ANTIVIRAL DRUGS EVALUATION ON COVID-19 PATIENTS UNDER SPECIFIED CO-MORBID CONDITION: DATA ANALYSIS

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ABSTRACT:

In pandemic period of COVID-19, apart from age, immunodeficiency, and invaded super infection conditions some other co-morbid conditions are becoming footprint of increase mortality rate and invitation to mutant COVID genome viability. Findings are to be specially contribute towards the evaluation of laid co-morbid condition which drag down the patient's community population onto dense of a critical situation. This critical condition of health will initiate the development-specific antiviral associated with antibiotic regime formulation. The methodology buds from investigation of data analysis of based on online collection of case studies and interpretation to get the core causes on a point where the health care is becoming a challenge for the investigation of specified drugs and formulation. COVID-19 is a burning investigatory topic where exact center-point of co-morbid categories could be evaluated in pandemic situation. And invention of specific medication tools to specify the remedial measures could be develop on behave of critical case as per the co-morbid categories in order to decline sharply the epidemic condition of COVID in population. On collecting COVID-19 information's from various countries and various resources, hence opens no exclusion criteria's on observation studies. It was observed that patient's condition before taking medicines and after medicines are showing complex situations as health concern in different ways in COVID-19 patients. Thus, the treatment with antiviral drugs was not satisfactory for COVID-19. Therefore, vaccines are the alternative as acquired immunity support.

KEYWORDS: COVID-19, Antivirals, Comorbid condition, Data- Analysis, Effectivness.

1. INTRODUCTION:

The coronavirus disease 2019 (COVID19) has been declared a pandemic by the World Health Organisation (WHO) and need to be arrest tactfully with different preventive measures along with medications. For several compounds allegedly active against SARS-CoV-2, including lopinavir, nelfinavir, nitazoxanide, favipiravir, and hydroxychloroquine found no substantial anti-SARS-CoV-2 activity, while the proven drug remdesivir showed activity at nontoxic concentrations. Diabetic patients have increased morbidity and mortality rates, and more hospitalization and intensive care unit (ICU) admissions have been associated with these rates and in patients with COPD, the risk of contracting COVID-19 has been found to be 4 times greater than in patients without COPD.

This study is based on the significance of antiviral drug effect on covid-19 patients. Antiviral drug is an emerging method used in hospitals and clinics to cure the existing corona patients and novel therapeutic uses. This first part of the literature-based study is done to evaluate antiviral drugs on corona patients as there is no comprehensive review is available till date on evaluation of antiviral drug on corona patients to the best of our knowledge. A comprehensive search was done and a number of web hits were recorded from different databases by using different keywords. One of the most complex scientific fields of contemporary antiviral drug tested on covid-19. Drug evaluation has been effect - and mechanism of action approach.

2. METHODOLOGY:

2.1. Study design

The investigation of the observational findings are under the COVID-19 victims are fixed to antiviral drugs only which is the lifesaving medicines on the vacancy of vaccines. To get the accurate and precise data the volunteer's selection criteria's and national boundaries has been open. The demographic and racial specificities limitations were excluded and focused on more datas extractions. The primary resource was targeted to collect raw data aimed towards originality.



2.2. Basic Protocol

The foremost work is to extract topic relevant literature from online. There relevant topic concern papers were reassembled as per the requirement of objective initially started from basic information to topic related supportive concern points. On the basis of available literature, literature evaluation is very important. This guides to get the exact track to target the observation data modules from various parameters like Mortality, morbidity, comorbid focus, ADR, demography, pathophysiological disease and its associated antivirals.

The review evaluation would bring right assessments data assembling, extracted common tables preparation and associated graphs. This allows to understand the gap of research and thus for opening options to publish research papers as a scope on the lieu of research outcomes. The fundamental points to be carried on this protocol is as followings:

1. The viability of COVID-19 data's has to be extracted from worldwide COVID-19 susceptible population through various validated resources like WHO data, inpatient's data collected from special hospital

recommended for COVID-19, imprint data's from News bulletins, Online datas from many health portals like Medline, Medscope and online PMC (PubMed) journals metadatas etc.

2. The impact of coronavirus on pandemic level on going through the mortality and morbidity level has to be considered in investigation timelines. Also, the comorbid conditions on new patients and recovered patients. Also the antiviral Involvement has to be traced out among these cases.

3. All above could be collected from worldwide to get the exact results on antiviral therapy devoid from races discriminations.

4. Comparative studies of antivirals to understand the choice of drugs on different stages of COVID-19 inpatients.

5. Tabulations on different parameters of COVID-19 inpatients recorded datas, recurrence cases and its causes, Impact of antivirals on patient's physiology after discharge or end of the therapy.

6. Tracing of after antiviral therapy consequences and its management requirements.

7. Findings of Drug interaction and ADR of drugs and its effects discrete from diseased states and recovery default health status.

8. There should be less exclusion criteria's so that the more exposure of different dimensional facts could be collected and then could be made a specified direction for aligning meaningful outcome.

9. Conclusions are assessed, based on statistical reports and consequence should satisfy the best antiviral contribution to inpatients population to prove its therapeutic profiles. Thus, an idea could be evolved whether treatment of COVID-19 could stand positively in front of prophylactic vaccines on health market.

