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Infectious Diseases

Virtual 2020

September

24, 2020

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INFECTIOUS DISEASES VIRTUAL 2020

SEPTEMBER 24, 2020

Theme:

Global Strategies on the Treatment, Control and Elimination of Infectious Diseases

INDEX

About MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About Infectious Diseases Virtual 2020

WCID takes notable pleasure to invite you to play a part in the '**3rd Edition of World Infectious Diseases Webinar'** which is scheduled during September 24, 2020 with the theme "Global Strategies on the Treatment, Control and Elimination of Infectious Diseases."

This Infectious Diseases Virtual 2020 webinar is conducted in order to provide an absolute platform for scientists, professors, young researchers, and learners to present and discuss the most recent innovations, possibilities, and concerns adopted in the field of Infectious Diseases.

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KEYNOTE FORUM

INFECTIOUS DISEASES VIRTUAL 2020

SEPTEMBER 24 2020

Niculae Ion Nedelcu[1*], MD, PhD &
David Hoffman Van Thiel[2], MD

[1]Victor Babes Hospital, Romania
[2]Advanced Liver & Gastrointestinal Disease Center, USA

Approaches to the Termination of the COVID-19 Pandemic

The prevalence of COVID-19 infection within any given population is unknown despite its worldwide presence. Initial detection efforts, at least in the United States to address this issue, have been limited as a result of the use of these assay methods having different efficacies as a result of a lack of universal quality control measures. Moreover, using the results of these assays is destined to under estimate the prevalence of the infection as infected individuals early after their infection do not have detectable specific antibodies as a result of the time delay (10 to 14 days) for specific antibodies to be detected in serum after infection. This problem has been resolved with the identification of virus using reverse PCR amplification for the identity of viral specific antigens. The ideal goal of infection detection is to initiate treatment before the infected individual develops symptoms. Asymptomatic individuals and the cases that develop symptoms but do not require hospitalization can be quarantined until they are virus free. Hospitalization is reduced to only those that progress and require hospital care, ICU care, and ultimately care in an intensive care unit equipped to maintain adequate oxygenation. Importantly, this approach reduces the cost of health care for COVID-19 dramatically in terms of hospital personnel and overall hospital services. The initial approach to treat COVID-19 infected individuals was to infuse infected individuals with serum obtained from previously infected individuals, who have recovered. There are reports of individuals, who have recovered from a prior clinical COVID-19 infection, having developed either a recurrent or a "new" infection. This observation raises the question whether antibodies will be protective, which is not necessarily the case with other viral infections such as HCV and others Coronavirus infections.

The most popular current therapy being developed is a vaccine that contains viral neutralizing activity. The problem with vaccine development is that the specific target (s) for the vaccine are not as yet known and whether the response to a given vaccine will be sufficiently reliable at preventing or more likely reducing the number of exposed individuals that become infected. Nevertheless this approach is being aggressively pursued with more than 150 vaccine preparations with several in preliminary human trials. The therapy with the best potential for efficacy and patient acceptability would appear to be the identification and development of one or more small molecules that can be combined with each and inhibit different steps in the replication sequence. Should such be are safe and free of adverse effects except for minor tolerable effects, they would have the potential to terminate the pandemic by culturing all cases and initiating prophylactically treatment of all contacts identified of an infected individual as a result of current tracking procedures. If the culture for COVID-19 is reported as negative, the prophylactic therapy could be discontinued. Conversely, if the initial culture is positive, the therapy should be continued until the recommended duration of treatment for positive cases is completed and documented by viral culture on two separate cultures obtained at least 24 hours apart. A FDA application for pulsed administration of nitric oxide which has been shown to be viral-lethal utilizing a portable system to treat COVID -19 infected individuals as outpatients has been submitted. This approach could result in dramatic changes in the approach to COVID-19 and reduce the personnel and hospital costs for COVID-19 substantially.

