



Antiviral Activity of Azithromycin (A Synthetic Macrolide) for Next Step of COVID-19

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Animated number of passing and affirmed instances of COVID-19 requires an earnest interest in viable and accessible medications for SARS-CoV-2 treatment. On the way to that activity, potential medications alike ivermectin, hydroxychloroquine and azithromycin have been tried by assorted groups of analysts universal for their probable in contradiction of novel COVID. The point of this survey is to portray the pharmacologic instrument, medical proof and recommending rules relating to azithromycin in Coronavirus affected role. Antiviral and immunomodulatory impacts of azithromycin is less proved, which moreover did not depend on outcomes from Coronavirus patients explicitly. Azithromycin is a manufactured macrolide anti-toxin compelling against an expansive scope of bacterial and mycobacterial contaminations. Because of an extra scope as antiviral and anti-inflammatory assets, that's why it given to patient with the COVIDS MERS-CoV or SARS-CoV. Here, we rundowns information from in murine, *vitro* and human clinical investigations on the counter popular and mitigating characteristics of macrolides, especially azithromycin. Azithromycin decreases *in vitro* repetition of a few classes of infections together with influenza A, rhinovirus, Zika infection, Ebola and COVIDS. These properties could be helpful all through the COVID-19. The azithromycin a macrolide presents a notable wellbeing outline. Forthcoming medical preliminaries will decide the part of this macrolide in the Coronavirus.

Keywords: Azithromycin, Antiviral effects, Macrolide, COVID-19, Zika virus, Ebola virus, Pharmacological mechanism.

INTRODUCTION

As of now the world is experiencing an episode of extreme intense respiratory condition Coronaviruses, which activate the Covid infection. Globally, as of 31 March 2021, there have been 127,877,462 confirmed cases of COVID-19, including 2,796,561 deaths, reported to WHO as of 29 March 2021, more explicitly in 192 nations [1]. The drastically higher number of affirmed cases and passing rates require a dire interest in viable and accessible medications for COVID-19 treatment. The everyday life during this pandemic has changed significantly, particularly of the individuals who are straightforwardly tainted. Coronaviruses is a profoundly destructive recently arising Covid having a place with the β -Coronavirus variety inside the group of Coronaviridae, which incorporates four ages: α -CoV, β -CoV, γ -Coronavirus and δ -Coronavirus [2]. SARS-CoV-2 and two others human COVIDs NL63 and 229E, PDEV in pig, TGEV in pig, FCoV (cat COVIDS), CCoV in canine, FRECV in ferret enteric have a place with the α -Coronavirus variety [3]. In the similar way, it was initially originate

in a bat supply, however was communicated over an alternate middle in the road have like pangolin [4].

Various scientists throughout the world are chipping away to find the cure and chemoprophylaxis of the sickness with a considerable mostly are in any event, investing their amounts of energy to build up the antibody. As of late a portion of the information on hydroxychloroquine [5], ivermectin [6] and azithromycin [7], have demonstrated remedial impacts in contradiction of new COVID contamination. In any case, it was not detailed what medication has better adequacy in contrast with others or a mix of them can give life saving results. Accordingly, the current report has had the option to give an exhaustive perspective on joining the information on these medications by and large with regards to the current wellbeing crisis around the globe. The use of macrolide like azithromycin, regularly with the illness is the enemy of hydroxychloroquine/chloroquine (HCQ/CQ) in Corona affected person. It is imperative to fundamentally dissect the accessible proof in courtesy or in contradiction of the utilization of azithromycin, specifically in relationship with HCQ/CQ, in covid patients, both as far as

advantage and danger. As of now, the WHO just as the European Medicines Agency (EMA) has shown the absence of proof supporting the adequacy of any prescription in COVID-19 [8,9].

Scientific proof on the antibacterial impact in community-acquired pneumonia (CAP) just as immunomodulating and antiviral activities as a reasoning for the utilization of azithromycin in Coronaviruses are explored and endorsing rules talked about in detail. The principal speculations fundamental to the utilization of this antibacterial that is particularly in relationship with HCQ/CQ, is likewise depicted. Close by, azithromycin is a wide range of antimicrobial with critical anti-inflammatory and insusceptible modulator effects [10]. Different preclinical and clinical examinations have indicated that azithromycin restrains cytokine discharge, lessening the provocative reaction and improves immunoglobulin response [11], and set up that azithromycin expands the action of chloroquine in COVID-19 [12]. However, azithromycin alone might be a viable medication in the administration of introductory COVID-19 because of its antiviral and anti-inflammatory activities [13]. The antiviral action of azithromycin is connected to different systems, including primary and practical lysosomal harm of the tainted cells, restraint of lysosomal protease, which intervenes the official of SARS-CoV-2 and tweak of ACE2 receptors (section purpose of SARS-Cov2) [14-16]. Concerning the cardiovascular wellbeing of azithromycin, Ray *et al.* [17] found that azithromycin was connected with arrhythmias and heart passing because of prolongation of QT interval. However, Mortensen *et al.* [18] carried the study on the 70,000 hospitalized patients with pneumonia and demonstrated that treatment with azithromycin brings down 90-day mortality without the danger of arrhythmias. Therefore, both azithromycin and ivermectin have critical anti-SARS-CoV-2, anti-inflammatory and safe modulator impacts with no huge arrhythmogenic or torsadogenic potential impacts such chloroquine-azithromycin blend. Thus, azithromycin-ivermectin is viewed as a useful combo for COVID-19 in old patients with hidden cardiovascular irregularities.

Azithromycin is a second-age, expansive range, engineered macrolide anti-infection utilized since the mid-1980s [19]. It is used to treat the bacterial and mycobacterial infection in respiratory and skin. Subsequently on the WHO rundown of fundamental medicines [20] and made for a huge scope universally. Antibacterial potential of azithromycin has capacity to tie with 50S ribosomal, restraining protein amalgamation [21]. Azithromycin likewise has a captivating scope of against viral and calming belongings and is presently being explored as a possible up-and-comer action for infections with CoV-2, which causes covid sickness. Azithromycin also utilized as a dealing in past covid sicknesses through the scourges of SARS in 2003 and the Middle East Respiratory Syndrome (MERS) [22] in 2012, however, up to now there is no randomized preliminary information on its utilization in any novel covid contamination. Its demonstrated wellbeing, reasonableness and worldwide accessibility make it an appealing contender in the treatment of Coronaviruses. Given the normal huge worldwide effect of COVID-19, especially in low-to-center pay nations, it is significant not exclusively to create treatments that treat the infection

effectively, yet additionally to guarantee that these treatments are promptly implementable at all degrees of improvement and economy [23]. In the treatment of Corona, the azithromycin has been anticipated due its antiviral and immunomodulatory activity with a notable well-being [24]. Its action against COVID-19 is remaining parts indistinct. Here, we sum up the current comprehension of the counter popular and calming impacts of azithromycin with the end goal of supporting our insight by chasing a Coronavirus treatment may help against Coronaviruses worldwide. An outline of the possible helpfulness of a macrolide like azithromycin in the treatment of Coronaviruses (Fig.1).