3. RESULT & DISCUSSION:

On the initial stage of work the observation has to be remark as it's the observation project. The data has to be pulled out from the various resources regarding COVID-19. The data foremost need to be trace are the findings of COVID-19 patients suffering from various clinical diseases, which reflects from the symptomatic evaluation. Initiations of these diseases are from secondary bacterial infections associated with the immune-deficient physiological state of the patients. The data's of 500 patients where collected from different resources base on demography, diseased state and hospitalized inpatients. The details were taken from the hospital files on COVID-19 in India as well as data were collected from various news medical bulletins and hospital records to WHO from the sites. These data's were tabulated on **Table-1**. Here in this data includes total incubated patients in ICUs, as per the age (no age bars), pregnancy, tobacco smokers. Also, associated diseased like Pneumonia, Congestive Obstructive Pulmonary disease (COPD), Asthma, Super-infections like UTIs & RTIs, Cardiovascular disease, Chronic renal failure, hypertension along with some comorbid condition which drastically reduce the immunity such as diabetes, immune deficient diseases and associated medicines of immunosuppressant categories taken for above mentioned diseases in pandemic state. In-Patients IP numbers date of hospitalization and discharge date was mentioned on **Table-1**.



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Table-1: Its represents the co-morbid condition of the patients under COVID-19, since from beginning.

Gender-wise patient's distribution data on **Table-2** were for Male-1 and Female-2 were taken for the comparative determination of same diseased conditions and comorbid condition of patients mention on Table -1. All inpatients are from ICUs are taken from the scattered data distributions. And the decreased in disease viabilities comparative to gender are discovered from column first to column 2nd last. That means on the particular age range of last column the diseased gender of categories in 2nd last column reduce is viabilities as compare to foremost 1st column. And 4th column from last is showing the COVID-19 positivity of the individual patients, so, here 1 (one) shows each patient's data's here is for COVID-19 only.

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	1	1	97	- 2	- 14	2	2	3	2	2	,	2	3	2	2		99	1	97		30
	1	1	52	2	41	2	1	2	2	2	2	2	1	2	20	2	99	1	47	2	40
		1	82	2	49	87	2	2	7	3	1	2	3	2	2	2	89	1	42	2	40
	1		97	-9-	45		7	2	7	3 3	2	2		3		-	60		87		40
	2	2	2	- 2	5.0	97		2	2	1 3	2	1		1		2	99	1	1	1	50
	1	1	-97	- 1	63	2	2	1		2	2	2	2	2	2	2	99		97	2	60
	- 2		47		99	47		3	÷	5 5	3	100	- 3	1	2	6	99	1	97	2	40
	2	2		2	41	47	2	2	2	2 3	2	2	2	5	2	1	69	1	2	2	40
	2	1	07	2	12	- 12	2	2		2 2		2	1	2	2	2	00	1	97	2	30
	- 2	-	07	- 9	54	2		-	-	1 1			1	-	1		50	1	87		30
	2	3		- 2	09	97		3	5		2	1		2	8	2	99		3		60
	4		47	2	25			3		3 3	y.		3	3	100	3	99	4	97		35
	1		42		22	-			· ·			2		2	- R		99		47		20
	- 2-		87		34	87		-		1	2	-	1	2	*		99	- 1	97		10
	1		07		37	2	2	3	2	2 2	,	2	1	-	2	-	00	1	97	2	35
			87		32	2	2	-	-	2 1	2	-	2	2	2		00	1	97		30
	-		97		- 23	47		3	-	3 3	3	2		3	2	3	66	-	97		30
	1	3	2	- 1	47	\$7	1	3		9 3	3	2	2	2	- 2 · · · ·	2	2	1		2	41
		2	2		14	47		3	-	3 3		2	3	2	2			1	2	2	35
	- 2-		87		11	87	2		÷ 1			-	-	1	-	-	00		117		
	1		67	1	52	2		1	÷	1		2	1	1		2	00	1	117		50
	- 21	4	62		49	57	7	3	2	2 3	3	2	2	2	2	3	99	4	47		40
			42	2	- 24	47	2	2	2	2 3	2	2	2	2	1	2	89	1	47	2	30
	1		92		-51	2	-	2	2	2	1	3	5	1	2 0	2	89	1	97	2	50
			87		33	67	1	2	2	1		-		2		1	00	1	117	-	50
	1		2	1	35	2	3	2	2	1	2	2		2	2	2	00	1	2	2	35
		1	97	2	63	2	- 1	3	3	2	1	3	3	2	8	3	99	1	97	2	65
	2	1	97	- 2	29	67	3	2	2		2	2	1	2	2	2	99	1	67	2	30
								100				-		-			1000				

Table-2: This data is extracted from the database of COVID-19 patients comorbidity based on demographic split.

Many antiviral trials was carried out to combat the COVID-19 condition. But, only few antivirals are existed for best result to fight against the corona virus. Even the best one revealed through lower side-effects and more specific to broader demographic area. As per the table-3 different carbon and hydrocarbon compound were allocated and the generated effects and its under training trails were discussed. But all of this effects were 100% to virus but its stability and efficiency is depends upon the carbon chain size. Thus, even if the antiviral drugs are more effective to the patients, its cannot assures the reliability of the drugs entities for total curability, described on detail in **Table-3**.