Biography

Dr. Niculae Ion Nedelcu MD, PhD Got the medical doctor diploma in 1973 and the scientific title of Doctor in Medicine in 1982 year in the University of Medicine and Pharmacy "Dr Carol Davila" from Bucharest. Romania. In the period of 1990 -1998 was involved as National Immunization Program manager in Ministry of Health of Romania. In this position: renewed the national cold chain for EPI vaccine, conducted the activities for polio eradication in Romania, revised the primary EPI vaccine schedule, introduced hepatitis B universal infant immunization and also replaced oral with inactivated polio vaccine and implemented surveillance of the undesirable adverse event after vaccination. Starting with 1989 was based as senior epidemiologist in the Public health Authority of Bucharest being involved as consultant for WHO, UNICEF of American Red Cross in preparing of supplementary polio or measles-rubella vaccines in Albania, Bangladesh, Nepal, Kyrgyzstan, Filipinas and Moldova Republic. From 2007 and until now is Infection Control director in Infectious and Tropical Diseases Hospital "Dr Victor Babes" from Bucharest municipality, Romania - this unit is currently designated by state as first line Covid-19 hospital. Dr Niculae Ion Nedelcu published more than 40 scientific papers in vast majority being first author.

Prof. Jordan Minov, MD PhD

Institute for Occupational Health of R. North Macedonia, Skopje – WHO Collaborating Centre Medical Faculty, University "Sts. Cyril and Methodius", Skopje

COPD and occupational exposures

Chronic obstructive pulmonary disease (COPD) became an important public health in the last decades worldwide. Occupational COPD, defined as a form of COPD caused in whole or in a part by occupational exposures, accounts for up to 20% of all COPD cases. On the other side, the risk from occupational exposures in developed countries is likely to be much greater than the risk reported in studies from Europe and North America.

Epidemiological evidence from population-based and workplace-based studies and experimental evidence from studies in animal model and in vitro studies indicate that silica and coal dust, sulfur dioxide, welding and cadmium fume, as well as cotton, wood, farming and grain dust, may be causative agents of COPD independently from smoking status of the exposed workers. In addition, the joint effect of tobacco smoke and certain workplace exposures is estimated to be higher than additive. Occupations where COPD is most common are: construction, brick making, mining, pottery/ceramic workers, foundry makers, agriculture, flour and grain workers, textile workers, wood and paper manufacture, welders, etc.

Despite as a causing factor, occupational exposures may influence the course of existing COPD as a factor that trigger non-infectious COPD exacerbation. Furthermore, certain occupational exposures may impact progression and severity of stable disease that is independent from smoking and aging. As in the case when occupational exposures are the causative factors of COPD, the mechanisms underlying this effect are not fully understood.

Occupational COPD is often unrecognized and its contribution to overall COPD morbidity and mortality is under-reported. Efforts should be made to improve recognition of occupational COPD, to improve its registration through adequate registration system, as well as to improve its prevention by adequate measures.

Key words: causative agent, course, occupational COPD, smoking, workplace exposures.

Take Away Notes:

The goals of presentation:

- To enhance knowledge about occupational COPD, including how to diagnose and manage it.
- To change attitudes about the relevance of diagnosis and treatment. Occupational COPD can be found early and it can be treated.
- To promote raising awareness about COPD symptoms and signs among those at risk and encouraging those diagnosed with COPD to take action to slow the progression of the disease.
- To improve prevention and registration of occupational COPD.
- To stimulate further research in this domain.

Biography

Jordan B. Minov, MD MSc PhD (1960, Skopje), specialist in internal medicine and occupational medicine, sub-specialist in pulmology and allergy, achieved his graduated and post-graduate degree at the Medical Faculty in Skopje. Employed at the Institute for Occupational Health of R. North Macedonia, Skopje. Full professor at the Medical Faculty in Skopje.

Author of the monographs "Lung and Pleural Diseases Related to Occupational Exposures" (Skopje, 2009), "Spirometry" (Skopje, 2010), "Smoking among Macedonian Workers" (Saarbrücken, 2013), "COPD and the Workplace" (New York, 2016) and "Bronchiectasis in adults" (Skopje, 2018). Author of the chapter "Work-Related Asthma" in the e-book "Asthma" (Austin, 2016).

