The coronavirus disease (COVID-19) is caused by a virus officially named SARS-CoV-2, short for severe acute respiratory syndrome coronavirus 2. Although related and somewhat similar to, SARS-Cov-2 is different from the 2003 SARS outbreak. For the general public, the term COVID-19 virus is often used for all-purpose communication. The incubation period ranges from 1-14 days, 5 days average.

The most common symptoms of COVID-19 are flu-like symptoms such as: feeling tired, fever, dry cough, rarely diarrhea. Some infected people are asymptomatic but contagious. Roughly, eighty percent (80%) of infected people recover from the disease without specialized interventions. According to the WHO (World Health Organization) about 1 out of 6 infected individuals becomes seriously ill and develops respiratory compromise. Those are generally older, have diabetes, hypertension, heart disease and other chronic medical illnesses. The epidemiologic profile in the US is shaping up and suggests a different picture for the young with nearly 53% becoming seriously ill and admitted to the ICU.

The disease is highly contagious. Based on current knowledge, it is spread through person-to-person contact via respiratory droplets, hard surfaces, and rarely through feco-oral route. It is important to practice social distancing and stay at least six (6) feet away from an individual and consistently practice good personal hygiene.

Although under development, there are no vaccines, antivirals to prevent or treat COVID-19; for those who necessitate interventions, supportive care is warranted. Antibiotics are for bacterial infections, therefore not recommended. A non-compromised immune system is critical to fight the infection.

According to the CDC (Center for Disease Control and Prevention), the case-fatality risk or mortality rate of COVID-19 is evolving and varies from country to country and special situations. For example, it is estimated to be 3.5 % in China excluding Hubei Province (0.8%); 82 countries, territories, and areas (4.2 %); and on a cruise ship (0.6%). The true rate may lie between 0.25-3.0 %.

Infection prevention and control considerations for the pregnant patient is the same for the non-pregnant patient. Specifically, for patient under investigation (UDI) and confirmed positive, the widely published guidelines by the public health authorities are to be adhered to. Obstetric healthcare settings including triage, labor and delivery, recovery and postpartum units should assess their configurations, staffing, readiness and needs.

As the pandemic unfolds and new evidence are being gathered and published, we will select relevant articles to be posted. Below are links to some of them:

<https://nccih.nih.gov/health/in-the-news-in-the-news-coronavirus-and-alternative-treatments>

<https://www.sciencedirect.com/science/article/pii/S0166354220301145?via%3Dihub>

Biosci Trends. 2020 Mar 16;14(1):72-73. doi: 10.5582/bst.2020.01047. Epub 2020 Feb 19.PMID: 32074550

