

Statement SARS-Cov2 / Covid 19

Subject : Therapeutic pathway Covid19, the modulation effects of the infection

The pathophysiology found clearly directs towards noxious effects mainly - if not exclusively - in connection with an excessive reaction of the auto-inflammatory and autoimmune system of the host SarS-Cov2, as contagious as it appears in itself, it is dangerous almost solely in its ability to trigger an excessive inflammatory and immune reaction.

This characteristic seems to be able to fully explain the epidemiology and clinical heterogeneity observed. The biological data available to us that "cytokinic storm" also advocate on auto-inflammatory and autoimmune involvement in severe forms of disease beyond the primary conditions (comorbidities).

The two-phase evolution with aggravation at J7-J10 also fits fully into this reactional and ultimately deleterious phases of the host's immuno-inflammatory system.

On this basis, this abnormally high reactivity of the auto-inflammatory system, found in some patients, whose predisposition remains to be understood, should be modulated as soon as possible. The targeting and use of a molecule with virucid or/and virostatic effect, although logical, does not seem to be able to oppose the kinetics of the auto-inflammatory and autoimmune reaction.

It is understood that:

- There is a known increase in histamine during viral infection with respiratory tropism and ENT
- The effects of histamine may explain some of the initial symptoms - Histamine intervenes (in a rather unknown way) in the inflammatory and immune pathways of the host
- Antihistamine drugs have a lower effect on the functional capacity of antigens (**antigen presentation**).
- Antihistamine drugs have a modulation action of the inflammatory response of the individual.

We would like to propose the use, as soon as the symptoms appear, of antihistamine molecule (antiH1). Antihistamines (CET type----) which, according to our data, would allow to preemptively modulate the auto-inflammatory reaction and thereby shield from its harmful impact. Its earliest use for about ten days seems essential (do not wait for the initiation of serious manifestation of the condition).

Therefore, these molecules could modulate (not decrease) the immune-inflammatory reaction and so, they could "control" runaway complications well known in the severe forms of the illness.

The use of steroidal or non-steroidal anti-inflammatory drugs does not seem to us to be relevant.

Therefore, after and on medical advice, an antiH1 treatment, for example, with CET----- (or other anti-H1) 10 mg per day for 14 days and this as soon as the first symptoms appear, shows the ability to modulate abnormally strong and negative reactions. The benefit-risk ratio of the use of this therapeutic class appears to be largely favourable in this proposed use (subject to compliance with contraindications)

The use in field practice appears to show a rapid effect on much of the initial symptomatology observed when a Covid 19 was confirmed in a patient and the effects were shortened in duration. The rapid evolution to a more serious form could, hopefully, be weakened under this treatment.

We are aware of the need for a controlled medical study of good scientific quality, but it seems to us, however, it is essential, in a dramatic situation, to try the option we are proposing, in view of a profit-risk ratio which is more than favorable (subject to compliance of the contraindications).

Conflict of interest: none

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