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SPEAKERS

INFECTIOUS DISEASES VIRTUAL 2020

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David Hoffman Van Thiel M.D
Advanced Liver & Gastrointestinal Disease Center, USA

Nitric Oxide: A Potential Therapy Capable of Terminating the Current COVID-19 Pandemic

The identification of an effective therapy capable of terminating the current COVID-19 pandemic is essential if the economy, the educational system and an individual's aspirations of hope, a return to the prior normal, or a better tomorrow is to be achieved. Widespread compliance with recommended behaviors of social distancing, the wearing of a mask and use of gloves will slow the spread of the infection but will not eliminate it. It is obvious that an "effective" therapy is needed. However, to be "effective" it must be safe, widely available, inexpensive, and accepted by the population at large. These requirements for fulfilment of any therapy's universal acceptance mandate that it be effective not only in cases of advanced disease or even moderate levels of disease but all cases to include asymptomatic individuals as they are source of continuing infection within the community. Thus, a requirement for hospitalization in order to be treated is doomed to fail. The individual patient needs to feel empowered to control the therapy ideally in their home environment. The high cost of antibodies regardless of their origin or specificity, vaccines, drugs and the need for hospitalization are all barriers that defeat the potential efficacy of any treatment to eliminate a pandemic Nitric Oxide is a small volatile molecule that has demonstrated powerful antiviral killing of many viruses to include COVID-19. It is available for outpatient and is delivered directly to the airway utilizing a face mask and a lightweight tank of the gas for overnight or several hours a day at times convenient with the individual patient's schedule. As such, the utilization of the powerful antiviral activity of Nitric Oxide inhalation therapy controlled by the individual patient in an outpatient setting fulfils all of the criteria of an ideal Pandemic interrupter.

Biography:

Dr. David Hoffman Van Thiel majored in chemistry at Pomona College in California and obtained his MD from the University of California Los Angeles in 1963. He completed a year of pathology training between his second and third year of medical school. His house officer training occurred at the Cornell University in NYC from 1963-1965 and Boston University between1967-1969 having been interrupted for 2 years of government service at the NIH. Following his training, he spent 20 years at the University of Pittsburgh as a professor of medicine and developed 5 different liver transplant programs published >1100 peer –reviewed papers.

Ji Yong Lee[1*] and Sang Il Kim[2]

[1,2]H Plus Yangji Hospital, Korea

Walk-Through screening system for COVID-19

With the ongoing novel coronavirus disease 2019 (COVID-19) pandemic, the number of individuals that need to be tested for COVID-19 has been rapidly increasing. A walk-through (WT) screening center using negative pressure booths that is inspired by the biosafety cabinet has been designed and implemented in Korea for easy screening of COVID-19 and for safe and efficient consultation for patients with fever or respiratory symptoms. Here, we present the overall concept, advantages, and limitations of the COVID-19 WT screening center. The WT center increases patient access to the screening clinics and adequately protects healthcare personnel while reducing the consumption of personal protective equipment. It can also increase the number of people tested by 9–10 fold. However, there is a risk of cross-infection at each stage of screening treatment, including the booths, and adverse reactions with disinfection of the booths. We had solved these limitations by using mobile technology, increasing the number of negative pressured booths, reducing booth volume, and using an effective, harmless, and certified environmental disinfectant. A WT center can be implemented in other institutions and countries and modified depending on local needs to cope with the COVID-19 pandemic.

Audience Take Away:

- The audience can learn the concept and the details of WT screening system.
- They can modify their screening system more efficient and safe.
- Rapid diagnosis is the essential part of the fight against COVID-19.
- This system enables safe, efficient and rapid diagnosis for the patients and properly protects healthcare personnel as well as the COVID-19 patients.
- This research provide basic concept and detail solution for COVID-19 screening system.

