

A Study of Obesity's Impact on COVID 19 Outbreaks

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Abstract

Over time, there has been a gradual reduction in the disease burden brought on by infectious diseases. Just 30% of the world's overall disease burden was thought to be caused by infectious diseases in 2017. Being one of the underlying causes of the burden of many chronic diseases, obesity is the current public health concern. Over time, there has been a progressive reduction in the burden of infectious disease-related illness. Just 30% of the world's overall disease burden was attributed to infectious diseases in 2017, according to estimates. Yet, this was not always the case; in the 20th century, infectious diseases were blamed for the majority of the world's burden of disability and early deaths. The survival of populations has generally been threatened by the sporadic pandemics of infectious diseases like cholera, smallpox, and influenza. An estimated 50 million individuals perished worldwide during the 1918 influenza epidemic. Osterhaus asserts that viruses may remain dormant and then recur in a population with weakened immunity, resulting in a fresh pandemic wave.

Keywords: Obesity • Covid19 • Outbreak

Introduction

This can be observed in the large Spanish flu pandemic of the 1950s and the 1977 Russian flu, both of which were brought on by the same H1N1 virus. Overweight and obese populations worldwide have tripled since 1975, totaling around 1.9 billion overweight and 650 million obese. This indicates that, respectively, about 45% of adults worldwide have a BMI of 25 to 30 and >30. A rise in infectious diseases was observed during the H1N1 influenza pandemic of 2009, and the high prevalence of overweight and obese people did not provide any relief throughout the epidemic. Sheridan claims that his research shows obesity to be a distinct risk factor for the H1N1 flu pandemic's death and morbidity [1]. The high incidence of people in contemporary society who have waning immunity as a result of malnutrition or obesity poses a serious risk to the body's ability to fight off infections of any kind.

This proposal's goal is to emphasise obesity as a consistent comorbidity risk factor on the current new corona virus 2019 by using data from prior influenza outbreaks (Covid-19). The goal of the essay is to go into more detail about the rapidly increasing exponential rate of obesity in South Africa and the issues that arise when it becomes a pandemic. The risks of infection, hospitalisation, and death are further discussed in this article. Being one of the underlying causes of the burden of many chronic diseases, obesity is the current public health concern. The greatest prevalence rate of obesity in sub-Saharan Africa is reported to be 42% of women in South Africa. 12% of South African men were found to be obese in 2013 [2]. The South African Department of Health (DOH) (2016) set a goal to reduce obesity by 10% by the year 2020, although this goal is eroding with time and will likely not be met. According to a cross-sectional study of individuals in

the South African province of the Eastern Cape. In a cohort of 1077 individuals, the prevalence of overweight and obesity was 24% and 46%, respectively. Compared to men, who had a prevalence of obesity of 27.4%, women had a higher rate of 53.4%.

The implications of a dual burden of sickness continue to be felt in South Africa, as they are in many other Low-Middle Income nations. It has become very common to find a population within the same community and even in the same household where individuals suffer from undernutrition, obesity, and an underlying infectious disease such as HIV/AIDS due to the rapid rise of non-communicable diseases like obesity and dealing with infectious disease. The eating of too many high-energy meals, exposure to them, a lack of physical activity, and unemployment have not made the rising obesity epidemic any less of a problem [3]. Initial research found that 42% of obese women lived in urban areas, which is consistent with prior findings. According to research by Alaba and Chola, men in the top percentile of income are 0.27 Concentration Index (CI) more likely to be obese than those in the bottom percentile. This gap, according to Owolabi, is a result of the belief that many South Africans still associate obesity with income and affluence [4].

Conclusion

The idea explains in great detail how obesity is an immunosuppressive disease on its own. Even if the person is prone to other chronic medical illnesses, the risk of hospitalization dramatically increases if they also have a severe case of obesity. The risk associated with obesity and morbid obesity was elevated with a Relative Risk (death) of 36,3% when compared to the general population. The results outlined in this proposal make it clear that a significant fraction of persons with severe and fatal cases of H1N1 had pre-existing chronic illnesses, demonstrating that the presence of chronic illness increased the risk of infection, hospitalisation, admissions to ICU, and death. Several noncommunicable and infectious diseases continue to flourish because of obesity. The consequences that result from South Africa's present obesity epidemic are too severe for the country's overburdened healthcare system.

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