1	A	В	¢	D	E
1	id unique id values	gen	carbon and hydrogen compounds	source	score
2	AAAA	0	COc1cccc(NC(=O)Cc2ccc(NC(=O)N3CCCC3)cc2)c1	generated	99.9
3	AAAB	0	C=CCNC(=O)CNc1cccc(C(=O)N(C)CCc2ccccc2)c1	generated	99.9
4	AAAC	0	CC(=O)Nc1ccc(S(=O)(=O)Nc2ccc(C)c(C)c2)cc1	training	99.9
5	AAAD	0	CCOC(=0)C1=C{C(=0)OCC}C(c2cccc(Cl)c2)NC(=0)N1	generated	99.9
6	AAAE	0	NC(=O)c1ccc(NC(=O)C(CC(=O)O)NC(=O)c2cc(-c3ccccc3)ccc2Cl)nn1	generated	99.9
7	AAAF	0	COC(=0)c1ccc2c(c1)N(C(=0)c1ccc(C)cc1)CC(C)(C)O2	generated	99.9
8	AAAG	0	Cclccc(C(=O)Nc2ccc(C(=O)N3CCOCC3)cc2)cc1	training	99.9
9	AAAH	0	Cc1ccc(C(=O)N2CCN(C(=O)c3ccc(O)cc3)CC2)c(C)c1	training	99.9
10	AAAI	0	CN(C)C(=O)N1CCC(NC(=O)CCc2ccco2)CC1	generated	99.9
11	LAAA	0	Cc1cc(C)cc(C(=O)N(CC(=O)NO)c2ccc(Cl)cc2)c1	generated	99.9
12	AAAK	0	CC(C)n1cc(C(=O)N2CCCC(c3nc(C4CCCO4)no3)C2)cn1	generated	99.9
13	AAAL	0	CC(C)CCN1C(=O)C(C)SC(=O)C1Cc1ece(O)ec1	generated	99.9
14	AAAM	0	O=C(clccnccl)N1CC2CN(C(=O)C3CCCC3)CC2C1	generated	99.9
15	AAAN	0	CC1CCC(NC(=O)c2ccc(CNC(=O)c3cc(C(C)(C)C)cc(C(F)(F)F)c3)cc2)CC1	generated	99.9
16	AAAO	0	CCN(CC)CCCNc1c2cccc2nc2cc(C)ccc12	generated	99.9
17	AAAP	0	CC(C)C(NC(=O)CC(O)(C(=O)O)c1ccccc1)C(c1ccccc1)c1ccccc1	generated	99.9
18	AAAQ	0	Cc1ccc(-c2cc(C(=O)N3CCCC3)no2)cc1	generated	99.9
19	AAAR	0	COc1cccc(CN(C)C(=O)Cc2ccccc2OC)c1	generated	99.9
20	AAAS	0	CC(=O)OC1CCC2(C)C(CCC3(C)C2CC=C2C4C(C)C(C)CCC4(C(=O)O)CCC23C)C1(C)C	training	99.9
21	AAAT	0	CCOc1ccc(C(=O)N2CCC(c3cccc(C(C)=O)c3)CC2)cn1	generated	99.9
22	AAAU	0	Cc1ccc(Oc2cc(C)[nH]c(=O)c2C#N)cc1	generated	99.9
24	AAAW	0	CCCCN(c1sc(-c2ccc(Br)cc2)nc1C)C(C)C	generated	99.9
25	AAAX	0	COclecc(Cl)cc1NC(=O)Cc1coc2c(OC)c(OC)ccc12	generated	99.9
26	AAAY	0	O=C(CNC(=O)clccc(F)cc1)Nclcccc(C(F)(F)F)c1	training	99.9
27	AAAZ	0	O=S(=O){c1cccc(F)c1)N1CCc2ccccc2C1	training	99.9
28	AABA	0	O=cinc(N2CCOCC2)oc2cc3c(cc12)OCCO3	generated	99.9
29	AABB	0	Ccinoc(CCCn2ccc(CN3CCCC3)n2)n1	generated	99.9
30	AABC	0	Cc1cccc(C)c1N1CCC(C(=O)NCCNC(=O)c2ccco2)CC1	generated	99.9
31	AABD	0	CC(CNC(=O)clcc(F)cccc1F)clccccc1Cl	generated	99.9
32	AABE	0	0)2222222222222222222222222222222222222	generated	99.9
33	AABF	0	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	generated	99.9
34	AABG	0	CNC(=O)C=Cc1ccc([S+]([O-])Cc2ccccc2)cc1	generated	99.9
35	AABH	0	CCCCCCCCCCCCC[n+]1ccc(N)c(OC)c1	generated	99.9
36	AABI	0	CNc1nc(N2CCCC2)nc(N2CCCC(N)C2)n1	generated	99.9
37	AABJ	0	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	generated	99.9
38	AABK	0	CCOC(=0)C=C(C)CCC=C(C)CCC=C(C)COC	generated	99.9
39	AABL	0	CC(CNC(=O)NCCN1CCOCC1)NC(=O)OC(C)(C)C	generated	99.9
40	AABM	0	cccccccccccccccccccc(o)c(o)coP(=0)([0-])occoccoccccc	generated	99.9
41	AABN	0	O=C(CNS(=O)(=O)Cc1cccs1)NCC(F)(F)F	generated	99.9
42	AABO	0	CclccccclC(=O)C=Cclccc(Cl)c(Cl)c1	generated	99.9

Table-3: Its shows the antiviral structural carbon-hydrogen elucidation as per their sources.