Mechanisms of antiviral effects: The *in vitro* activity of azithromycin has appeared contrary to a widespread range of infections like Zika, Ebola infection (EBOV), Rhinovirus, *Epidermodysplasia verruciformis* (EV) and influenza, by an extensive scope of half-successful fixation (EC_{50}), contingent upon cell culture and variety of contamination (MOI) [25]. The exact component is obscure; in any case, different systems show the alleged antiviral agent assets saw with azithromycin. Acidic nature is required for endosome development and capacity. Azithromycin is a frail base and especially aggregates intracellularly in endo-somal vesicles and lysosomes, which could build pH levels, and possibly lump endocytosis and additionally popular here-ditary flaking from lysosomes, consequently restricting viral duplication [26]. An acidic climate is likewise needed for the uncoating of encompassed infections, for example, influenza and HIV [27] and a comparative system is conceivable for COVIDS, additionally wrapped infections. These instruments have additionally been future for the antiviral impact noted with hydroxychloroquine and chloroquine [28] truth be told, proof recommends that azithromycin causes a more serious hindrance of fermentation than chloroquine. scope of human *in vitro* and *in vivo* examines give proof against viral action of macrolides across an expansive scope of viral species and families. A few examinations recommend improved indication goal and decrease [29], Although not all investigations have noticed these impacts [30,31].

Antiviral effects against influenza A: Influenza keeps on being a significant reason for bleakness and mortality around the world. Patients hospitalized with extreme lower respiratory tract contaminations brought about *via* occasional, pandemic (H1N1pdm09), oravian influenza (for example H5N1, H7N9) infections may create intense respiratory disappointment, with high casualty hazard. Antiviral action alone, given after such complexities have been created, could be incapable of turning around the medical path [32]. Few compounds show antiviral action against influenza A infection (Fig. 2). In any case A549 humanoid lung cell line *in vitro* clarithromycin diminished viral repetition. Similarly, it diminished virus-related titres and supernatant cytokines cells, related to decrease in the surface articulation of the flu A receptor $\alpha 2$, 6Gal, hindrance of NF κ B and decreased fermentation of the endosome needed for intracellular arrival of viral RNA [33]. Later information additionally demonstrated a decrease in H1N1 viral repetition by azithromycin with an impact generally obvious throughout viral molecule disguise [34].

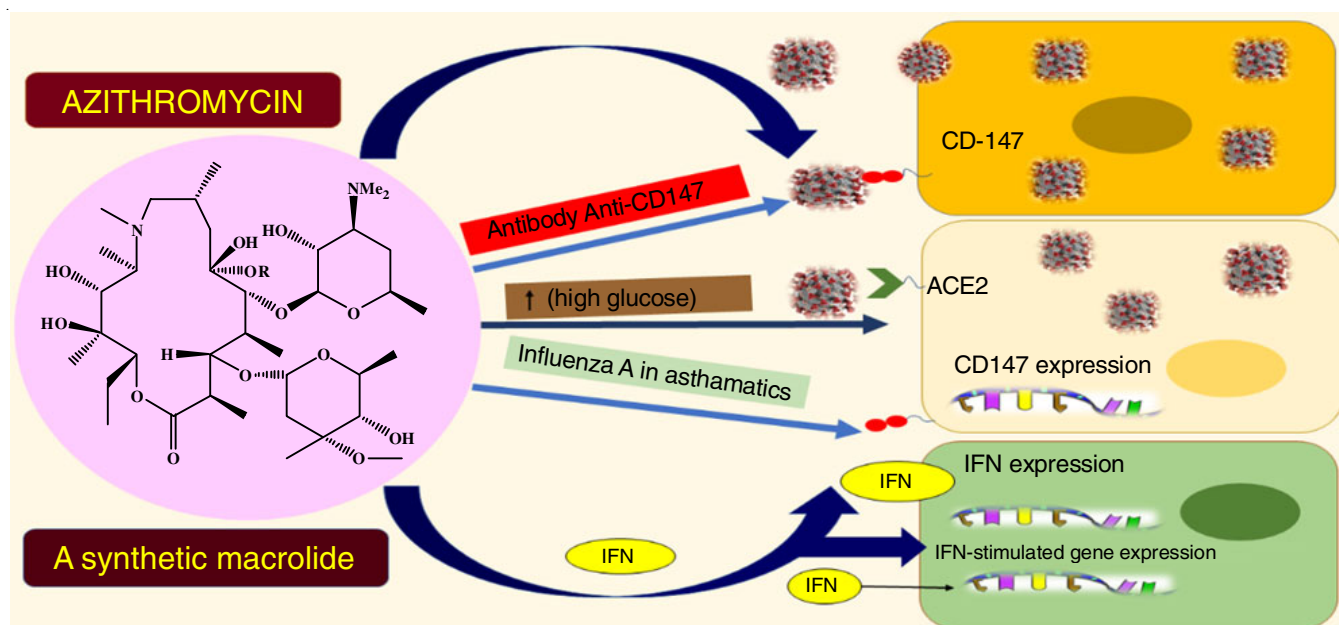


Fig. 1. Azithromycin: possible therapy drug for COVID-19

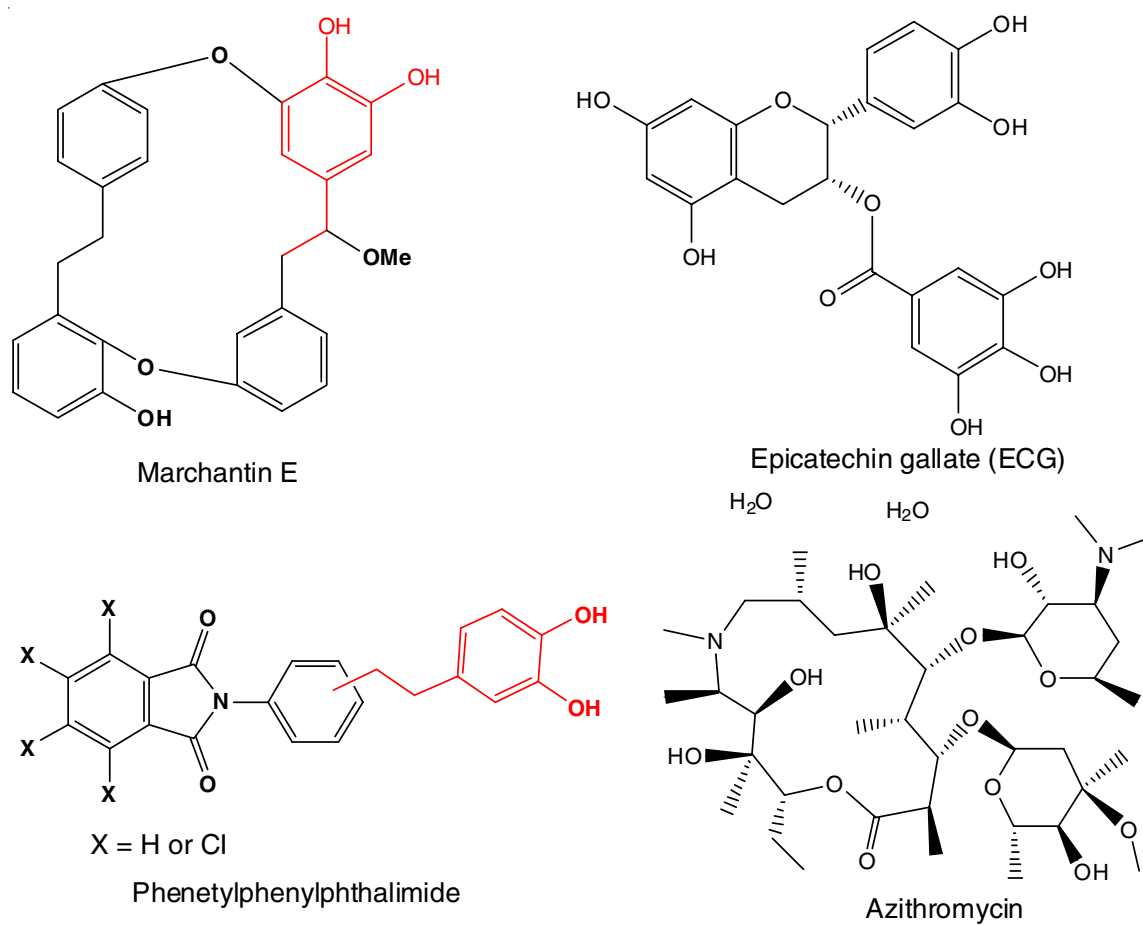


Fig. 2. Some compounds showing antiviral activity against Influenza A virus

Murine examinations have researched macrolides. Erythromycin enhanced endurance throughout serious H2N2 contamination, related to diminished BAL IFN- γ , incendiary cells, and HNO₃ determined free revolutionaries. In addition, with leucomycin A3, spiramycin and a bacterial erythromycin

