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receptor and human proteases as entry activators; sub- sequently it fuses the viral membrane with the cell mem- brane and achieves invasion. Thus, drugs that interfere with entry may be a potential treatment for COVID-19. Umifenovir (Arbidol) is a drug approved in Russia and China for the treatment of influenza and other respira- tory viral infections. It can target the interaction between the S protein and ACE2 and inhibit membrane fusion (FIG. 5). In vitro experiments showed that it has activity against SARS-CoV-2, and current clinical data revealed it may be more effective than lopinavir and ritonavir in treating COVID-19 (REFS'>'**). However, other clinical studies showed umifenovir might not improve the prog- nosis of or accelerate SARS-CoV-2 clearance in patients with mild to moderate COVID-19 (REFS!2*!2°). Yet some ongoing clinical trials are evaluating its efficacy for COVID-19 treatment. Camostat mesylate is approved in Japan for the treatment of pancreatitis and postoper- ative reflux oesophagitis. Previous studies showed that it can prevent SARS-CoV from entering cells by blocking TMPRSS2 activity and protect mice from lethal infection with SARS-CoV in a pathogenic mouse model (wild- type mice infected with a mouse-adapted SARS-CoV strain) °"”’, Recently, a study revealed that camostat mesylate blocks the entry of SARS-CoV-2 into human lung cells”. Thus, it can be a potential antiviral drug against SARS-CoV-2 infection, although so far there are not sufficient clinical data to support its efficacy.