Figure-1, shows the rapid evaluation of antivirals on population of 20 million, which was ascertained from various hospital ends on worldwide study. The data was collected for ongoing studies from January 2019 upto January 2021. On study it was discovered that Oseltamivir was used many times against COVID-19 spontaneously and severly from beginning most of the hospital for better curability results. Acyclovir, Ganciclovir and cidofovir were used moderately on inpatients.



Figure-1: Potential activities of antivirals from Jan, 2019 - Jan, 2021

Figure-2, represents the sensitivity of antivirus on worldwide inpatients population from various hospital corners. Oseltamivir, followed by Zanamivir and Acyclovir shows its much requirement.

Different mortality rate has been calculated as per the different location of earth, like latitude and longitude as per different countries in world. It was found that max. Mortality rate were found in America, India, Brazil, Spain, Peru etc. Most of the places of countries which were connected densely with air route. And secondly, the country came over COVID-19 attacks were connected directly and indirectly with China through tourism and business consents. Thus, its datas were split here with **Table-4** below.

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	Country	Confirme	Deatha	Mortality	Latituda	Longitud	CountryCod
	Country	a	Deaths	Rano	23 9391	e	e
0	Afghanistan	39145	1446	3.69	1	67.70995	AF
Ŭ	i iigiiaiiistaii	07110	1110	2107	41.1533	01110770	
1	Albania	12787	370	2.89	3	20.16833	AL
					28.0338		
2	Algeria	50400	1698	3.37	9	1.659626	DZ
					42.5462		
3	Andorra	1753	53	3.02	5	1.601554	AD
4	Angola	4363	159	3.64	-11.2027	17.87389	AO
_	Antigua and	~ –		• • • •	17.0608		
5	Barbuda	97	3	3.09	2	-61.7964	AG
6	Argentina	664799	14376	2.16	-38.4161	-63.6167	AR
7	Armenia	47877	942	1.97	40.0691	45.03819	AM
8	Australia	26980	861	3.19	-25.2744	133.7751	AU
0	A , •	20004		1.04	47.5162	14 55007	
9	Austria	39984	TH	1.94	3	14.55007	AT
10	A - auto attaut	20524	590	1 47	40.1431	17 57602	۸.7
10	Azerbaijan	39324	380	1.47	25 0242	47.57095	AL
11	Bahamas	3618	80	2 21	23.0342	-77 3963	BS
11	Danamas	5010	00	2.21	25 9304	-11.5705	00
12	Bahrain	67014	231	0.34	23.5501	50.63777	вн
			Ne		23.6849		211
13	Bangladesh	353844	5044	1.43	9	90.35633	BD
	e	// h			13.1938		
14	Barbados	189	7	3.7	9	-59.5432	BB
			19, 6		53.7098		
15	Belarus	76357	796	1.04	1	27.95339	BY
		10.000			50.5038		
16	Belgium	106887	9959	9.32	9	4.469936	BE
17	Dalina	1706	222	1.20	17.1898	99 4077	DZ
1/	Benze	1706	22	1.29	0 207(0	-88.4977	BZ
18	Benin	2325	40	1.72	9.30/69	2.315834	BJ
10	Bhutan	261	0	0	27.5141	90 / 336	вт
20	Bolivia	131000	7731	5.86	-16 2902	-63 5887	BO
20	Bosnia and	131770	7751	5.00	43 9158	-05.5007	DO
21	Herzegovina	26081	790	3.03	9	17.67908	BA
22	Botswana	2567	13	0.51	-22.3285	24.68487	BW
	Douswalla	2007	13810	0.01	22.0200	21.00107	2.11
23	Brazil	4591364	5	3.01	-14.235	-51.9253	BR
					4.53527		
24	Brunei	145	3	2.07	7	114.7277	BN
					42.7338		
25	Bulgaria	19283	779	4.04	8	25.48583	BG
	Burkina				12.2383		
26	Faso	1929	56	2.9	3	-1.56159	BF
27	Burundi	476	1	0.21	-3.37306	29.91889	BI
•	a		~	<u>_</u>	12.5656	101001	
28	Cambodia	275	0	0	8	104.991	KH

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29	Cameroon	20690	416	2.01	7.36972 2	12.35472	СМ
•	~ ·	1 100 00			56.1303		
30	Canada Central	149939	9294	6.2	7	-106.347	CA
21	African	4000	60	1.00	6.61111	20.02044	<u>CE</u>
31	Republic	4802	62	1.29	1 15.4541	20.93944	CF
32	Chad	1164	82	7.04	7	18.73221	TD
33	Chile	449903	12345	2.74	-35.6751 35.8616	-71.543	CL
34	China	85314	4634	5.43	6 4.57086	104.1954	CN
35	Colombia	784268	24746	3.16	8	-74.2973	CO
36	Comoros	470	7	1.49	-11.875 9.74891	43.87222	KM
37	Costa Rica	68059	781	1.15	7	-83.7534	CR
38	Croatia	15340	257	1.68	45.1 21.5217	15.2	HR
39	Cuba	5270	118	2.24	6 35.1264	-77.7812	CU
40	Cyprus Czech	1654	22	1.33	1 49 8174	33.42986	СҮ
41	Republic	55464	555	- 1	9	15.47296	CZ
42	Denmark	24822	643	2.59	2	9.501785	DK
43	Diibouti	5407	61	1.13	4	42.59028	DJ
44	Dominica Dominican	24	0	0	15.415	-61.371	DM
45	Republic	109737	2074	1.89	9	-70,1627	DO
46	Ecuador	129892	11171	8.6	-1.83124	-78.1834	EC
47	Egypt	102375	5822	5.69	5 13 7941	30.8025	EG
48	El Salvador Equatorial	27954	819	2.93	9	-88.8965	SV
49	Guinea	5018	83	1.65	15,1793	10.2679	GQ
50	Eritrea	364	0	0	8 58 5952	39.78233	ER
51	Estonia	3033	64	2.11	7	25.01361	EE
52	Ethiopia	71083	1141	1.61	9.145	40.48967	ET
53	Fiji	32	2	6.25	-16.5782	179.4144	FJ
54	Finland	9288	343	3.69	1 46 2276	25.74815	FI
55	France	508456	31447	6.18	4	2.213749	FR
56	Gabon	8716	54	0.62	-0.80369 13.4431	11.60944	GA
57	Gambia	3542	110	3.11	8 42.3154	-15.3101	GM
58	Georgia	4140	25	0.6	1	43 35689	GE