macrolide subordinate respectively diminished the mass reduction, enhanced endurance also decreased viral protein articulation in H1N1 flu [35]. In a transient H1N1 contamination model, azithromycin decreased articulation of viral proteins after few times. Though, the impact was not supported and not related

to an adjustment in infection-initiated weight reduction, a touchy estimation of flu pathology. Another examination discovered azithromycin decreased lung virus-related titres at 6th day of disease, however, the effects were not added substance to that accomplished with oseltamivir as far as endurance, viral titres, or cytokine levels [36], thus these information stays clashing [37]. In a different flu study, azithromycin diminished absolute leukocyte amassing in lung tissue and chelate drug with the biggest decrease being in neutrophils and related with diminished provocative arbiters.

Antiviral effects against Zika virus: Azithromycin is a macrolide antimicrobial generally utilized for the better dealing of cystic fibrosis affected person colonized through *Pseudomonas aeruginosa* [38]. Past their grounded uncontaminated impacts, a new and conceivably encouraging characteristics of macrolides is the hindrance of breathing virus-related contaminations *in vitro* in solid aviation route epithelial cells. Azithromycin possibly the whole thing by invigorating the mass antiviral agent reactions through the acceptance of interferons and ISGs [39]. In diseases brought about by Zika and rhinovirus azithromycin overexpression infection prompted kind (I) and (III) interferon reactions that decreased virus-related duplication, proposing that instead of antiviral agent movement immunomodulatory activities might remain included [40]. On account of Zika infection, azithromycin remained evaluated [41].

In a medication shade of 2178 mixes in contradiction of the flavivirus Zika, azithromycin diminished viral expansion and infection initiated structural changes in host cells that are caused by viral invasion impacts in glial cell lines and human astrocytes [42]. The study also discovered azithromycin to viably smother Zika disease by focusing on the last stage of cycle [43]. Azithromycin likewise overexpression articulation of type (i) and (iii) interferon and a few downriver ISGs, resembling exercises of azithromycin in rhinovirus [44]. Besides, azithromycin instigated upgraded articulation of counter popular example acknowledgment receptors just as the degrees of phosphorylated. Fidaxomicin also shows antiviral activity against the Zika virus (Fig. 3).

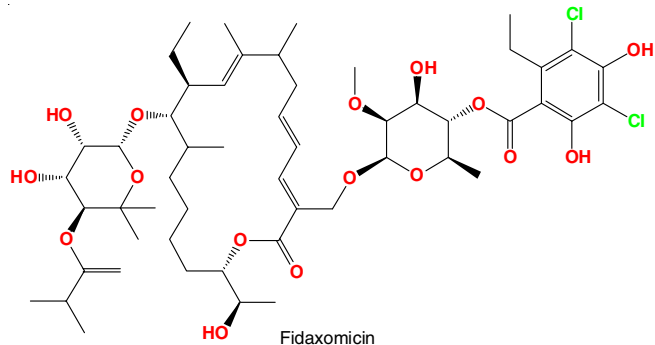


Fig. 3. Fidaxomicin also show antiviral activity against Zika virus

Antiviral effects against Ebola: Ebola infection (EBOV), a microbe of Ebola hemorrhagic fever (EHF), produced the pestilence in the Democratic Republic of the Congo in 2019. The most recent EHF episode again features the direness of creating prophylactic and restorative medications. Lamentably,

as of September 2019, no therapeutics endorsed by FDA are accessible for prophylaxis or action of EHF sicknesses. Accordingly, study pointed toward distinguishing possible enemy of EBOV competitor medications or focuses used for restorative intercession very high need. EBOV pseudo viral and mini-genome replicon replicas created as integral assets to screen the possible competitor medications and study different parts of the Ebola virus passage, replication and record, in a biosafety level [45,46]. The counter EBOV impact of azithromycin might be ascribed to its cationic amphiphilic underlying belongings. Besides, we examined and recognized the synergetic impact between these FDA-endorsed drugs with the antiviral movement against EBOV disease.

Azithromycin was comparably assessed in a medication awning intended meant for its adequacy to treatment of EBOV [47]. Although azithromycin exhibited more intensity and less harmfulness, when tried in particular model it didn't reliably enhanced endurance in species. Azithromycin is likewise show antiviral agent assets that may effort in collaboration with antiviral agent medications. Clinical examinations discovered that this macrolide anti-toxin can apply antiviral impacts against Ebola infection [48]. Some more drugs to treat Ebola virus disease other than azithromycin are also reported (Fig. 4).

Antiviral effects against rhinovirus (RV): Azithromycin essentially expanded RV 1B- and RV 16-prompted interferons and interferon-activated quality mRNA articulation and protein creation. Moreover, azithromycin altogether diminished RV replication and delivery. Rhinovirus actuated IL-6 and IL-8 protein and mRNA articulation were not altogether diminished by azithromycin pre-treatment. Taking everything into account, the outcomes show that the azithromycin has against the rhinovirus movement in bronchial epithelial cells and during rhinovirus disease, builds the creation of interferon-activated genes [39]. In a few clinical preliminaries, macrolides diminished intensifications in aviation routes illnesses, especially asthma [49]. As most of such intensifications are set off by viral diseases, most usually rhinovirus [50], the impacts of macrolides have been concentrated most widely in contradiction of rhinoviruses. Azithromycin decreases rhinoviruses duplication and delivery during *in vitro* disease of PBEC [39]. The result was recreated in this disease from infected person with cystic fibrosis (CF) where azithromycin action yet again prompted a sevenfold to ninefold decrease in virus related flaking, separately [44]. Utilization of azithromycin alone expanded viral-initiated IFNs and ISG, mRNA articulation and consequently the creation of these quality items [39,44]. In the last investigation, while viral replication was smothered, azithromycin didn't stifle the support of fiery reactions. *in vivo* Information from the AMAZES study, the biggest medical preliminary of a long-haul macrolide in aviation routes sickness indicated a outstanding 40% decrease in asthma intensifications with azithromycin [51]. The instrument is obscure and would be reliable with an enemy of viral impact, even though metagenomic examinations recommend an antibacterial impact lessening *Haemophilus influenzae* [52]. might be the dominating instrument [53].

