

From experience with several outbreaks associated with known emerging viruses, higher pathogenicity of a virus is often associated with lower transmissibility. Compared to emerging viruses like Ebola virus, avian H7N9, SARS-CoV, and MERS-CoV, SARS-CoV-2 has relatively lower pathogenicity and moderate transmissibility (15). The risk of death among individuals infected with COVID-19 was calculated using the infection fatality risk (IFR). The IFR was found to be in the range of 0.3% to 0.6%, which is comparable to that of a previous Asian influenza pandemic (1957 to 1958) (73, 277).

Notably, the reanalysis of the COVID-19 pandemic curve from the initial cluster of cases pointed to considerable human-to-human transmission. It is opined that the exposure history of SARS-CoV-2 at the Wuhan seafood market originated from human-to-human transmission rather than animal-to-human transmission (74); however, in light of the zoonotic spillover in COVID-19, is too early to fully endorse this idea (1). Following the initial infection, human-to-human transmission has been observed with a preliminary reproduction number ( $R_0$ ) estimated of 1.4 to 2.5 (70, 75), and later it is estimated to be 2.24 to 3.58 (76). In another study, the average reproductive number of