

Coronavirus: Overview and Medication

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DESCRIPTION

The disease caused by the SARS-CoV-2 virus, Coronavirus disease 2019 (COVID-19), has no specific, successful treatment or cure. 1st [needs to be updated] [two] Supportive care, which involves treatment to alleviate symptoms, fluid therapy, oxygen support, and prone positioning as required, as well as drugs or equipment to support other damaged vital organs, is the foundation of COVID-19 management.

The majority of COVID-19 cases are minor. Supportive treatment requires drugs such as paracetamol or NSAIDs to alleviate symptoms (fever, body aches, cough), adequate fluid intake, rest, and nasal breathing in these cases. A balanced diet and good personal hygiene are also recommended. Those who believe they have the virus should quarantine themselves at home and wear a face mask, according to the US Centers for Disease Control and Prevention (CDC).

People with more serious cases may need hospitalisation. The glucocorticoid dexamethasone is highly recommended for those with low oxygen levels, as it can reduce the risk of death. To support breathing, noninvasive ventilation and, eventually, admission to an intensive care unit for mechanical ventilation may be needed. While Extracorporeal Membrane Oxygenation (ECMO) has been used to treat respiratory failure, its advantages are still being debated.

Clinical studies are currently being conducted on a number of experimental therapies. Others, such as hydroxychloroquine and lopinavir/ritonavir, were thought to be promising early in the pandemic, but later studies found them to be ineffective or even dangerous. Despite ongoing study, there is still insufficient high-quality evidence to support the recommendation of so-called early care. Nonetheless, two monoclonal antibody-based treatments are available in the United States for early use in cases that are considered to be at high risk of progressing to serious disease. The antiviral remdesivir is available with varying restrictions in the United States, Canada, Australia, and a few other countries; however, it is not approved for people who need mechanical ventilation, and the World Health Organization (WHO) discourages it entirely due to insufficient evidence of its efficacy.

After recovering from an infection, some people can experience long-term symptoms or impairment, which is referred to as long COVID. There is still a lack of knowledge about the best treatment and rehabilitation options for this condition.

The World Health Organization, the Chinese National Health Commission, the National Institute for Health and Care Excellence in the United Kingdom, and the National Institutes of Health in the United States, among other bodies and agencies around the world, have all issued recommendations and guidance for caring for people with COVID-19. In the United States, intensivists and pulmonologists have collected treatment guidelines from different organisations into the IBCC, a free resource.

MEDICATION

In the United States, remdesivir has FDA clearance for some COVID-19 patients as of February 2021, and baricitinib, bamlanivimab, bamlanivimab/etesevimab, and casirivimab/imdevimab have Emergency Use Authorizations. Several antiviral drugs are being tested for COVID-19, but none has yet been shown to be clearly successful in published randomised controlled trials. Convalescent plasma was investigated as a therapeutic alternative and found to be unsuccessful. Other studies are looking at whether current drugs can be used to combat the immune response to SARS-CoV-2 infection. In January 2020, research into new therapies began.

Bamlanivimab/etesevimab and casirivimab/imdevimab, two monoclonal antibody therapies, have been shown to minimise the number of hospitalizations, emergency department visits, and deaths. The US Food and Drug Administration has approved both combination drugs for emergency use (FDA). Baloxavir marboxil, favipiravir, lopinavir/ritonavir, ruxolitinib, chloroquine, hydroxychloroquine, interferon-1a, and colchicine are among the potentially disease-modifying drugs that have been tested and found to be ineffective or dangerous, and therefore are not recommended for use.

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