Additional macrolides likewise have against viral impacts in rhinovirus contamination including Mac5, an oleandomycin

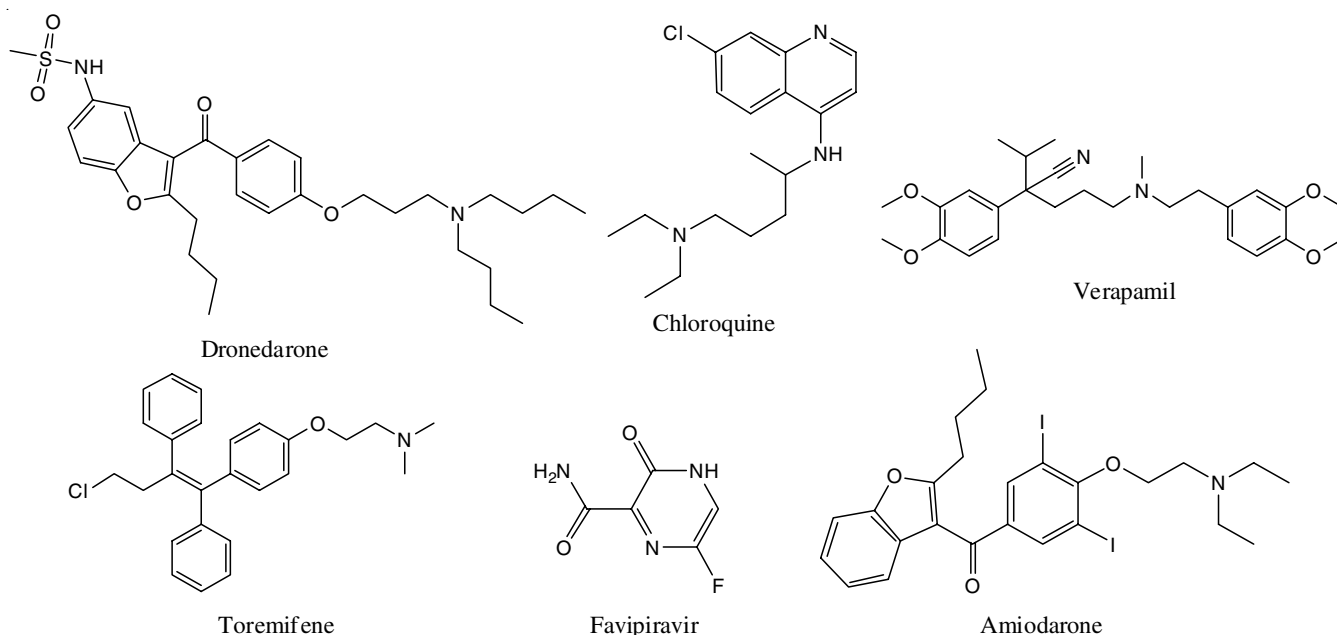


Fig. 4. Few drug candidates to treat Ebola virus disease

macrolide. Both azithromycin and Mac5 smothered rhinovirus replication and upgraded RV-actuated sort I and type III IFNs, just as the ISGs viperin/MxA.9 In this investigation, macrolides didn't influence interleukin (IL)-6 and -8, yet discharge of IL-1 β , IL-6, and IL-8 were decreased by clarithromycin in a different investigation of rhinovirus [54], close by restraint of virus-related repetition and ICAM-1. Macrolides, for example, azithromycin increase contamination instigated IFN responses. This is of pertinence to covids as type I IFN repress replication of both SARS-CoV [55] and SARS-CoV-2 [56] *in vitro*. Rhinovirus duplication was likewise repressed by the macrolide's erythromycin [57] and bafilomycin in PBEC. In the two investigations, macrolides diminished RV-incited NF κ B enactment and diminished the causticity of endosomes in epithelial cells. Bafilomycin repressed cytokine creation and ICAM-1 articulation. Gemcitabine and enviroxime likewise show hostile to viral action against rhinovirus (Fig. 5).

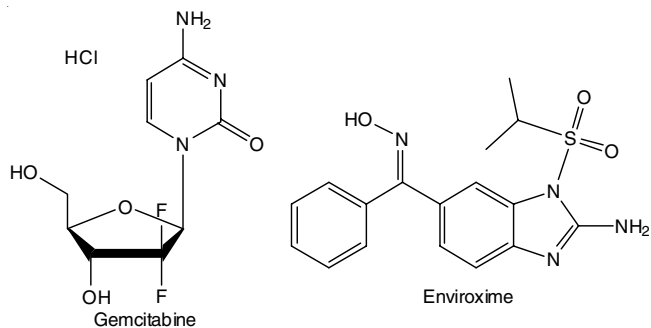


Fig. 5. Gemcitabine and enviroxime likewise show hostile to viral action against rhinovirus

Antiviral effects against enteroviruses: At this point we state that the macrolide anti-infection agents spiramycin and azithromycin show antiviral agent counter to enteroviruses-A71 and CV-A16 in cell culture (Fig. 6). There *in vivo* hostile

to enteroviruses-A71 contamination adequacy was inspected in a mouse model. The component of macrolides against EV-A71 was researched utilizing Spiramycin as a delegate. EV-A71 causes hand, foot and mouth sickness in small kids. Azithromycin and spiramycin gave huge *in vivo* assurance against EV-A71 contamination in rats [58]. Spiramycin disabled EV-A71 viral RNA amalgamation, and it is likely apiramycin and azithromycin work through a typical instrument, after viral section, debilitating viral RNA blend either straightforwardly or by implication.

Potential clinical utility of azithromycin in covid-19: Azithromycin plays an important role against viral activity and in the treatment of COVID-19. The macrolide has the utilization to upgrade clinical results in other viral contaminations and community-acquired pneumonia (CAP). Azithromycin has appeared *in vitro* action against SARS-CoV-2. It may be work as various purposes in the viral activity. Moreover, given that immunomodulation has improved clinical outcomes in extreme COVID-19, its capacity to downregulate cytokine creation, keep up epithelial respectability and forestall lung fibrosis could assume a function in the hyperinflammatory phase of Coronavirus [59]. Azithromycin is a macrolide anti-toxin with a 15-membered lactone ring. It is an expansive range of anti-toxins with a long serum half-life close to around 68 h and an enormous volume of appropriation. azithromycin has brilliant tissue infiltration. In contaminated tissues, azithromycin focuses are about 300-crease greater than in plasma, because of the enlistment of leukocytes at the site of disease [60]. It likewise has calming movement, diminishes favourable to incendiary cytokine and hurrying of macrophage's phagocytosis capacity [61]. Because of its antibacterial and calming impacts, it is utilized for some persistent lung sicknesses including constant obstructive aspiratory illness, asthma, interstitial lung infections, bronchiectasis and cystic fibrosis. Past its enemy of viral properties, in the treating of cytokine storm which is a conspi-

