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plasma, which has limited availability and cannot be amplified, monoclonal antibodies can be developed in larger quantities to meet clinical requirements. Hence, they provide the possibility for the treatment and pre- vention of COVID-19. The neutralizing epitopes of these monoclonal antibodies also offer important infor- mation for vaccine design. However, the high cost and limited capacity of manufacturing, as well as the prob- lem of bioavailability, may restrict the wide application of monoclonal antibody therapy. Vaccines Vaccination is the most effective method for a long-term strategy for prevention and control of COVID-19 in the future. Many different vaccine platforms against SARS-CoV-2 are in development, the strategies of which include recombinant vectors, DNA, mRNA in lipid nano- particles, inactivated viruses, live attenuated viruses and protein subunits'\*-'°'. As of 2 October 2020, ~174 vac- cine candidates for COVID-19 had been reported and 51 were in human clinical trials (COVID-19 vaccine and therapeutics tracker). Many of these vac- cine candidates are in phase II testing, and some have already advanced to phase III trials. A randomize4 double-blinded phase II trial of an adenovirus type vectored vaccine expressing the SARS-CoV-2 S protein, developed by CanSino Biologicals and the Academy of Military Medical Sciences of China, was conducted in 603 adult volunteers in Wuhan. The vaccine has proved to be safe and induced considerable humoral and cel- lular immune response in most recipients after a single immunization’. Another vectored vaccine, ChAdOx1,