



Mini Review

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Comments on Nomenclature of COVID-19

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Introduction

Scientists and medical doctors have been contributing largely to identify novel coronavirus 2 as the cause of the severe acute respiratory syndrome (SARS-COV-2) which emerged in large numbers of infected people in Wuhan City since Dec. 2019 [1-3]. Scientists quickly sequenced SARS-COV-2 and shared their knowledge with the world [3,4]. Searching for vaccine and specific therapy is the ongoing global public health concern to prevent future spreading [5]. The new research, clinical and epidemiological data on SARS-COV-2 are continuing to explode. We need to make consensus on nomenclature in SARS-COV-2 studies correctly and precisely.

Coronavirus (COVs) is one of major viruses that primarily targets the human respiratory system. Previous COV outbreaks were seen in SARS 2003 in Asia, and Middle East respiratory syndrome (MERS) 2012. Acute respiratory illness has been dominant in COVs caused diseases with fever, cough, sore throat, breathlessness, fatigue, malaise [4]. In the case of COV-2 the clinical feature is similar. Patients with clinical symptoms and SARS-COV-2 positive are diagnosed as coronaviruses disease 2019 (COVID-19). But with the increasing test of naso-pharyngeal swab we realize that people with SARS-COV-2 positive can be asymptomatic. This group may be defined as SARS-COV-2 carrier. On the other hand, people with SARS-COV-2 negative can have typical COVID-19 clinical manifestation, the chest X-ray showing bilateral infiltrates and laboratory features with increased levels of C-reactive protein (CRP), inflammatory cytokines like interleukin-6, ferritin, D-dimer, neutrophilia and lymphocytopenia. Such cases may be defined as suspected COVID-19. The COVID-19 can behavior with encephalitis, polycranial neuritis, Miller-Fisher syndrome, Guillain-Barré

Syndrome, cytokine release syndrome, endo-carditis or multiorgan etc [5,6], these groups may be defined as SARS-COV-2 syndrome. If there is an evidence of lower respiratory tract involvement with abnormal chest X-ray or CT scans, the COVID-19 pneumonia or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) should be applied to indicate severe consequence with possible respiratory failure [2-4].

In Europe or the United States, there is increased evidence that COVID-19 can behavior with olfactory reduction, diarrhea, encephalitis, endo-carditis or multiorgan failure with or without SARS-COV-2 symptoms [7]. In such cases differential diagnoses is urged clinically. These patients should be treated in isolation until COV-2 and other relevant laboratory tests have been performed and interpreted correctly before the patients are moved out from the COVID-19/Pandemic unit.

In summary, COVID-19 serves as general diagnosis to define COV-2 related symptoms including SARS-COV-2. SARS-COV-2 is specifically applied to indicate severe acute respiratory syndrome caused by COV-2. Those who have typical COVID-19 features without positive COV-2 may be defined as suspected COVID-19. Those who have no symptoms, but positive COV-2 may be defined as COV-2 carrier. Certainly, future antibody (IgG and IgM against COV-2) test will broaden diagnosis and prognosis of COVID-19.

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Conflict of Interest Statement

The authors have no competing interests to declare. No financial support



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