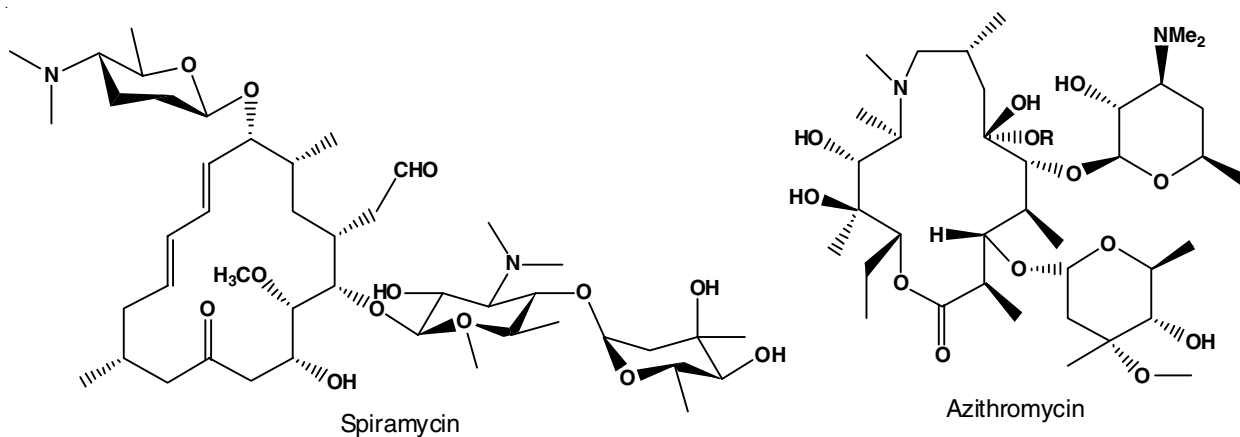


Fig. 6. Macrolide anti-infection agents spiramycin (SPM) and azithromycin show antiviral action against EV-A71 and CV-A16 in cell culture

cuous element of influenza A and of COVID-19 has calming the significant impacts of azithromycin. An abundant creation of favourable to provocative cytokines including TNF, IL 1 β , IL-6, G-CSF and IP-10 are essentially expanded in Coronavirus ailment [62] and related with highlights of hemophagocytic lymphohistiocytosis and interstitial mononuclear fiery invades, overwhelmed by lymphocytes 128 and with less medical effect [62]. Notwithstanding, as opposed to influenza A, where this cytokine storm happens right off the bat in illness, most COVID-19 related passings happen because of unexpected, late respiratory disappointment, on normal at day 14 after indication beginning [63], so, all things considered, viral burdens have particularly diminished. Extreme COVID-19 infection is related to loss of alveolar macrophages [64] and a flood of supportive of provocative monocyte-determined macrophages [65].

The significance of governing this irritation is exhibited by the new certain discoveries of the retrieval preliminary indicating the critical death advantage with dexamethasone in infected with strong Coronavirus and breathing problem [66]. Strangely, there was no advantage in persons randomized on before infection phases, steady with a lower level of irritation in these people and proposing other mitigating methods with less results may be important. The slack among indication beginning and serious illness gives a restorative space in which azithromycin mitigating goods may diminish extreme aspiratory irritation, profiting by the inclination of macrolides to aggregate in phagocytes, which targets them explicitly to the destinations of pathology in Corona disease. Azithromycin is by and large all around endured, the most well-known result being looseness of the bowels [67], it is contraindicated in pregnancy and known touchiness. While there have been worries about cardiovascular danger, tremendous epidemiological examinations recommend these are little impacts or maybe no impact when remedied for puzzling and a Cochrane audit of 183 preliminaries found no proof of an expansion in heart issues with macrolides [68]. It is highly expected that the cooperations among hydroxychloroquine and azithromycin expanding the danger of results. It should be utilized in alert in those getting some different medications including fluoroquinolones.

It is reasonable in this way, that over 90 medical preliminaries have intended to examine azithromycin adequacy in

Coronavirus. Those enlisting in essential consideration will in general examination the counter popular impacts in early illness, while those enrolling in auxiliary consideration will concentrate more on the calming impacts significant in late sickness. The main preliminary to distribute results contrasted standard consideration and HCQ 400 mg day by day or with HCQ 400 mg twice day by day and azithromycin 500 mg/day by day for 7 days in hospitalized patients with a middle length of manifestations of 7 days preceding randomization [69]. It was observed that there was no decrease in side effects and prerequisite used for airing with either hydroxychloroquine in addition to azithromycin contrasted and hydroxychloroquine unaccompanied (chances proportion 0.81; 94% certainty stretch 0.48-1.42), yet information after different populaces, sickness stages and without HCQ are earnestly required. On the off chance that reviews display medical viability and basic towards figure out which populaces advantage also measures to usage as medical signs in treatment. Here also additionally a requirement for additional hominoid *in vivo* robotic examinations to figure out which complex probable instruments are predominant in infected person.

Far-reaching utilization of azithromycin in the treatment of viral diseases turns an inescapable danger of expanding the improvement of medication safe microbes and to be sure there is acceptable information that expanding paces of macrolide opposition in *Streptococcus pneumoniae* in the US related intimately with worldwide deals of azithromycin, although in certain areas, for example, China obstruction rates approach approximately 91% for *Mycoplasma pneumoniae* and practically 100% for *S. pneumoniae* [70]. By knowing the high utility of azithromycin as antimicrobial, the spread of antimicrobial opposition is of exact alarm. The opposition is an especially high danger with macrolides because of a few highlights including their long half-life, the broad utilization of the medication, and the elevated level macrolide-lincosamide-streptogramin B (MLSB) obstruction aggregate inferable from changes in the erm quality and which are regularly connected with protection from different classes of anti-infection agents on similar portable hereditary components. In this way, it will be essential to comprehend the possible enemy of viral and mitigating goods of additional new macrolides which blended yet don't have expan-

sive range antibacterial properties and may along these lines decrease the advancement of obstruction [71] and interruption to the common microbiome [72].

Conclusion

In remedial category, macrolides specifically azithromycin along with restorative half-life, great security outline and solid proof base in bacterial sicknesses are captivating particles. Macrolides without a doubt have an expansive range against viral properties *in vitro*. The literature introduced here gives a critical function of azithromycin in COVID-19. It assists with lessening nasopharyngeal viral burden, hospitalization and patients had the option to be quickly released from the irresistible illness unit. A very much planned randomized twofold visually impaired fake treatment control clinical preliminaries are required for additional clearness and proof. Consequences of not-so-distant future investigations will evaluate security information of its utilization to control clinical use during this pandemic. Notwithstanding, despite azithromycin being a promising treatment, there is a scarcity of information on its utilization in COVID-19. Azithromycin presents a notable well-being profile. With regards to COVID-19, notwithstanding, security concerns have been raised because of its expected cardiotoxicity. The extra mitigating properties showed by macrolides having azithromycin play clinically significant role in immunopathology in popular illnesses, it against the pandemic β -CoV in which initiation an over-extravagant incendiary course is by all accounts basic to mortality. Nonetheless, there is right now inadequate proof to legitimize their utilization clinically, yet rather, a reasonable order to perform all around planned and directed randomized preliminaries in patients with persistent aviation routes issues and those with pandemic respiratory infections including flu A, SARS-CoV-2 and in future pandemics of novel covids, which progressively have all the earmarks of being an unavoidable possibility.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interests regarding the publication of this article.

