



Early Onset of Favipiravir Saves Lives-Expert Review

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Introduction

SARS-CoV-2 is an enveloped, positive-polarity, and single-stranded RNA virus that belongs to the beta-coronavirus group. SARS-CoV-2 is a zoonotic pathogen and can cause symptoms ranging from mild clinical course to severe lower respiratory tract infection, Acute Respiratory Distress Syndrome (ARDS), when it infects humans [1]. SARS-CoV-2 has a genetic similarity of 79% to SARS-CoV, 50% to MERS-CoV, and ~96% to coronaviruses found in bats. The main feature of SARS-CoV-2, which appears to have been formed as a result of a new mutation, is that it easily binds to the ACE2 receptor, especially lung type 2 alveoli cells in humans, and uses the ACE2 receptor as the entry gate to the cells [2]. Replication of the virus, which enters the cell by binding to ACE2, begins, and the inflammatory reaction chain is triggered. Depending on the age of the host and the immune system, the severity of the inflammatory reaction occurs. It mainly affects the natural immune system and leads to the release of cytokines. They are viruses with positive polarity. They do not contain RdRP enzymes but the genetic structure to code. They produce this enzyme in the host cells they enter. In the presence of an effective RNA-dependent RNA polymerase inhibitor, c3dSV.t, c3dSV.s, c3dSV.thought, c3dSV.that, c3dSV.th.s, c3dSV.drug, c3dSV.may be, c3dSV.effective, c]TJ0.1753 Tw T]against, c3dSV.the

of hospital admissions is pneumonia. Causes of death are respiratory failure, circulatory failure due to myocardial damage, and respiratory and circulatory failure [6]. Although various protocols have been tried in the treatment of COVID-19, there is still no standard treatment option established by traditional evidence-based methods. 200 mg hydroxychloroquine sulfate twice a day for 5 days and oseltamivir in cases in which influenza cannot be excluded, azithromycin, and/or hydroxychloroquine sulfate for 5 days in patients diagnosed with uncomplicated probable/definite COVID-19, age (>50), risk factors or low prognosis indicators and oseltamivir in cases in which influenza cannot be excluded, azithromycin, hydroxychloroquine sulfate and/or Favipiravir for 5 days in cases with severe pneumonia and oseltamivir in cases where influenza cannot be excluded, and Favipiravir or lopinavir 200 mg/ritonavir 50 mg tablets for 10-14 days in addition to hydroxychloroquine in patients whose clinical condition became severe or whose pneumonia symptoms progressed while receiving hydroxychloroquine treatment were recommended for treatment. As a support treatment, antibiotic administration is recommended in ARDS cases, including 1-2 mg/kg/day, methylprednisolone for 5-7 days with a "poor level of evidence," and in severe pneumonia by including atypical pneumonia. Anti-cytokine/anti-inflammatory treatments such as

Tocilizumab and Anakinra can be tried in patients with macrophage activation syndrome (MAS) characterized by a cytokine storm. Coronavirus can lead to thromboembolic complications as a result of vascular micro thrombotic disease in patients who develop stasis or sepsis directly associated with endothelial damage, inactivity, or hospitalization. Therefore, low molecular weight heparin (enoxaparin 40 mg/day) prophylaxis should be administered to all COVID-19 patients [8].

Methods

Patients

This study was carried out in Tuzla State Hospital with the approval of the Marmara University Faculty of Medicine Ethics Committee

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($p < 0.001$). The number of patients aged >65 years is 72 patients, and the mortality rate is 45%. 32 of 72 patients died. This means that the mortality rate increases as age increases. While the mortality rate was 64% in males and 36% in females (17 of the 47 patients who died were female and 30 were male). It was found that those with one or more comorbidities had higher mortality rates. We observed that as the number of comorbidities increased, the mortality rate increased.

The comorbidities of patients were listed as hypertension (79 patients have a diagnosis of hypertension, 29 patients use ACEIs, and 36 patients use ARB), hyperlipidemia (57 patients diagnosed with hyperlipidemia), diabetes mellitus (52 patients with diabetes mellitus diagnosis), and CAH (33 patients with a diagnosis of CAH). Of the 47 patients who died, 42 had at least one comorbid disease (89%). 63% of 180 patients had at least one comorbid disease. When the symptoms at admission are evaluated, cough