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[Epub ahead of print]  [**Clinical Features and Treatment of COVID-19 Patients in Northeast Chongqing.**](https://www.ncbi.nlm.nih.gov/pubmed/32198776)  [Wan S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wan%20S%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Xiang Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Xiang%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1,2, [Fang W](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fang%20W%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Zheng Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Zheng%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)3, [Li B](https://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20B%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Hu Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hu%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Lang C](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lang%20C%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1,4, [Huang D](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20D%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Sun Q](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sun%20Q%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Xiong Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Xiong%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1,5, [Huang X](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20X%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1,6, [Lv J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lv%20J%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1,7, [Luo Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Luo%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)8, [Shen L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Shen%20L%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Yang H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20H%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Huang G](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20G%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1, [Yang R](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20R%5BAuthor%5D&cauthor=true&cauthor_uid=32198776)1.  Author information:  1. Pharmaceutical Department of Chongqing Three Gorges Central Hospital, Chongqing University Three Gorges Hospital, Chongqing, 404100, China. 2. Liver center, Yu An Branch of Chongqing Three Gorges Central Hospital. 3. Pharmacy College, Chengdu University of Traditional Chinese Medicine, Key Laboratory of Standardization of Chinese Herbal Medicine, Ministry of Education, Key Laboratory of Systematic Research, Development and Utilization of Chinese Medicine Resources in Sichuan Province, Key Laboratory Breeding Base of Co-founded by Sichuan Province and Ministry of Science and Technology, Chengdu, 611137, China. 4. Office of Research Affairs, Chongqing Three Gorges Central Hospital, Chongqing, 404100. 5. Department of Chinese Internal Medicine, Chongqing Three Gorges Central Hospital, Chongqing, 404100. 6. Critical Care Medicine, Chongqing Three Gorges Central Hospital, Chongqing, 404100. 7. Department of Hematology, Chongqing Three Gorges Central Hospital, Chongqing, 404100, China. 8. Department of Mathematics, College of Medical Information, Chongqing Medical University.  **Abstract**  **BACKGROUND:**  The outbreak of the novel coronavirus in China (SARS CoV-2) that began in December 2019 presents a significant and urgent threat to global health. This study was conducted to provide the international community with a deeper understanding of this new infectious disease.  **METHODS:**  Epidemiological, clinical features, laboratory findings, radiological characteristics, treatment, and clinical outcomes of 135 patients in northeast Chongqing were collected and analyzed in this study.  **RESULTS:**  A total of 135 hospitalized patients with COVID-19 were enrolled. The median age was 47 years (IQR 36-55), and there was no significant gender difference (53.3% men). The majority of patients had contact with people from the Wuhan area. Forty-three (31.9%) patients had underlying disease, primarily hypertension (13 [9.6%]), diabetes (12 [8.9%]), cardiovascular disease (7 [5.2%]), and malignancy (4 [3.0%]). Common symptoms included fever (120 [88.9%]), cough (102 [76.5%]), and fatigue (44 [32.5%]). Chest CT scans showed bilateral patchy shadows or ground glass opacity in the lungs of all of the patients. All of the patients received antiviral therapy (135 [100%] (Kaletra and interferon were both used), antibacterial therapy (59 [43.7%]), and corticosteroids (36 [26.7%]). In addition, many patients received traditional Chinese medicine (124 [91.8%]). It is suggested that patients should receive Kaletra early and should be treated by a combination of western and Chinese medicine. Compared with the mild cases, the severe cases had lower lymphocyte counts and higher plasma levels of Pt, APTT, D-dimer, LDH, PCT, ALB, CRP, and AST.  **CONCLUSION:**  In this study, the clinic features and therapies of 135 COVID-19 patients were demonstrated. Kaletra and traditional Chinese medicine played an important role in the treatment of the viral pneumonia. Further studies are required to explore the role of Kaletra and traditional Chinese medicine in the treatment of COVID-19. This article is protected by copyright. All rights reserved.  This article is protected by copyright. All rights reserved. |