REFERENCES

1. Coronavirus Resource Center, Johns Hopkins University-Medicine (2020); <https://coronavirus.jhu.edu/> Accessed on: 3/31/2021
2. F. Wu, S. Zhao, B. Yu, Y.M. Chen, W. Wang, Z.G. Song, Y. Hu, Z.-W. Tao, J.-H. Tian, Y.-Y. Pei, M.-L. Yuan, Y.-L. Zhang, F.-H. Dai, Y. Liu, Q.-M. Wang, J.-J. Zheng, L. Xu, E.C. Holmes and Y.-Z. Zhang, *Nature*, **579**, 265 (2020); <https://doi.org/10.1038/s41586-020-2008-3>
3. S.N. Langel, Q. Wang, A.N. Vlasova and L.J. Saif, *Pathogens*, **9**, 130 (2020); <https://doi.org/10.3390/pathogens9020130>
4. T.T.-Y. Lam, N. Jia, Y.-W. Zhang, M.H.-H. Shum, J.-F. Jiang, H.-C. Zhu, Y.-G. Tong, Y.-X. Shi, X.-B. Ni, Y.-S. Liao, W.-J. Li, B.-G. Jiang, W. Wei, T.-T. Yuan, K. Zheng, X.-M. Cui, J. Li, G.-Q. Pei, X. Qiang, W.Y.-M. Cheung, L.-F. Li, F.-F. Sun, S. Qin, J.-C. Huang, G.M. Leung, E.C. Holmes, Y.-L. Hu, Y. Guan and W.-C. Cao, *Nature*, **583**, 282 (2020); <https://doi.org/10.1038/s41586-020-2169-0>
5. P. Gautret, J.-C. Lagier, P. Parola, V.T. Hoang, L. Meddeb, M. Mailhe, B. Doudier, J. Courjon, V. Giordanengo, V.E. Vieira, H. Tissot Dupont, S. Honoré, P. Colson, E. Chabrière, B. La Scola, J.-M. Rolain, P. Brouqui and D. Raoult, *Int. J. Antimicrob. Agents*, **56**, 105949 (2020); <https://doi.org/10.1016/j.ijantimicag.2020.105949>
6. L. Caly, J.D. Druce, M.G. Catton, D.A. Jans and K.M. Wagstaff, *Antiviral Res.*, **178**, 104787 (2020); <https://doi.org/10.1016/j.antiviral.2020.104787>
7. J.F. Poschet, E.A. Perkett, G.S. Timmins, and V. Deretic, *bioRxiv* (2020); <https://doi.org/10.1101/2020.03.29.008631>
8. World Health Organization, WHO Clinical Management of Severe Acute Respiratory Infection (SARI) when COVID-19 Disease is Suspected and WHO? (2020); <https://www.who.int/publications/i/item/clinical-management-of-covid-19>. Accessed 1 July 2020.
9. European Medicines Agency, Global Regulators Stress Needs for Robust Evidence on COVID-19 Treatments (2020); https://www.ema.europa.eu/en/documents/press-release/global-regulators-stress-need-robust-evidence-covid-19-treatments_en.pdf. Accessed 1 July 2020.
10. P. Richardson, I. Griffin, C. Tucker, D. Smith, O. Oechsle, A. Phelan, M. Rawling, E. Savory and J. Stebbing, *Lancet*, **395**, 30 (2020); [https://doi.org/10.1016/S0140-6736\(20\)30304-4](https://doi.org/10.1016/S0140-6736(20)30304-4)
11. N. Lee, C.K. Wong, M.C. Chan, E.S. Yeung, W.W. Tam, O.T. Tsang, K.-W. Choi, P.K.S. Chan, A. Kwok, G.C.Y. Lui, W.-S. Leung, I.M.H. Yung, R.Y.K. Wong, C.S.K. Cheung and D.S.C. Hui, *Antiviral Res.*, **144**, 48 (2017); <https://doi.org/10.1016/j.antiviral.2017.05.008>
12. J. Liu, R. Cao, M. Xu, X. Wang, H. Zhang, H. Hu, Y. Li, Z. Hu, W. Zhong and M. Wang, *Cell Discov.*, **6**, 16 (2020); <https://doi.org/10.1038/s41421-020-0156-0>
13. J. Andreani, M. Le Bideau, I. Dufloy, P. Jardot, C. Rolland, M. Boxberger, N. Wurtz, J.-M. Rolain, P. Colson, B. La Scola and D. Raoult, *Microb. Pathog.*, **145**, 104228 (2020); <https://doi.org/10.1016/j.micpath.2020.104228>
14. K. Nujia, M. Banjanac, V. Munia, D. Polanec and V. Erakovic Haber, *Cell. Immunol.*, **279**, 78 (2012); <https://doi.org/10.1016/j.cellimm.2012.09.007>
15. Y. Liu, W.R. Kam, J. Ding and D.A. Sullivan, *JAMA Ophthalmol.*, **132**, 226 (2014); <https://doi.org/10.1001/jamaophthalmol.2013.6030>
16. J. Zhang, L. Zhou, Y. Yang, W. Peng, W. Wang and X. Chen, *Lancet Respir. Med.*, **8**, 11 (2020); [https://doi.org/10.1016/S2213-2600\(20\)30071-0](https://doi.org/10.1016/S2213-2600(20)30071-0)
17. W.A. Ray, K.T. Murray, K. Hall, P.G. Arbogast and C.M. Stein, *N. Engl. J. Med.*, **366**, 1881 (2012); <https://doi.org/10.1056/NEJMoa1003833>
18. E.M. Mortensen, E.A. Halm, M.J. Pugh, L.A. Copeland, M. Metersky, M.J. Fine, C.S. Johnson, C.A. Alvarez, C.R. Frei, C. Good, M.I. Restrepo, J.R. Downs and A. Anzueto, *JAMA*, **311**, 2199 (2014); <https://doi.org/10.1001/jama.2014.4304>
19. G. Kobrehel, G. Radobolja, Z. Tamburasev and S. Djokic, 11-Aza-10-deoxy-10-dihydroerythromycin A and Derivatives thereof as well as a Process for their Preparation, US Patent US4328334A (1982).
20. World Health Organization, Model List of Essential Medicines, Eds. 21 (2019).
21. W. Schönfeld and H.A. Kirst, Effects of Macrolide Antibiotics on Ribosome Function, Basel: Birkhäuser Verlag (2002).
22. Y.M. Arabi, A.M. Deeb, F. Al-Hameed, Y. Mandourah, G.A. Almekhlafi, A.A. Sindi, A. Al-Omari, S. Shalhoub, A. Mady, B. Alraddadi, A. Almotairi, K. Al Khatib, A. Abdulmomen, I. Qushmaq, O. Solaiman, A.M. Al-Aithan, R. Al-Raddadi, A. Ragab, A. Al Harthy, A. Kharaba, J. Jose, T. Dabbagh, R.A. Fowler, H.H. Balkhy, L. Merson and F.G. Hayden, *Int. J. Infect. Dis.*, **81**, 184 (2019); <https://doi.org/10.1016/j.ijid.2019.01.041>

