

alone or in combination with other effective neutralizing antibodies for the treatment and prevention of COVID-19 (202). Furthermore, SARS- CoV-specific neutralizing antibodies, like m396 and CR3014, failed to bind the S protein of SARS-CoV- 2, indicating that a particular level of similarity is mandatory between the RBDs of SARS-CoV and SARS-CoV-2 for the cross-reactivity to occur. Further assessment is necessary before confirming the effectiveness of such combination therapy. In addition, to prevent further community and nosocomial spread of COVID-19, the postprocedure risk management program should not be neglected (309). Development of broad-spectrum inhibitors against the human coronaviral pathogens will help to facilitate clinical trials on the effectiveness of such inhibitors against endemic and emerging coronaviruses (203). A promising animal study revealed the protective effect of passive immunotherapy with immune serum from MERS- immune camels on mice infected with MERS-CoV (204). Passive immunotherapy using convalescent plasma is another strategy that can be used for treating COVID-19-infected, critically ill patients (205).