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					51.1656		
59	Germany	279025	9423	3.38	9	10.45153	DE
60	Ghana	46153	299	0.65	7.94652 7	-1.02319	GH
00	Chullu	10100	_,,	0100	39.0742	1102017	
61	Greece	16286	357	2.19	1	21.82431	GR
62	Grenada	24	0	0	12.2627	-61 6042	GD
02	Grenada	<u> </u>	0	0	15.7834	01.0042	
63	Guatemala	87442	3154	3.61	7	-90.2308	GT
64	Guinea	10/3/	65	0.62	9.94558 7	0 60665	CN
04	Guinea-	10454	05	0.02	11.8037	-7.07003	UN
65	Bissau	2324	39	1.68	5	-15.1804	GW
66	Cuyana	2525	60	272	4.86041	58 0202	CV
00	Guyana	2555	09	2.12	o 18.9711	-38.9302	GI
67	Haiti	8646	225	2.6	9	-72.2852	HT
68	Honduras	72675	2222	3.06	15.2	-86.2419	HN
60	Hong Vong	5040	104	206	22.3964	114 1005	ШV
09	Holig Kolig	5049	104	2.00	47.1624	114.1093	ПК
70	Hungary	20450	702	3.43	9	19.5033	HU
71	.	2476	10		64.9630	10.0000	10
/1	Iceland	2476	10	0.4	20 5936	-19.0208	15
72	India	5646010	90020	1.59	8	78.96288	IN
73	Indonesia	257388	9977	3.88	-0.78928	113.9213	ID
74	Ince	122709	24940	5 74	32.4279	52 C0005	ID
/4	Iran	432798	24840	5.74	33.2231	55.08805	IK
75	Iraq	332635	8754	2.63	9	43.67929	IQ
					53.4129		
76	Ireland	33675	1794	5.33	1	-8.24389	IE
77	Israel	204690	1325	0.65	51.0400	34.85161	IL
					41.8719		
78	Italy	302537	35758	11.82	4	12.56738	IT
79	Jamaica	5395	76	1.41	16.1093	-77.2975	JM
					36.2048		
80	Japan	80009	1525	1.91	20 5051	138.2529	JP
81	Iordan	6042	35	0.58	30.5851	36 23841	IO
01	Jordan	0042	55	0.50	48.0195	50.250+1	30
82	Kazakhstan	107529	1699	1.58	7	66.92368	KZ
83	Kenya	37348	664	1.78	-0.02356	37.90619	KE
84	Kosovo	12683	488	3 85	42.6026 4	20,90298	ХК
0-		12005	-100	5.05	29.3116	20.70270	
85	Kuwait	101299	590	0.58	6	47.48177	KW
86	Kurauzoton	15620	1063	2 22	41.2043	71 7661	KG
00	ixyizyzstall	-1JUJU	1005	2.55	0	/ +./001	170

