabitants [5].

RESULTS

The respiratory tract can be infected by different families of viruses that are able to cause increasingly severe symptomatic complexes from the common cold to fulminant pneumonia. Respiratory viral infections are the main cause of morbidity, hospitalization and mortality worldwide; in fact, influenza and pneumonia are the prevalent infectious causes of death in the last century in the world. Respiratory viral infections are still the most common single cause of acute illness and medical attention as well as the first cause of antibiotic prescription. We report in the table some significant epidemiological data of human respiratory viruses such as their seasonal incidence, the ways of diffusion, the days of incubation, their frequency of hospitalization and finally the diagnostic sample to be used [6].

Table

Human respiratory viruses	Season	Diffusion method	Incubation days	Nosocomial pathogen	Diagnostic sample
Adenovirus	Summer	Aerosol, contact	4-7	Yes	Respiratory tract, throat, conjunctiva, urine, feces, blood
Rhinovirus	Early Autumn, late Spring	Hands, drops	1-5	Yes	Nasopharynx
Coronavirus	Winter	Drops	2-5	Minor	Nasopharynx
Coronavirus SARS	Fall, Winter	Hands, drops	2-10	Major	Respiratory secretions, nasopharynx, throat, nose, lower respiratory tract, feces, serum, plasma
Hantavirus	All the seasons	Aerosol, bite	Variable (9-33)	Major	Excretions, blood serum
Metapneumovirus	Early Autumn,	Hands,	2-7	Yes	Nasopharynx,

	late Spring	drops			lower respiratory tract
Influenza virus (A e B)	Winter	Aerosol, drops	1-4	Major	Nasopharynx, throat, lower respiratory tract
Parainfluenza virus (PIV)	Type 1 and 2 Autumn, type 3 Spring, Summer	Aerosol, drops	3-6	Yes	Nasopharynx, lower respiratory tract
Respiratory Syncytial virus (RSV)	Late Autumn, until Spring	Hands, drops	2-8	Major	Nasopharynx, lower respiratory tract
Bocavirus (Parvovirus)	Winter	Contact, drops	2-6	Major	Nasopharynx, lower respiratory tract

DISCUSSION

Although the extent of viral replication correlates well with disease severity, for most respiratory viruses the mechanism of infection differs between groups. Rhinovirus and coronavirus infections are largely limited to the upper respiratory tract, whereas influenza, respiratory syncytial virus, parainfluenza and SARS viruses, and adenoviruses generally also infect the lower respiratory tract. Progression to lower respiratory tract disease is more common in patients with immune deficiency for all respiratory viruses. For many of these patients, the presence of neutralizing antibodies in blood serum and respiratory secretions correlates with protection from infection. Immunity is generally longer-lasting and reinfection is less common with virus groups that have many serotypes, for example rhinoviruses and adenoviruses, than with those that have few serotypes. Although reinfection is common with parainfluenza and respiratory syncytial viruses, the severity generally decreases with subsequent episodes [7-9].

CONCLUSIONS

SARS is a unique form of viral pneumonia unlike many other viral pneumonias, upper respiratory symptoms are typically absent in SARS, although cough and shortness of breath are observed in most patients. In the classic form, patients present with a generic illness with fever, myalgia, malaise and chills; episodes of frank diarrhea may occur.

The diagnosis of SARS should be suspected in any patient with radiologically confirmed pneumonia and anyone with epidemiological risk factors for coronavirus syndrome.

SARS coronavirus has been identified as the cause of this clinical syndrome since it was first recognized as an uncommon atypical pneumonia in Guangdong Province, China, in November 2002. Over the next six months, the virus spread to many geographic areas resulting in 8,000 cases and 764 deaths. The countries most affected after China were Hong Kong, Singapore, Taiwan and Toronto in Canada. The virus is of animal origin, but the original reservoir remained uncertain. Presumably it initially spread from bats to smaller animals, especially civets, ferrets, cats, mice and monkeys. Person-to-person transmission was especially common in nursing homes and hospitals, but transmission was also observed at home, in

hotels, at work, on airplanes and in taxis. Laboratory transmission of the SARS coronavirus has also been reported, as well as its direct origin from the described animals.
SARS was diagnosed on the basis of epidemiological evidence, clinical suspicion and diagnostic tests. At the time, the definition of SARS was provided by the Centers for Disease Control and Prevention (CDC) in Atlanta. In particular, a recent history of travel to China, Hong Kong or Taiwan or close contact with people from these countries, within ten days before the onset of symptoms.

An efficient method for producing human monoclonal antibodies from memory B cells has demonstrated consistent neutralization of SARS coronavirus [10]. Human monoclonal antibodies as prophylaxis for SARS coronavirus infection have been used in ferrets [11].

