

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