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					19.8562		
87	Laos	23	0	0	7	102.4955	LA
					56.8796		
88	Latvia	1572	36	2.29	4	24.60319	LV
					33.8547		
89	Lebanon	31792	328	1.03	2	35.86229	LB
90	Lesotho	1507	35	2.32	-29.61	28.23361	LS
					6.42805		
91	Liberia	1337	82	6.13	5	-9.4295	LR
92	Libya	30097	469	1.56	26.3351	17.22833	LY
	Liechtenstei						
93	n	116	1	0.86	47.166	9.555373	LI
					55.1694		
94	Lithuania	3932	87	2.21	4	23.88128	LT
	Luxembour				49.8152		
95	g	8090	124	1.53	7	6.129583	LU
0.6			0		22.1987	110 5100	
96	Macau	46	0	0	5	113.5439	MO
97	Madagascar	16167	226	1.4	-18.7669	46.86911	MG
98	Malawi	5746	179	3.12	-13.2543	34.30153	MW
0.0		10505	100	1.05	4.21048	101 0 = = 0	
99	Malaysia	10505	133	1.27	4	101.9758	MΥ
	N 11	0005	124	A 0.24	3.20277	72 22000	N 43 7
##	Maldives	9885	34	0.34	17 5706	13.22068	M V
щ	Mali	2024	120	1 29	17.5706	2 00 (17	МТ
## ##	Mall	3034	150	4.20	25 0275	-3.99017	MT
##	Malta	2850	25	0.88	33.93/3	14.3/542	MII
##	Mouritonio	7425	161	2 17	21.0078	10.0408	MD
##	Mouritius	267	10	2.17	20 2484	57 55215	
## ##	Mauinus	710040	74040	10.56	-20.3464	102 552	MY
##	MEXICO	/10049	74949	10.50	25.0345	-102.555	MA
##	Moldova	18737	1244	2.58	47.4110	28 36088	MD
##	Monaco	40232	1244	2.50	13 7503	7 412841	MC
ππ ##	Mongolio	212	1	0.5	45.7505	102 8467	MN
##	Moligona	515	0	0	40.0023	105.6407	IVIIN
##	Montenegro	9428	151	16	42.7080	19 37439	MF
##	Morocco	107743	1018	1.0	31 7017	7 00262	MA
$\pi\pi$	Mozambiqu	107743	1910	1.70	51.7717	-7.09202	MA
##	e	7262	49	0.67	-18 6657	35 52956	MZ
##	e Namihia	10663	117	1.1	-22 9576	18 / 90/1	10122
11 11	Ivaimora	10005	117	1.1	22.9370	10.47041	
##	Nenal	67804	436	0.64	20.5710	84 12401	NP
	rtopui	07001	150	0.01	52,1326	01.12101	1.11
##	Netherlands	105304	6344	6.02	3	5.291266	NL
	New	10000	0011	0.02	c	012/1200	
##	Zealand	1827	25	1.37	-40.9006	174.886	NZ
			-	•	12.8654	*	
##	Nicaragua	5073	149	2.94	2	-85.2072	NI
	C C				17.6077		
##	Niger	1193	69	5.78	9	8.081666	NE

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					9.08199			
##	Nigeria	57724	1102	1.91	9	8.675277	NG	
	-				60.4720			
##	Norway	13277	267	2.01	2	8.468946	NO	
	0		~ ~ ~		21.5125			
##	Oman	95339	875	0.92	20 2752	55.92326	OM	
##	Pakistan	308217	6437	2.09	30.3753	60 3/1512	ÞK	
ππ	i akistan	306217	0437	2.09	8 53798	07.54512	IK	
##	Panama	107990	2291	2.12	0.55770	-80.7821	РА	
	Papua New		-					
##	Guinea	527	7	1.33	-6.31499	143.9556	PG	
##	Paraguay	35571	727	2.04	-23.4425	-58.4438	PY	
##	Peru	776546	31568	4.07	-9.18997	-75.0152	PE	
					12.8797			
##	Philippines	294591	5091	1.73	2	121.774	PH	
##	Dolond	01672	2244	2 97	51.9194	10 14514	DI	
##	Folaliu	81075	2544	2.07	39 3998	19.14314	ΓL	
##	Portugal	70465	1928	2.74	57.5770 7	-8.22445	РТ	
	1 010080	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U.		25.3548			
##	Qatar	124175	212	0.17	3	51.18388	QA	
			. 6.4		45.9431			
##	Romania	116415	4550	3.91	6	24.96676	RO	
	D ·	1117407	10720	170	61.5240	105 2100	DU	
## ##	Russia Duranda	111/48/	19720	1.76	1 0 4 0 2 9	105.3188		
##	Kwalida Saint Kitts	4779	21	0.50	-1.94028	29.07309	ĸw	
##	and Nevis	19	0	0	2	-62,783	KN	
		17	$\langle A \rangle$		13.9094	02.700		
##	Saint Lucia	27	0	0	4	-60.9789	LC	
	Saint							
	Vincent and							
шш	the Course diverse	()	0		12.9843	(1.0070	VC	
##	Grenadines	64	0	0	13 0/23	-61.2872	VC	
##	San Marino	723	42	5.81	43.9423	12 45778	SM	
	Saudi	123	12	5.01	23.8859	12.10770	5101	
##	Arabia	331359	4569	1.38	4	45.07916	SA	
##	Senegal	14795	303	2.05	14.4974	-14.4524	SN	
					44.0165			
##	Serbia	33080	744	2.25	2	21.00586	RS	
##	Seychelles	143	0	0	-4.67957	55.49198	SC	
	Sierra	0102	70	2.2	8.46055	11 7700	CT.	
##	Leone	2183	12	3.3	ر 1 25209	-11.//99	SL	
##	Singapore	57639	27	0.05	1.55208	103 8198	SG	
ππ	Singapore	57057	21	0.05	48 6690	105.0170	50	
##	Slovakia	7269	41	0.56	3	19.69902	SK	
					46.1512			
##	Slovenia	4694	143	3.05	4	14.99546	SI	
,, .,	a	<u> </u>	6.0		5.15214	46 400	96	
##	Somalia	3465	98	2.83	9	46.19962	SO	