23. C-CRCEa, *Lancet*, **395**, 1322 (2020); [https://doi.org/10.1016/S0140-6736\(20\)30798-4](https://doi.org/10.1016/S0140-6736(20)30798-4)
24. J.H. Beigel, K.M. Tomashek, L.E. Dodd, A.K. Mehta, B.S. Zingman, A.C. Kalil, E. Hohmann, H.Y. Chu, A. Luetkemeyer, S. Kline, D. Lopez de Castilla, R.W. Finberg, K. Dierberg, V. Tapson, T.F. Patterson, L. Hsieh, R. Paredes, D.A. Sweeney, W.R. Short, G. Touloumi, D.C. Lye, N. Ohmagari, M. Oh, G.M. Ruiz-Palacios, T. Benfield, G. Fätkenheuer, M.G. Kortepeter, R.L. Atmar, C.B. Creech, J. Lundgren, A.G. Babiker, S. Pett, J.D. Neaton, T.H. Burgess, T. Bonnett, M. Green, M. Makowski, A. Osinusi, S. Nayak, and H.C. Lane, *N. Engl. J. Med.*, **383**, 1813 (2020); <https://doi.org/10.1056/NEJMoa2007764>
25. Randomised Evaluation of Covid-19 Therapy (Recovery), EudraCT, pp. 1-35 (2020).
26. J. Homolak and I. Kodvanj, *Int. J. Antimicrob. Agents*, **56**, 106044 (2020); <https://doi.org/10.1016/j.ijantimicag.2020.106044>
27. U.F. Greber, I. Singh and A. Helenius, *Trends Microbiol.*, **2**, 52 (1994); [https://doi.org/10.1016/0966-842X\(94\)90126-0](https://doi.org/10.1016/0966-842X(94)90126-0)
28. J. Liu, R. Cao, M. Xu, X. Wang, H. Zhang, H. Hu, Y. Li, Z. Hu, W. Zhong and M. Wang, *Cell Discov.*, **6**, 16 (2020); <https://doi.org/10.1038/s41421-020-0156-0>
29. I.F.N. Hung, K.K.W. To, J.F.W. Chan, V.C.C. Cheng, K.S.H. Liu, A. Tam, T.-C. Chan, A.J. Zhang, P. Li, T.-L. Wong, R. Zhang, M.K.S. Cheung, W. Leung, J.Y.N. Lau, M. Fok, H. Chen, K.-H. Chan and K.-Y. Yuen, *Chest*, **151**, 1069 (2017); <https://doi.org/10.1016/j.chest.2016.11.012>
30. G.B. McCallum, P.S. Morris, M.D. Chatfield, C. MacLennan, A.V. White, T.P. Sloots, I.M. Mackay and A.B. Chang, *PLoS One*, **8**, 74316 (2013); <https://doi.org/10.1371/journal.pone.0074316>
31. I. Martin-Loeches, I.J.F. Bermejo-Martin, J. Valles, R. Granada, L. Vidaur, J.C. Vergara-Serrano, M. Martín, J.C. Figueira, J.M. Sirvent, J. Blanquer, D. Suarez, A. Artigas, A. Torres, E. Diaz and A. Rodriguez, *Intensive Care Med.*, **39**, 693 (2013); <https://doi.org/10.1007/s00134-013-2829-8>
32. J. Dunning, J.K. Baillie, B. Cao and F.G. Hayden, *Lancet Infect. Dis.*, **14**, 1259 (2014); [https://doi.org/10.1016/S1473-3099\(14\)70821-7](https://doi.org/10.1016/S1473-3099(14)70821-7)
33. M. Yamaya, K. Shinya, Y. Hatachi, H. Kubo, M. Asada, H. Yasuda, H. Nishimura and R. Nagatomi, *J. Pharmacol. Exp. Ther.*, **333**, 81 (2010); <https://doi.org/10.1124/jpet.109.162149>
34. D.H. Tran, R. Sugamata, T. Hirose, S. Suzuki, Y. Noguchi, A. Sugawara, F. Ito, T. Yamamoto, S. Kawachi, K.S. Akagawa, S. Ômura, T. Sunazuka, N. Ito, M. Mimaki and K. Suzuki, *J. Antibiot. (Tokyo)*, **72**, 759 (2019); <https://doi.org/10.1038/s41429-019-0204-x>
35. R. Sugamata, A. Sugawara, T. Nagao, K. Suzuki, T. Hirose, K. Yamamoto, M. Oshima, K. Kobayashi, T. Sunazuka, K.S. Akagawa, S. Ômura, T. Nakayama and K. Suzuki, *J. Antibiot. (Tokyo)*, **67**, 213 (2014); <https://doi.org/10.1038/ja.2013.132>
36. C. Fage, A. Pizzorno, C. Rheume, Y. Abed and G. Boivin, *J. Med. Virol.*, **89**, 2239 (2017); <https://doi.org/10.1002/jmv.24911>
37. A. Beigelman, C.L. Mikols, S.P. Gunsten, C.L. Cannon, S.L. Brody and M.J. Walter, *Respir. Res.*, **11**, 90 (2010); <https://doi.org/10.1186/1465-9921-11-90>
38. P.A. Flume, P.J. Mogayzel Jr., K.A. Robinson, R.L. Rosenblatt, C.H. Goss, R.J. Kuhn and B.C. Marshall, *Am. J. Respir. Crit. Care Med.*, **180**, 802 (2009); <https://doi.org/10.1164/rccm.200812-1845PP>
39. V. Gielen, S.L. Johnston and M.R. Edwards, *Eur. Respir. J.*, **36**, 646 (2010); <https://doi.org/10.1183/09031936.00095809>
40. N. Berdigaliyev and M. Aljofan, *Future Med. Chem.*, **12**, 939 (2020); <https://doi.org/10.4155/fmc-2019-0307>
41. R. Danesi, A. Lupetti, C. Barbara, E. Ghelardi, A. Chella, T. Malizia, S. Senesi, C.A. Angeletti, M.D. Tacca and M. Campa, *J. Antimicrob. Chemother.*, **51**, 939 (2003); <https://doi.org/10.1093/jac/dkg138>
42. H. Retallack, E. Di Lullo, C. Arias, K.A. Knopp, M.T. Laurie, C. Sandoval-Espinosa, W.R. Mancia Leon, R. Krencik, E.M. Ullian, J. Spatazza, A.A. Pollen, C. Mandel-Brehm, T.J. Nowakowski, A.R. Kriegstein and J.L. DeRisi, *Proc. Natl. Acad. Sci. USA*, **113**, 14408 (2016); <https://doi.org/10.1073/pnas.1618029113>
43. C. Li, S. Zu, Y.Q. Deng, D. Li, K. Parvatiyar, N. Quanquin, J. Shang, N.Sun, J. Su, Z. Liu, M. Wang, S.R. Aliyari, X.-F. Li, A. Wu, F. Ma, Y. Shi, K. Nielsen-Saines, J.U. Jung, F. Xiao-Feng Qin, C.-F. Qin and G. Cheng, *Antimicrob. Agents Chemother.*, **63**, e00394 (2019); <https://doi.org/10.1128/AAC.00394-19>
44. A. Schogler, B.S. Kopf, M.R. Edwards, S.L. Johnston, C. Casaulta, E. Kieninger, A. Jung, A. Moeller, T. Geiser, N. Regamey and M.P. Alves, *Eur. Respir. J.*, **45**, 428 (2015); <https://doi.org/10.1183/09031936.00102014>
45. T. Hoenen, A. Groseth, F. de Kok-Mercado, J.H. Kuhn and V. Wahl-Jensen, *Antiviral Res.*, **91**, 195 (2011); <https://doi.org/10.1016/j.antiviral.2011.06.003>
46. M.R. Edwards, C. Pietzsch, T. Vausselein, M.L. Shaw, A. Bukreyev and C.F. Basler, *ACS Infect. Dis.*, **1**, 380 (2015); <https://doi.org/10.1021/acsinfecdis.5b00053>
47. P.B. Madrid, R.G. Panchal, T.K. Warren, A.C. Shurtleff, A.N. Endsley, C.E. Green, A. Kolokoltsov, R. Davey, I.D. Manger, L. Gilfillan, S. Bavari and M.J. Tanga, *ACS Infect. Dis.*, **1**, 317 (2015); <https://doi.org/10.1021/acsinfecdis.5b00030>
48. E. Bosseboeuf, M. Aubry, T. Nhan, J.J. de Pin, J.M. Rolain, D. Raoult and D. Musso, *J. Antivir. Antiretrovir.*, **10**, 6 (2018); <https://doi.org/10.4172/1948-5964.1000173>
49. K.M. Kew, K. Undela, I. Kotortsi and G. Ferrara, *Cochrane Database Syst. Rev.*, **9**, 2997 (2015); <https://doi.org/10.1002/14651858.CD002997.pub4>
50. J.T. Kelly and W.W. Busse, *J. Allergy Clin. Immunol.*, **122**, 671 (2008); <https://doi.org/10.1016/j.jaci.2008.08.013>
51. P.G. Gibson, I.A. Yang, J.W. Upham, P.N. Reynolds, S. Hodge, A.L. James, C. Jenkins, M.J. Peters, G.B. Marks, M. Baraket, H. Powell, S.L. Taylor, L.E.X. Leong, G.B. Rogers and J.L. Simpson, *Lancet*, **390**, 659 (2017); [https://doi.org/10.1016/S0140-6736\(17\)31281-3](https://doi.org/10.1016/S0140-6736(17)31281-3)
52. S.L. Taylor, K.L. Ivey, P.G. Gibson, J.L. Simpson and G.B. Rogers, *Eur. Respir. J.*, **56**, 200194, (2020); <https://doi.org/10.1183/13993003.00194-2020>
53. U.S. Sajjan, Y. Jia, D.C. Newcomb, J.K. Bentley, N.W. Lukacs, J.J. LiPuma, M.B. Hershenson, U.S. Sajjan, Y. Jia, D.C. Newcomb, J.K. Bentley, N.W. Lukacs, J.J. LiPuma and M.B. Hershenson, *FASEB J.*, **20**, 2121 (2006); <https://doi.org/10.1096/fj.06-5806fje>
54. Y.J. Jang, H.J. Kwon and B.J. Lee, *Eur. Respir. J.*, **27**, 12 (2006); <https://doi.org/10.1183/09031936.06.00008005>
55. U. Stroher, A. DiCaro, Y. Li, J.E. Strong, F. Aoki, F. Plummer, S.M. Jones and H. Feldmann, *J. Infect. Dis.*, **189**, 1164 (2004); <https://doi.org/10.1086/382597>
56. K.G. Lokugamage, A. Hage, M. de Vries, A.M. Valero-Jimenez, C. Schindewolf, M. Dittmann, R. Rajsbaum and V.D. Menachery, *J. Virol.*, **94**, e01410 (2020); <https://doi.org/10.1128/JVI.01410-20>
57. T. Suzuki, M. Yamaya, K. Sekizawa, M. Hosoda, N. Yamada, S. Ishizuka, A. Yoshino, H. Yasuda, H. Takahashi, H. Nishimura and H. Sasaki, *Am. J. Respir. Crit. Care Med.*, **165**, 1113 (2002); <https://doi.org/10.1164/ajrccm.165.8.2103094>
58. S. Zeng, X. Meng, Q. Huang, N. Lei, L. Zeng, X. Jiang and X. Guo, *Int. J. Antimicrob. Agents*, **53**, 362 (2019); <https://doi.org/10.1016/j.ijantimicag.2018.12.009>
59. E.E. Daniel, M.O. Clara, E.N. María, D.C. Marta, F. Olivia, P.H. Juan and G. Santiago, *Expert Rev. Anti Infect. Ther.*, **19**, 147 (2021); <https://doi.org/10.1080/14787210.2020.1813024>
60. P. Liu, H. Allaldeen, R. Chandra, K. Phillips, A. Jungnik, J.D. Breen and A. Sharma, *Antimicrob. Agents Chemother.*, **51**, 103 (2007); <https://doi.org/10.1128/AAC.00852-06>
61. D.J. Feola, B.A. Garvy, T.J. Cory, S.E. Birket, H. Hoy, D. Hayes Jr and B.S. Murphy, *Antimicrob. Agents Chemother.*, **54**, 2437 (2010); <https://doi.org/10.1128/AAC.01424-09>
62. C. Huang, Y. Wang, X. Li, L. Ren, J. Zhao, Y. Hu, L. Zhang, G. Fan, J. Xu, X. Gu, Z. Cheng, T. Yu, J. Xia, Y. Wei, W. Wu, X. Xie, W. Yin, H. Li, M. Liu, Y. Xiao, H. Gao, L. Guo, J. Xie, G. Wang, R. Jiang, Z. Gao, Q. Jin, J. Wang and B. Cao, *Lancet*, **395**, 497 (2020); [https://doi.org/10.1016/S0140-6736\(20\)30183-5](https://doi.org/10.1016/S0140-6736(20)30183-5)
63. Q. Ruan, K. Yang, W. Wang, L. Jiang, J. Song, *China Intens. Care Med.*, **46**, 846 (2020); <https://doi.org/10.1007/s00134-020-05991-x>

