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including bilateral multilobar ground-glass opacities with a peripheral or posterior distribution''\*''’. Thus, it has been suggested that CT scanning combined with repeated swab tests should be used for individu- als with high clinical suspicion of COVID-19 but who est negative in initial nucleic acid screening'"\*. Finally, SARS-CoV-2 serological tests detecting antibodies to NorS protein could complement molecular diagnosis, particularly in late phases after disease onset or for retro- spective studies''®'\*°'?!, However, the extent and dura- ion of immune responses are still unclear, and available serological tests differ in their sensitivity and specific- ity, all of which need to be taken into account when one is deciding on serological tests and interpreting their results or potentially in the future test for T cell responses. Therapeutics To date, there are no generally proven effective thera- pies for COVID-19 or antivirals against SARS-CoV-2, although some treatments have shown some benefits in certain subpopulations of patients or for certain end points (see later). Researchers and manufacturers are conducting large-scale clinical trials to evaluate var- ious therapies for COVID-19. As of 2 October 2020, there were about 405 therapeutic drugs in development for COVID-19, and nearly 318 in human clinical trials (COVID-19 vaccine and therapeutics tracker). In the following sections, we summarize potential therapeutics against SARS-CoV-2 on the basis of published clinical data and experience.