British Journal of Healthcare and Medical Research - Vol. 10, No. 4 Publication Date: August 25, 2023

DOI:10.14738/bjhmr.104.15334.

Tarro, G. (2023). COVID-19 and Tuberculosis Vaccine. British Journal of Healthcare and Medical Research, Vol - 10(4). 228-230.



COVID-19 and Tuberculosis Vaccine

Giulio Tarro

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

ABSTRACT

In Italy non-EU citizens were not recovered in the hospitals during the COVID-19 epidemy. They are all covered by a tuberculosis vaccine which is part of a coverage protocol provided by the Local Healthy Unit. In the Sierra de Ecuador, normally everyone received TB vaccination: the cases of manifest infection of COVID-19 are very few. In Australia tests on 4 thousand doctors and nurses with the tuberculosis vaccine took place. Lately BCG to protect against COVID-19 in health care workers has been used by many authors in clinical trials.

Keywords: BCG vaccine, COVID-19, non-EU citizens, health care, SARS

INTRODUCTION

In Italy, from the details of the medical records of patients hospitalized for COVID as well as those discharged healed, there do not seem to be foreigners, in the sense of non-EU citizens (1). It seems that these subjects, who are even the majority in some northern municipalities, can have a normal flu-like syndrome (from coronavirus) without developing any criticality. They seem to behave like Italian children who have not caught pneumonia because they have been vaccinated against tuberculosis, a vaccination which lasts for twenty years. After twenty years they begin to get sick with tuberculosis like now with COVID-19.

METHODS

Non-EU citizens are all covered by a tuberculosis vaccine which is part of a coverage protocol provided by the local health authority. Viruses have no prejudices of sex, wealth or ethnicity. About 90% of people infected with Mycobacterium tuberculosis have asymptomatic tuberculosis infection (also called LTBCI, latent tuberculosis infection) and only a 10% chance in their lifetime of developing latent tuberculosis infection (2). TB infection begins when mycobacteria reach the pulmonary alveoli, where they attach and replicate within the alveolar macrophages. The primary site of infection in the lungs is called a Ghon focus. The bacteria are picked up by dendritic cells, which do not allow them to replicate, but which can transport the bacilli to local mediastinal lymph nodes.

RESULTS

The primary lesion of the mycobacterium accompanied by satellite adenopathy represents the "primary complex", in which the bacilli remain walled up without giving rise to clinical manifestations, but can resume their pathological activity and spread throughout the body especially following an individual immunodeficiency. During the World Wars it was black troops who were mowed down by White Tuberculosis and not vice versa. Of course, it could also be that on his return a defended white, without adequate food, stressed by the war, could

in turn contract it from foreigners, but the norm was that "colored" soldiers contracted it from Whites. In the Sierra de Ecuador normally, everyone received the vaccination against tuberculosis, only in recent years there has been discussion about whether to make it optional. This would confirm the observation that there are very few cases of overt COVID-19 infection in the Sierra (3). In Australia, 4,000 doctors and nurses were tested for the tuberculosis vaccine (4).

BCG was used to protect healthcare workers and nurses from COVID-19 (5, 6). The authors reported on the results obtained with this vaccination which demonstrated the protective effect of the bacillus Calmette- Guèrin vaccine, BCG, against COVID-19.

DISCUSSION

Adeno Guillermo H. Lopez- Canzos and Miquel A. Valvano, Queen's University Belfast, have correctly highlighted the danger posed by poorly valid studies that are reductive of the medical literature due to the consequent negative effect on the information collected (7), as d On the other hand, Christine Benn and collaborators (8) also analyzed 8 experimental BCG vaccination tests against respiratory infections, including COVID-19, which suggest a beneficial effect on all-cause mortality among adults (9).

CONCLUSION

Contrary to what was transmitted in 2020 by "Striscia la Notizia" with those who have neither experience nor knowledge to refute the undersigned (5). It is very important the comparison of the BCG with placebo according to protection for respiratory infections and COVID-19 infections in other adults and health care workers corresponding to a 30% of lower mortality among BCG recipients (10).

ACKNOWLEDGMENTS

The author thanks for their support: Foundation T. & L. De Beaumont Bonelli for Cancer Research. Naples, Italy.

References

- 1. Tarro G. The spread of the new coronavirus. Asian Journal of Science and Technology, Vol. 69, Issue 03, pp. 10863-10865, March 2020c.
- 2. Tarro G. The case of tuberculosis in Heatlh without borders 5, A medicine for man, CHIRON, Torre Annunziata (NA) 2012.
- 3. Tarro G. Pathogenesis of COVID-19 and the body's responses. International Journal of Recent Scientific Research, Vol. 11, Issue 03 (D), pp. 37940-37942, March 2020.
- 4. The Royal Australian College of General Practitioners, www1.racgp.org.au, 2020.
- 5. Tarro G. The Italian COVID-19 epidemic and the global pandemic prevention and therapies. International Journal Research, Vol 13, Issue 05, pp. 17261-17266, May 2021.
- 6. Pittet Laure F. el al. N. English J. Med. 389; 2 NEJM.ORG, April 27, 2023.
- 7. Adeno Guillermo H. Lopez-Canzos and Miquel A. Valvano. N. English J. Med 389; 2 NEJM.ORG, July 13, 2023.
- 8. Christine Benn et al. N. English J. Med 389; 2 NEJM.ORG, July 13, 2023.

- 9. Pittet Laure F, Messina Nicole L., Curtis Nigel. N. English J. Med 389; 2 NEJM.ORG, July 13, 2023.
- 10. Aaby P., Netea MG, Benn C.S. Beneficial non-specific effects of live vaccines against COVID-19 and other unrelated infections. Lancet Infect Dic 23 (1); e34-e42, 2023.