Biography:

Dr. Ji Yong Lee received Medical Degree from the Eulji University. He completed internship and residency training in Internal Medicine at Kangbuk Samsung Hospital, Sungkyunkwan University and fellowship training in Division of infectious disease, Department of Internal medicine at Samsung Medical Center, Sungkyunkwan University. Now he is the Director of the Division of infectious disease, Department of Internal medicine, and the manager of infectious control team of H Plus Yangji Hospital since 2016.

Ziheng ZHANG[1*], Li J[1], Ma LL[1], Liu SR[1], Leung P[2] and Tao XM[1]

[1]Institute of Textiles and Clothing, The Hong Kong Polytechnic University, Hong Kong, China

[2]Information and Technology, Hong Kong Polytechnic University, Hong Kong, China

Biodegradable Wide-spectrum Anti-pathogenic Agent and its Applications

Poly(3-hydroxybutyrate) (PHB) oligomer extracted from bio-based product fermented by saccharide-containing plants, was discovered to possess wide-spectrum anti-pathogenic properties against virus, fungi, bacteria and drug-resistant bacteria. For producing the PHB oligomer in a large scale, a one-step open-ring polymerization was deployed for its synthesis, and demostrating excellent anti-pathogenic effectiveness. Its anti-viral activity value Mv = 4.24, 4.40 for influenza virus H1N1, H3N2, respectively. The anti-microbial mechanisms are investigated as the disruption of biofilms and cell membrane, as well as leakage and degeneration of proteins in the cell. The PHB oligomer agent and PHB/PLA fibers are non-toxic and fully degradable into carbon dioxide and water, without any harmful residues in the soil. PHB/PLA fibers have been used to make various personal protection devices, including face-masks, inner garments, knit wears, socks as well as beddings, towers tec. The textiles can maintain their anti-pathogenic properties after 50 machine washing cycles. According to ISO18184:2019, the face masks made by PHB/PLA fibers possess good anti-viral activity value of 2.21 and 2.04 against influenza virus H3N2 and H1N1, respectively.

Audience Take Away:

- How the biodegradable antimicrobial agent be produced.
- Outstanding anti-pathogenic effectiveness against bacteria, drug-resistant bacteria, fungi and viruses.
- The antimicrobial mechanism of biodegradable anti-pathogenic agent.
- The potential application in biomedical field, textile industry and material industry.
- Antimicrobial material selection from a large polymer family.

Biography:

Dr. Ziheng Zhang studied Textile Chemistry at Donghua University, China and graduated as MS in 2012. He then joined the research group of Prof. Tao Xiaoming at the Institute of Textiles and Clothing of Hong Kong Polytechnic University. He received his PhD degree in 2020 at the same institution. He has published 6 research articles and 3 patents.

Amel Belkhiri
University Hospital Center Blida, Algeria

Neuro-Occlusal Rehabilitation (NOR) and Prophylaxis of Periodontal Lesions

Children teeth, some men wear them more or less well, but others sometimes end up losing some or all of them due to periodontal problems. Planas has given us the conceptual keys to open our minds to reflection before engaging in our therapeutic action, so we can respond to whatever problem we encounter affecting the function of chewing. The cases presented will illustrate Neuro-Occlusal Rehabilitation in orthodontics, temporary dentition, mixed dentition and even permanent dentition, with the aim of improving the masticatory function and the balance of the joint; thus contributing to the prophylaxis of periodontal disease.

Biography:

September 20, 1995: graduation in dental surgery. -23 December 1995: exercise of the function of general dental surgeon in the health sector of the wilaya of Illizi (Algeria) for two years. -June 2001: Obtained the Diploma of Higher Medical Studies as a specialist in dentofacial orthopedics. -August 18, 2001: exercise as a public health specialist in ODF in a dental clinic in Algiers. - January 02, 2012: exercise as a teacher-assistant in ODF at the University of Blida. - June 25, 2018: exercise as a class B lecturer at the University of Blida. -Present: Lecturer at the University of Algiers. Algeria.