|  | PMID: 32198776 |
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|  | PMID: 32195698 |
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|  | PMID: 32195704 |
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[Epub ahead of print]  [**A Trial of Lopinavir-Ritonavir in Adults Hospitalized with Severe Covid-19.**](https://www.ncbi.nlm.nih.gov/pubmed/32187464)  [Cao B](https://www.ncbi.nlm.nih.gov/pubmed/?term=Cao%20B%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Wang Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Wen D](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wen%20D%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Liu W](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20W%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Wang J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20J%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Fan G](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fan%20G%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Ruan L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ruan%20L%5BAuthor%5D&cauthor=true&cauthor_uid=32187464)1, [Song 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Author information:  1. From the Department of Pulmonary and Critical Care Medicine, Center of Respiratory Medicine, National Clinical Research Center for Respiratory Diseases (B.C., Yeming Wang, G.F., F.Z., X.G., Z.L., Y.Z., Hui Li, L.S., C.W.), and the Institute of Clinical Medical Sciences (G.F., X.G.), China-Japan Friendship Hospital, the Institute of Respiratory Medicine, Chinese Academy of Medical Sciences (B.C., Yeming Wang, F.Z., Z.L., Y.Z., Hui Li, C.W.), the Clinical and Research Center of Infectious Diseases, Beijing Ditan Hospital, Capital Medical University (Xingwang Li), Peking University Clinical Research Institute, Peking University First Hospital (C.D.), Tsinghua University School of Medicine (Jiuyang Xu), Beijing University of Chinese Medicine (L.S.), NHC Key Laboratory of Systems Biology of Pathogens and Christophe Merieux Laboratory, Institute of Pathogen Biology, Chinese Academy of Medical Sciences (L.G.), and Peking Union Medical College (L.G., C.W.), Beijing, and Jin Yin-tan Hospital, Wuhan (D.W., W.L., Jingli Wang, L.R., B.S., Y.C., M.W., Jiaan Xia, N.C., Jie Xiang, T.Y., T.B., X.X., L.Z., C.L., Y.Y., H.C., Huadong Li, H.H., S.T., F.G., Y.L., Yuan Wei, K.W., K.L., X.Z., X.D., Z.Q., Sixia Lu, X.H., S.R., Shanshan Luo, Jing Wu, Lu Peng, F.C., Lihong Pan, J.Z., C.J., Juan Wang, Xia Liu, S.W., X.W., Q.G., J.H., H.Z., F.Q., C.H., D.Z.) - all in China; Lancaster University, Lancaster (T.J.), and the University of Oxford, Oxford (P.W.H.) - both in the United Kingdom; and the University of Virginia School of Medicine, Charlottesville (F.G.H.).  **Abstract**  **BACKGROUND:**  No therapeutics have yet been proven effective for the treatment of severe illness caused by SARS-CoV-2.  **METHODS:**  We conducted a randomized, controlled, open-label trial involving hospitalized adult patients with confirmed SARS-CoV-2 infection, which causes the respiratory illness Covid-19, and an oxygen saturation (Sao2) of 94% or less while they were breathing ambient air or a ratio of the partial pressure of oxygen (Pao2) to the fraction of inspired oxygen (Fio2) of less than 300 mm Hg. Patients were randomly assigned in a 1:1 ratio to receive either lopinavir-ritonavir (400 mg and 100 mg, respectively) twice a day for 14 days, in addition to standard care, or standard care alone. The primary end point was the time to clinical improvement, defined as the time from randomization to either an improvement of two points on a seven-category ordinal scale or discharge from the hospital, whichever came first.  **RESULTS:**  A total of 199 patients with laboratory-confirmed SARS-CoV-2 infection underwent randomization; 99 were assigned to the lopinavir-ritonavir group, and 100 to the standard-care group. Treatment with lopinavir-ritonavir was not associated with a difference from standard care in the time to clinical improvement (hazard ratio for clinical improvement, 1.24; 95% confidence interval [CI], 0.90 to 1.72). Mortality at 28 days was similar in the lopinavir-ritonavir group and the standard-care group (19.2% vs. 25.0%; difference, -5.8 percentage points; 95% CI, -17.3 to 5.7). The percentages of patients with detectable viral RNA at various time points were similar. In a modified intention-to-treat analysis, lopinavir-ritonavir led to a median time to clinical improvement that was shorter by 1 day than that observed with standard care (hazard ratio, 1.39; 95% CI, 1.00 to 1.91). Gastrointestinal adverse events were more common in the lopinavir-ritonavir group, but serious adverse events were more common in the standard-care group. Lopinavir-ritonavir treatment was stopped early in 13 patients (13.8%) because of adverse events.  **CONCLUSIONS:**  In hospitalized adult patients with severe Covid-19, no benefit was observed with lopinavir-ritonavir treatment beyond standard care. Future trials in patients with severe illness may help to confirm or exclude the possibility of a treatment benefit. (Funded by Major Projects of National Science and Technology on New Drug Creation and Development and others; Chinese Clinical Trial Register number, ChiCTR2000029308.).  Copyright © 2020 Massachusetts Medical Society. |