In September 2012, a novel human coronavirus was isolated from a patient in South Arabia with a SARS-like illness characterized by fever, cough, and shortness of breath. The patient died from respiratory syndrome and renal failure. The Middle East respiratory syndrome was termed as MERS (Middle East Respiratory Syndrome). A further step forward was made in identifying neutralizing human monoclonal antibodies against this novel MERS coronavirus (MERS-CoV). The threat of emerging infectious diseases such as SARS and MERS underscores the need for an immediate approach that allows us to rapidly identify effective antivirals to combat viruses. The recent success in identifying neutralizing human antibodies (mAbs against MERS-CoV) suggests the possibility of using these methodologies for a rapid response against emerging and pandemic-causing viruses [12].

After the Wuhan epidemic in China and the pandemic that followed globally, the spread of the CoV-SARS-2 coronavirus has finally come to an end. The end was already declared in the United Kingdom on July 19, 2021, which had primarily started vaccinations on December 8, 2020, aimed in particular at the "over" 80 and frail subjects, the whole world has aligned itself, in particular also taking into account oral therapies and monoclonal antibodies with a virus that while maintaining its contagiousness has reduced in its virulence [13]. The African continent has stood out for its endemicity linked to zoonoses of the beta coronavirus family [14]. Finally, particular importance is given to the natural infection by COVID-19 and the immune response with vaccination exemption due to the risk of thrombi due to genetic mutation and antibody overload [15].

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References

1. Tarro G. The new coronavirus from the city of Wuhan. The Journal of Biologists, year III, n. 1, January 2020.
2. Grag S, Reinhart K, Couture A etl al. Highly Pathogenic Avian Influenza A (H5N1) Virus Infections in Humans. The New England Journal of Medicine, vol. 392, n. 9, February 27, 2025.
3. Ison MG and Marrazzo J. The Emerging Threat of H5N1 to Human Health. The New England Journal of Medicine, vol 329, n. 9, February 27, 2025.
4. Jassem AN, Roberts A, Tyson J et al. Critical Illnes in an Adolescent with Influenza A (H5N1) Virus Infection. The New England Journal of Medicine, vol 329, n. 9, February 27, 2025.

5. Tarro G. The New Coronavirus from the Chinese City of Wuhan. Int J Recent Sci Res. 11(01), pp. 36901-36902, 2020. DOI: http://dx.doi.org/10.24327/ijrsr.2020.1101.5021.

6. Tarro G. COVID the virus of fear. Il mio libro.it. First edition May 2020 and second editon August 2020, ISBN 978-88-316-8520-7, Greek edition 2020, ISBN 978-6182-010-341.

7. Tarro G. Environment and Virus Interactions: Towards a Systematic Therapy of SARS-CoV-2. British Journal of Healthcare and Medical Research, 9(4), 253-260, 2022.

8. Tarro G. On the End of a Nightmare (COVID-19). The Role of the Immune System. British Journal of Healthcare and Medical Research, 9(6), 194-197, 2022.

9. Tarro G. Western Season with Epidemic Flu, SARS-CoV-2 Omicron Strains and hRSV. British Journal of Healthcare and Medical Research, 10(2), 448-453, 2023.

10. Elisabetta Traggiai, Stephan Becker, Antonio Lanzavecchia. An efficient method to produce human monoclonal antibodies from memory B cells demonstrated consistent neutralization of SARS corona virus. Nature Medicine 10, 871-875, 2004.

11. J. ter Meulen et al. Human monoclonal antibodie sa sprophylaxis for SARS coronavirus infection have been used in ferrets. The Lancet 26, 6, 2004.

12. Tianlei Ying, Haoyang Li, Lu Lu, Dimiter S Dimitrov, Shibo Jiang. The recent success of identifying neutralizing human antibodies (mAbs against MERS- CoV) suggests the possibility of using these methodologies for a rapid response against emerging viruses and with the potential to cause pandemics. Microbes Infect. 2015 Feb; 17(2): 142-148.

13. Tarro G. COVID-19 The End of a Nightmare. Edition Helicon, July 2022.

14. Tarro G. Different Background of Immunological Response Acoording to Previous Zoonotic Experience with Coronavirus. Internatioonal Journal of Development Research, vol. 10, issue 10, pp. 41650-41651, 2020.

15. Arantes de Araùjo L, Federico Veloso C, de Campos Souza M, Coelho de Azevedo JM, Tarro G. The Potential Impact of the COVID-19 Pandemic on Child Growth and Development: a Systematic Review. Jornal de Pediatria, DOI: 10.1016/ipd.2020.08.008.