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	South					
##	Africa	665188	16206	2.44	-30.5595	22.93751
					35.9077	
##	South Korea	23341	393	1.68	6	127.7669
##	Spain	602556	21024	1 17	40.4636	3 74022
$\frac{\pi\pi}{\pi}$	Span	093330	51054	4.47	7 87305	-3.74922
##	Sri Lanka	3324	13	0.39	4	80.7718
					12.8628	
##	Sudan	13578	836	6.16	1	30.21764
	a •		101	2.1.1	3.91930	
##	Suriname	4779	101	2.11	5	-56.0278
##	Sweden	89756	5876	6 55	00.1281 6	18 6435
	Sweden	07150	5070	0.55	46.8181	10.0+33
##	Switzerland	51101	2060	4.03	9	8.227512
					34.8020	
##	Syria	3924	181	4.61	8	38.99682
	т :	500		1.00	23.6978	100.000
##	Taiwan	509		1.38	1 38 8610	120.9605
##	Tajikistan	9475	74	0.78	30.0010	71 27609
##	Tanzania	509	21	4.13	-6.36903	34.88882
	Tunbunu	203	- JG		15.8700	2 1100002
##	Thailand	3516	59	1.68	3	100.9925
##	Timor-Leste	27	0	0	-8.87422	125.7275
	_				8.61954	
##	Togo Tuinidad	1701	41	2.41	3	0.824782
##	and Tobago	4136	67	1.62	10 6918	-61 2225
	and 100ago	7150	0/	1.02	33.8869	-01.2223
##	Tunisia	12479	174	1.39	2	9.537499
					38.9637	
##	Turkey	308069	7711	2.5	5	35.24332
	T T 1	(070	CO		1.37333	22 20020
##	Uganda	68/9	69	1	18 2704	32.29028
##	Ukraine	189488	3784	2	40.3794	31 16558
	United Arab	107100	5701	-	23.4240	51.10550
##	Emirates	87530	406	0.46	8	53.84782
	United		20188		37.0902	
##	States	6933548	4	2.91	4	-95.7129
##	Uruguay	1946	47	2.42	-32.5228	-55.7658
ШШ	Linhalriston	52075	A A A	0.02	41.3774	61 50506
## ##	UZDEKIStan Venezuele	55275 60420	444 571	0.83	9 6 10275	04.38320
##	v enezueia	09439	574	0.05	14.0583	-00.369/

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##	Zimbabwe	7725	227	2.94	-19.0154	29.15486	ZW	

Table-4: Morbidity and mortality rates of COVID-19 effected countries.





The COVID-19 is associated with two vital risk factors- Cardiovascular and another is metabolic disorders sick to be the comorbid conditions. So, investigations were stressed on validating various parameters like BP (systolic & diastolic), heart rate, BMI, behavior like smoking, diet, glucose level. Also, the investigation of prevalence of hypertension and extreme to stroke are assembled as per patient's demography, in **Table -5**. More than 500 patients are taken in consideration with all above parameters.

id	a g e	educat ion	s e x	smoki ng	cigsPer Day	B P	prevalentSt roke	prevalent Hyp	diabe tes	totC hol	sys BP	dia BP	B MI	heartR ate	gluc ose
33	4	2		VEG	25	0	0	0	0	207	117	<i></i>	24.	60	100
90 33	3	2	Μ	YES	35	0	0	0	0	207	117	65 82	42 28	60	100
91	6	3	F	NO	0	0	0	0	0	192	122	5	20. 61	68	58
33	5												25.		
92	8	1	F	YES	20	0	0	1	0	260	180	100	56	100	
33	4	2	Б	NO	0	0	0	0	0	021	102	66	23.	70	70
95 33	/ 4	3	Г	NO	0	0	0	0	0	231	105	00	25 25	70	/8
94	4	1	М	NO	0	0	0	0	0	160	119	87	81	54	
33	4												22.		
95	1	2	F	YES	7	0	0	0	0	260	101	68	49	80	77
33	5			NO	0	0	0		0	220	101		25.		0.1
96 33	9 ⊿	1	Μ	NO	0	0	0	0	0	229	101	66	18	44	81
55 97	4	1	F	YES	15	0	0	0	0	242	139	80	19. 68	72	60
33	3	1	•	125		U		, U		212		00	24.	12	00
98	9	3	М	YES	20	0		- 0	0	148	101	62	47	70	81
33	3						4.6					_	24.		
99 24	8	2	F	YES	3	0	0	0	0	180	115	86	91	70	
34 00	4	2	F	NO	0	0				220	125	80	27.	66	80
34	3	2	1	NO	0	U	6	0	-0	223	125	80	24	00	80
01	7	2	М	YES	20	0	0	0	0	232	129	74	46	86	88
34	6								Sector Sector				30.		
02	7	1	F	NO	0	1	0	1	0	263	201	93	04	75	78
34	6	1	м	NO	0	0				220	100	02	28.	()	0.4
03 34	1	1	M	NO	0	0			0	239	122	83	85 25	62	94
04	4	3	F	NO	0	0			0	196	150	84	23. 98	60	93
34	4	-					210						39.		
05	7	1	F	NO	0	1	0	1	0	277	139	99	64	85	81
34	6				0	0				100	100	0.0	27.	-	-
06 34	2	2	Μ	NO	0	0	0	0	0	193	133	80	2	70	78
07	4	2	F	YES	3	0	0	0	0	239	103	67	20. 58	66	73
34	4	2	•	125	5	U	0	0	Ŭ	237	105	07	17.	00	15
08	2	1	М	YES	35	0	0	0	0	218	116	86	81	85	69
34	6					_			_				27.		
09	3	1	F	NO	0	0	0	1	0	306	195	105	96	75	87
34 10	2	2	м	NO	0	0	0	0	1	234	113	68	24. 8	76	108
34	5	2	111	NO	0	0	0	0	1	234	115	00	22.	70	100
11	6	1	F	YES	15	0	0	0	0	269	121	75	36	50	66
34	5												25.		
12	3	1	F	YES	20	0	0	0	0	222	123	82	52	72	67
34 12	3	А	Б	VEC	0	0	0	0	Δ	100	117	77	17.	70	70
15 34	9 4	4	Г	162	9	U	0	0	U	180	113	13	03 24	70	13
14	3	1	Μ	YES	30	0	0	0	0	252	112	78	25	90	65

