

as an entry receptor while exhibiting an RBD similar to that of SARS-CoV (17, 87, 254, 255). Several countries have provided recommendations to their people traveling to China (88, 89). Compared to the previous coronavirus outbreaks caused by SARS-CoV and MERS-CoV, the efficiency of SARS-CoV-2 human-to-human transmission was thought to be less. This assumption was based on the finding that health workers were affected less than they were in previous outbreaks of fatal coronaviruses (2). Superspreading events are considered the main culprit for the extensive transmission of SARS and MERS (90, 91). Almost half of the MERS-CoV cases reported in Saudi Arabia are of secondary origin that occurred through contact with infected asymptomatic or symptomatic individuals through human-to-human transmission (92). The occurrence of superspreading events in the COVID-19 outbreak cannot be ruled out until its possibility is evaluated. Like SARS and MERS, COVID-19 can also inherit the lower respiratory tract, with milder symptoms (27). The basic reproduction number of COVID-19 has been found to be in the range of 2.8 to 3.3 based on real-time reports and 3.2 to 3.9 based on predicted infected cases (84).