Sarah El-Nakeep M.D
AinShams University, Egypt

Inflammatory Bowel Disease in the era of a pandemic- (COVID-19)

We will discuss the effect of COVID-19 pandemic on the management of inflammatory bowel diseases. IBD patients who are newly diagnosed or under treatment regimens for immunosuppression are in great risk of acquiring COVID-19.On the other hand, COVID-19 gastrointestinal manifestations could mask an active IBD. This entanglement is very important to clarify for practicing physicians, heath care workers, researchers and IBD patients.

Audience Take Away:

- The audience will understand the risk of acquiring SARS-CoV-2 in IBD patients and the importance to modify the follow up, diagnostic and management plans for IBD patients during the pandemic.
- The clear understanding of the importance to modify the guidelines during the pandemic to the best benefit of the patients and the physicians is very important.
- How the risk of infection of COVID-19 for health care workers who care for IBD patients is high and how to protect them?
- What are the suggested treatment and follow up plans for IBD patients to decrease the risk of their infection with COVID-19?
- How the first time diagnosis guidelines are affected by the COVID-19?
- This lecture is indented for health care workers in general who deal with COVID-19 and IBD cases also may benefit IBD patients to fully understand how to take care during the pandemic. It is also important for researchers who carry IBD based research, to understand the precautions and new management plans of IBD during the COVID-19 pandemic.

Biography:

Dr. Sarah El-Nakeep M.D. is an Associate professor in Internal medicine, Faculty of medicine, Ainshams University, Egypt. She has an M.D. degree in internal medicine and interested in the genetic background of the diseases and their clinical link.

Voinov V.A.*, Voinova Ya.V
Pulmonology Clinic, Pavlov First Saint Petersburg State Medical University, Russia

Plasmapheresis in asthma

In recent years there has been a continuous increase in the frequency of allergic diseases with damage of skin, mucous of the upper respiratory tract and bronchi. Increased incidence of allergic diseases (up to 20% of the population) is the result of human contact with the growing number of allergens. Asthma is the most serious manifestation of allergy, which is the most difficult to treat. According to American statistics, about 15 million people suffer from asthma in the United States, where the total cost of treating such patients is up to $ 6.2 billion a year. In asthma, there are persisting clones of activated T-helpers (CD-4) sensitized by allergens such as environmental antigens or viruses retained in the lungs. Cytokines of these cells (IL-3, IL-5, as well as granulocyte-colony-stimulating factor) activate eosinophils, which excite eosinophilic inflammation of the mucous membranes and secrete IL-4, stimulating, in turn, production of IgE. This leads to the epithelium damage, hypersecretion of the mucus and muscle contraction of the bronchi (bronchospasm).

Unfortunately, the generally accepted therapeutic measures taken in bronchial asthma are mainly symptomatic – various mucolytics and bronchodilators. At best, the effect is achieved by hormonal drugs administration. The potential dangers of hormone therapy are to be considered. Glucocorticoids, in particular, are diabetogenic hormones due to their suppression of glucose consumption by the tissues and appearance of Cushing's syndrome. Another complication of long-term glucocorticoid therapy is osteoporosis.

Nevertheless, in all these types of allergies the real pathogenetic treatment is apheresis therapy aimed at removing antigens, i.e. allergens, antibodies, inhibitors, tissue degradation products, inflammatory mediators, leukotrienes and immune complexes from the body. Plasma removal by plasmapheresis stimulates the release of fresh components into the circulation and contributes to normalization of metabolism, in particular, lipid peroxidation processes with increased activity of the antioxidant system. All this leads to elimination of allergic inflammation with restoration of sensitivity and reactivity of the bronchi and elimination of broncho-obstructive syndrome. The effect of apheresis therapy continues in a more prospective period. In particular, the positive effect following courses of plasmapheresis is noted to occur on the 5-7 day after the treatment started and it lasts from several months to two years. Plasmapheresis, which promotes elimination of pathological products, can remove the causes, triggering immune disorders and create conditions for their gradual reverse development. With all the invasiveness of the technique, plasmapheresis in such patients may well be applied even in outpatient settings. This was confirmed by our own experience of using plasmapheresis in the early stages of asthma, including in children, when it was possible to almost completely interrupt the pathological process.

