with COVID-19 showed typical features on initial CT, including bilateral multilobar ground-glass opacities with a peripheral or posterior distribution[118,119] . Thus, it has been suggested that CT scanning combined with repeated swab tests should be used for individuals with high clinical suspicion of COVID-19 but who test negative in initial nucleic acid screenin[118] . Finally, SARS-CoV-2 serological tests detecting antibodies to N or S protein could complement molecular diagnosis, particularly in late phases after disease onset or retrospectively studies[116,120,124]. However, the extent and duration of immune responses are still unclear, and available serological tests differ in their sensitivity and specificity, 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 therapies 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 various 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.