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| 11. | Chin Med J (Engl). 2020 Mar 6. doi: 10.1097/CM9.0000000000000797. [Epub ahead of print]  [**Repurposing of clinically approved drugs for treatment of coronavirus disease 2019 in a 2019-novel coronavirus (2019-nCoV) related coronavirus model.**](https://www.ncbi.nlm.nih.gov/pubmed/32149769)  [Fan HH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fan%20HH%5BAuthor%5D&cauthor=true&cauthor_uid=32149769)1, [Wang LQ](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20LQ%5BAuthor%5D&cauthor=true&cauthor_uid=32149769), [Liu WL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20WL%5BAuthor%5D&cauthor=true&cauthor_uid=32149769), [An XP](https://www.ncbi.nlm.nih.gov/pubmed/?term=An%20XP%5BAuthor%5D&cauthor=true&cauthor_uid=32149769), [Liu ZD](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20ZD%5BAuthor%5D&cauthor=true&cauthor_uid=32149769), [He XQ](https://www.ncbi.nlm.nih.gov/pubmed/?term=He%20XQ%5BAuthor%5D&cauthor=true&cauthor_uid=32149769), [Song LH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Song%20LH%5BAuthor%5D&cauthor=true&cauthor_uid=32149769), [Tong YG](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tong%20YG%5BAuthor%5D&cauthor=true&cauthor_uid=32149769).  Author information:  1. Beijing Advanced Innovation Center for Soft Matter Science and Engineering, College of Life Science and Technology, Beijing University of Chemical Technology, Beijing 100029, China.  **Abstract**  **BACKGROUND:**  Medicines for the treatment of 2019-novel coronavirus (2019-nCoV) infections are urgently needed. However, drug screening using live 2019-nCoV requires high-level biosafety facilities, which imposes an obstacle for those without such facilities or 2019-novel coronavirus (2019-nCoV). This study aims to repurpose the clinically approved drugs for the treatment of coronavirus disease 2019 (COVID-19) in a 2019-nCoV related coronavirus model.  **METHODS:**  A 2019-nCoV related pangolin coronavirus GX\_P2V/pangolin/2017/ Guangxi was described. Whether GX\_P2X uses angiotensin-converting enzyme 2 (ACE2) as the cell receptor was investigated by using small interfering RNA (siRNA) -mediated silencing of ACE2. The pangolin coronavirus model was used to identify drug candidates for treating 2019-nCoV infection. Two libraries of 2406 clinically approved drugs were screened for their ability to inhibit cytopathic effects on Vero E6 cells by GX\_P2X infection. The antiviral activities and antiviral mechanisms of potential drugs were further investigated. Viral yields of RNAs and infectious particles were quantified by quantitative real-time polymerase chain reaction (qRT-PCR) and plaque assay, respectively.  **RESULTS:**  The spike protein of coronavirus GX\_P2V shares 92.2% amino acid identity with that of 2019-nCoV isolate Wuhan-hu-1, and uses ACE2 as the receptor for infection just like 2019-nCoV. Three drugs-cepharanthine (CEP), selamectin and mefloquine hydrochloride exhibited complete inhibition of cytopathic effects in cell culture at 10 μmol/L. CEP demonstrated the most potent inhibition of GX\_P2V infection, with a concentration for 50% of maximal effect [EC50] of 0.98 μmol/L. The viral RNA yield in cells treated with 10 μmol/L CEP was 15,393-fold lower than in cells without CEP treatment ([6.48 ± 0.02] × 10vs. 1.00 ± 0.12, t = 150.38, P < 0.001) at 72 h post-infection (p.i.). Plaque assays found no production of live viruses in media containing 10 μmol/L CEP at 48 h p.i. Furthermore, we found CEP has potent antiviral activities against both viral entry (1.00 ± 0.37 vs. 0.46 ± 0.12, t = 2.42, P < 0.05) and viral replication (1.00 ± 0.43 vs. [6.18 ± 0.95] × 10, t = 3.98, P < 0.05).  **CONCLUSIONS:**  Our pangolin coronavirus GX\_P2V is a workable model for 2019-nCoV research. CEP, selamectin and mefloquine hydrochloride are potential drugs for treating 2019-nCoV infection. Our results strongly suggest that CEP is a wide-spectrum inhibitor of pan-betacoronavirus, and clinical trial of CEP for treatment of 2019-nCoV infection is warranted. |
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| 13. | ACS Infect Dis. 2020 Mar 10. doi: 10.1021/acsinfecdis.0c00052. [Epub ahead of print]  [**Broad Spectrum Antiviral Agent Niclosamide and Its Therapeutic Potential.**](https://www.ncbi.nlm.nih.gov/pubmed/32125140)  [Xu J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Xu%20J%5BAuthor%5D&cauthor=true&cauthor_uid=32125140), [Shi PY](https://www.ncbi.nlm.nih.gov/pubmed/?term=Shi%20PY%5BAuthor%5D&cauthor=true&cauthor_uid=32125140), [Li H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20H%5BAuthor%5D&cauthor=true&cauthor_uid=32125140)1, [Zhou J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Zhou%20J%5BAuthor%5D&cauthor=true&cauthor_uid=32125140).  Author information:  1. Wadsworth Center, New York State Department of Health, 120 New Scotland Avenue, Albany, New York 12208, United States.  **Abstract**  The recent outbreak of coronavirus disease 2019 (COVID-19) highlights an urgent need for therapeutics. Through a series of drug repurposing screening campaigns, niclosamide, an FDA-approved anthelminthic drug, was found to be effective against various viral infections with nanomolar to micromolar potency such as SARS-CoV, MERS-CoV, ZIKV, HCV, and human adenovirus, indicating its potential as an antiviral agent. In this brief review, we summarize the broad antiviral activity of niclosamide and highlight its potential clinical use in the treatment of COVID-19. |
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