64. M. Liao, Y. Liu, J. Yuan, Y. Wen, G. Xu, J. Zhao, L. Cheng, J. Li, X. Wang, F. Wang, L. Liu, I. Amit, S. Zhang and Z. Zhang, *Nat. Med.*, **26**, 842 (2020); <https://doi.org/10.1038/s41591-020-0901-9>
65. Y. Zhou, B. Fu, X. Zheng, D. Wang, C. Zhao, Y. Qi, R. Sun, Z. Tian, X. Xu and H. Wei, *Natl. Sci. Rev.*, **7**, 998 (2020); <https://doi.org/10.1093/nsr/nwaa041>
66. RECOVERY Collaborative Group, *N. Engl. J. Med.*, **384**, 693 (2021); <https://doi.org/10.1056/NEJMoa2021436>
67. X. Tong, T. Guo, S. Liu, S. Peng, Z. Yan, X. Yang, Y. Zhang and H. Fan, *Pulm. Pharmacol. Ther.*, **31**, 99 (2015); <https://doi.org/10.1016/j.pupt.2014.09.005>
68. M.P. Hansen, A.M. Scott, A. McCullough, S. Thorning, J.K. Aronson, E.M. Beller, P.P. Glasziou, T.C. Hoffmann, J. Clar and C.B. Del Mar, *Cochrane Database Syst. Rev.*, **1**, CD011825 (2019); <https://doi.org/10.1002/14651858.CD011825.pub2>
69. A.B. Cavalcanti, F.G. Zampieri, R.G. Rosa, L.C.P. Azevedo, V.C. Veiga, A. Avezum, L.P. Damiani, A. Marcadenti, L. Kawano-Dourado, T. Lisboa, D.L.M. Junqueira, P.G.M. de Barros e Silva, L. Tramuja, E.O. Abreu-Silva, L.N. Laranjeira, A.T. Soares, L.S. Echenique, A.J. Pereira, F.G.R. Freitas, O.C.E. Gebara, V.C.S. Dantas, R.H.M. Furtado, E.P. Milan, N.A. Golin, F.F. Cardoso, I.S. Maia, C.R. Hoffmann Filho, A.P.M. Kormann, R.B. Amazonas, M.F. Bocchi de Oliveira, A. Serpa-Neto, M. Falavigna, R.D. Lopes, F.R. Machado and O. Berwanger, *N. Engl. J. Med.*, 383, 2041 (2020); <https://doi.org/10.1056/NEJMoa2019014>
70. D.J. Serisier, *Lancet Respir. Med.*, **1**, 262 (2013); [https://doi.org/10.1016/S2213-2600\(13\)70038-9](https://doi.org/10.1016/S2213-2600(13)70038-9)
71. K. Yanagihara, K. Izumikawa, F. Higa, M. Tateyama, I. Tokimatsu, K. Hiramatsu, J. Fujita, J. Kadota and S. Kohno, *Intern. Med.*, **48**, 527 (2009); <https://doi.org/10.2169/internalmedicine.48.1482>
72. H.E. Jakobsson, C. Jernberg, A.F. Andersson, M. Sjolund-Karlsson, J.K. Jansson and L. Engstrand, *PLoS One*, **5**, 9836 (2010); <https://doi.org/10.1371/journal.pone.0009836>