Take Away Notes:

- This video presentation is intended for pulmonologists, allergists and rheumatologists.
- It will be shown the feasibility of conducting complex therapy with inclusion and plasmapheresis, which will reduce the dose of medications and make the treatment more effective and safe.
- The possibility of carrying out plasmapheresis on an outpatient basis makes this treatment more accessible, covering a larger number of patients who need it.

Biography:

Professor Valerii A. Voinov, MD, PhD, Head of the Department of Apheresis Therapy of the I.P. Pavlov First Saint Petersburg Medical University. He is the author of more than 470 scientific publications (among which more than 20 monographs), 25 patents and authorship certificates. The scope of scientific interest includes treatment of patients with multiple organ failure, allergic and autoimmune diseases in various spheres of medicine such as pulmonology, rheumatology, nephrology, neurology, surgery and critical care, obstetrics, neonatology and many others.

Shyamapada Mandal
University of Gour Banga, India

Fighting COVID-19 global pandemic with biotherapeutics -The insights

The COVID-19, which is an ongoing global pandemic, is highly infectious and caused by the infection of SARS-CoV-2, a novel coronavirus that emerged in Wuhan (Hubey province, China) in December 2019. The pandemic, as of August 31, 2020 (as per the WHO report), has caused 25,118,689 people sick with 844,312 deaths globally. The COVID-19 pandemic is a devastating one for which no specific treatment or vaccine is available, and therefore, repurposing of existing and experimental drugs are in the trials to treat COVID-19.This communication explores the role of probiotics (which have not been recommended until now for COVID-19) against SARS-CoV-2 infection based on the facts that probiotics are live microorganisms displaying immune boosting property with antiviral activities. The bioactive phyto components, on the other hand, demonstrating anti-SARS-CoV-2 activity plausibly display protective as well ascurative action against COVID-19 infection. Thus, such plant as well as probiotics based natural agents might be suggestive as the targetable bio therapeutics in mitigating the COVID-19 global pandemic.

Audience Take Away:

- This speech helps understand the effective meaning of targetable drugs, druggable targets, and repurposing of existing drugs in relation to COVID-19.
- This study underlines the need of probiotics research and applicability of probiotics against SARS-CoV-2 infection, and usefulness of probiotics consumption by the people duringCOVID-19 pandemic as well.
- This communication will shed lights on the importance of plant solution against COVID-19.

Biography:

Dr. Shyamapada Mandal, Professor, Department of Zoology, University of Gour Banga, focuses his study on molecular epidemiology of infectious diseases including COVID-19; probiotics, genomics and bioinformatics. He has published more than 100 articles in different journals of repute, with 7 book chapters. He acquired more than 24 years of research and teaching experiences in the field of biomedical sciences. Seven national academic and research awards have been conferred to him. Prof. Mandal is reviewer of more than 30 scientific papers in the field of Biomedicine, and is editorial board member of 6 biomedical science journals, and Editor-in-Chief for one journal.

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POSTERS

INFECTIOUS DISEASES VIRTUAL 2020

SEPTEMBER 24 2020

Vladimir Zajac
Emeritus Researcher, Slovakia

A single approach to eliminating coronavirus and preventing the second wave of infection

Every virus is a parasite. It cannot exist by itself. He is envious of his wearer. This is the basic condition of its existence. There's nothing to doubt. What living cell carries viruses? I've been looking for an answer to this question for 30 years working on the diagnosis of leukosis in cows which is caused by bovine leukemia virus (BLV). In the school stable we monitored the progress of the infection to healthy animals and considered how the infection was transmitted. Eventually, we concluded that only bacterial cells can be vectors of transmission of the virus and its hosts. This theory was experimentally tested and the results confirmed. Consequently, based on the project for NIH, was started analysing host cells of HIV in the laboratory of prof. Flossie Wong-Staal (UCSD, USA). In this model, too, the bacterial cells of the intestinal tract were found to be the host of the virus. Evidence was confirmed at the DNA level by hybridization and PCR using commercial, diagnostic primers and consequent sequencing. At the protein level, HIV-like proteins were confirmed by Western blotting using commercial monoclonal antibodies against HIV antigens. In the throat swabs of HIV-positive children from Cambodia and Kenya, HIV was found in commensal bacteria, but it is also often found in the yeast Candida albicans and gradually I conclude that only a bacterial cell can be a host of viruses. I tested this idea and the results confirmed.

