There is no currently licensed specific antiviral

treatment for MERS- and SARS-CoV infections, and

the main focus in clinical settings remains on

lessening clinical signs and providing supportive

care (183-186). Effective drugs to manage COVID-

19 patients include remdesivir, lopinavir/ritonavir

alone or in a blend with interferon beta, convalescent

plasma, and monoclonal antibodies (MAbs);

however, efficacy and safety issues of these drugs

require additional clinical trials (187, 281). A

controlled trial of ritonavir-boosted lopinavir and

interferon alpha 2b treatment was performed on

COVID-19 hospitalized patients

(ChiCTR2000029308) (188). In addition, the use of

hydroxychloroquine and \_ tocilizumab for their

potential role in modulating inflammatory responses

in the lungs and antiviral effect has been proposed

and discussed in many research articles. Still, no

fool-proof clinical trials have been published (194,

196, 197, 261-272). Recently, a clinical trial

conducted on adult patients suffering from severe

COVID-19 revealed no benefit of lopinavir-ritonavir

treatment over standard care (273).

The efforts to control SARS-CoV-2 infection

utilize defined strategies as followed against MERS

and SARS, along with adopting and strengthening a