The proposed procedure to verify the idea presented:

1. The swab from the throat of the infected person is incubated overnight at 37 degrees in bacterial medium. For sure, the tampon can also be applied to blood agar or other richer growth medium.
2. On the next day it is determined which individual bacteria colonies contain coronavirus.
3. If bacteria contain it, they are divided and incubated with various antibiotics overnight.
4. Then it is analyzed to which antibiotics the bacteria containing coronavirus are completely sensitive.
5. The optimal antibiotic is applied to the patient. It is assume that the results can be known within 10 days under optimal circumstances.

Conclusion: Based on these results, it was concluded that many, if not all viruses can be transmitted by bacteria, or by yeasts. So can a coronavirus. It is likely that such coronavirus is transmitted to humans and travels further to the recipient cells of the respiratory and intestinal tract. Upon contact of the viral tentacles with the ACE2 receptor, the virus is released from the host cells and penetrates the recipient cell and the process of tissue destruction begins. A virus like a parasite is not a full-fledged biological form and is difficult to fight. Bacteria is a biological form and we can fight it. By destroying the bacteria carrying the viruses, the virus ceases to exist. If this idea is confirmed, all viral infections can be stopped. The proposed approach of identification and treatment of coronavirus infections is very rapid. The most important aspect is starting the treatment at the earliest opportunity. By finding a suitable antibiotic to kill the virus-containing host cells, we can immediately intervene straight at the beginning of the disease process. The virus containing bacteria are stored in respiratory and intestinal tract and under optimal conditions, they multiply, penetrate the body through the cardiovascular system and atact the recipient cells. This reversal, so called second wave of infection can be prevented by applying the appropriate antibiotics, which eliminate coronavirus-containing bacteria in the respiratory and intestinal tract. Last but not least, the great advantage of the given

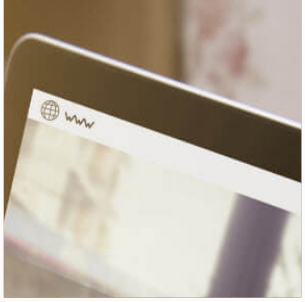
treatment method is the fact that expensive vaccines, which are still being developed, are not needed.

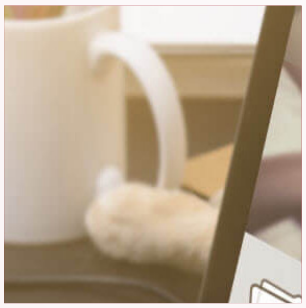
Biography:

Dr. Vladimir Zajac has completed his PhD. in 1982 at the Cancer Research Institute of Slovak Academy of Sciences in Bratislava (Slovakia), where he worked as the Head of Department of Cancer Genetics from 1996 to 2010. He joined the Medical Faculty of the Comenius University as Associate Professor of Genetics in 2007. He has published 72 papers mostly in reputed journals and he was editor of the book "Bacteria, viruses and parasites in AIDS process" (InTech, 2011).

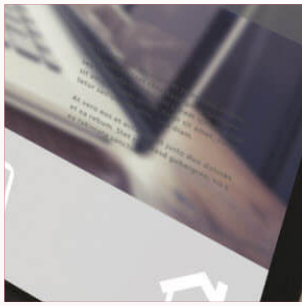
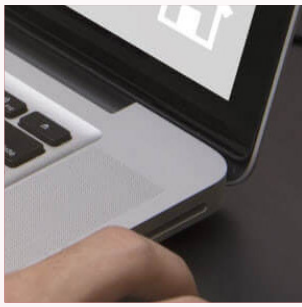
PARTICIPANTS LIST









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