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34	6												22		
15	4	1	F	NO	0	0	0	0	0	295	127	78	<u>22</u> . 89	67	73
34	6	1		110	Ŭ	Ū	0	U	0	275	127	70	29	07	15
16	3	4	F	NO	0	0	0	0	0	248	165	76	35	70	
34	5		-	110	Ũ	0	Ŭ	Ũ	Ũ		100		26.	, 0	
17	1	1	Ν	I YES	20	0	0	0	0		113	74	37	70	
34	5	-			_0	0	Ŭ	Ũ	Ũ		110	, ,	29.	, 0	
18	2	1	Ν	I YES	25	0	0	1	0	206	173	117	63	75	77
34	6												16.		
19	4	2	Ν	I NO	0	0	0	0	0	193	114	79	59	75	64
34	5											87.	31.		
20	6	1	Ν	I YES	43	0	0	1	0	240	129	5	5	80	
34	5												28.		
21	3	2	F	YES	30	0	0	0	0	250	150	95	02	68	
34	4												23.		
22	2	2	F	YES	20	0	0	0	0	200	95	55	68	60	83
34	5												22.		
23	0	1	Ν	I YES	20	0	0	0	0	259	108	81	81	80	72
34	4		-			~						-0	26.		~ ~ ~
24	8	1	F	YES	10	0	0	0	0	195	121	78	27	75	80
34	6	1	•		0	0		allina ad	0	017	1.47	07	29.	77	
25	4	1	N	I NO	0	0	0		0	217	14/	87	10	//	
34 26	5	1	Б	VEC	1	0		0		240	100	70	18.	71	140
20 24	5 1	1	Г	I ES	1	0		0		240	108	70	00	/1	140
34 27	4	2	Б	VEC	0	0		0	0	226	106	71	22. 80	95	57
21	9	2	Г	IES	9	0		0	0	220	100	/1	09 78	03	57
24 28	3	1	F	NO	0	0		1	0	242	1/13	85	20. 25	75	73
20 34	5	1	1	110	Ū	N.				272	145	05	29	15	15
29	1	4	N	I YES	10	0		0	0	185	125	85	43	56	72
34	6		1.1		10			Ū	A QAR	105	125	05	26	50	, 2
30	4	1	F	NO	0	0		1	0	372	169	85	01	75	79
34	6							-					27.		
31	6	2	Μ	I NO	0	0	0	0	1	189	140	71	56	70	119
34	5												22.		
32	4	1	Ν	I YES	20	0	0	1	0	255	142	93	17	75	118
34	4												24.		
33	0	2	F	NO	0	0	0	0	0	290	122	85	06	87	70
34	5												39.		
34	3	3	F	NO	0	0	0	1	0	156	142	95	6	80	
34	4		_										25.		
35	1	1	F	NO	0	0	0	0	0	179	111	79	87	85	82
34	5	1	-	NO	0	0	0	0	0	2 10	100	87.	22.	70	
36	8	1	F	NO	0	0	0	0	0	218	139	5	91	73	
34	5	4	г	NO	0	0	0	0	0	0(1	120	00	23.	05	00
31	0	4	· F	NO	0	0	0	0	0	261	129	80	06	85	90
34 29	3 7	2	N		0	Ο	0	0	0	210	120	80	22. 7	77	00
30 34	/ 5	2	IV.		0	U	U	U	U	210	130	09) 22	11	00
39	5	1	F	NO	0	0	Ο	1	Ο	200	141	92	25. 18	65	8 /
34	3 4	1	1	110	0	U	U	1	0	200	171	14	25	05	04
40	8	3	F	NO	0	0	0	0	0	193	127	81	85	58	70
		-		-	-	-				-	-		-	-	-

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34	4												23.		
41	0	2	F	YES	43	0	0	0	0	224	106	72	59	82	71
34	4												21.		
42	2	3	F	YES	15	0	0	0	0	216	120	70	93	88	88
34	4												31.		
43	9	3	F	NO	0	0	0	0	0	278	131	93	4	80	66
34	3												19.		
44	3	1	F	NO	0	0	0	0	0	158	108	67	84	86	69
34	4												26.		
45	5	4	Μ	YES	3	0	0	1	0	218	145	90	65	76	70
34	4											88.	23.		
46	7	1	Μ	NO	0	0	0	0	0	265	138	5	75	83	90
34	4												31.		
47	5	4	F	NO	0	0	0	1	0	252	160	105	72	65	83
34	4								_				27.		
48	1	2	F	YES	16	0	0	1	0	243	159	100	78	78	71
34	5		-			-							27.	0.0	.
49	0	1	F	NO	0	0	0	0	0	273	131	93	61	80	94
34	5			NG				0			0.0		22.		
50	I	4	Μ	NO	0		0	0	0	154	98	66	86	63	82
34	6		Б	NG		0					105		30.		-
51	2	1	F	NO	0	0	0	0	0	242	137	15	51	60	/8
34 52	2	1	г	NO	0	0				240	200	140	43.	107	120
52	3	1	F	NO	0	0		1		248	200	140	3	107	130
34 52	4	2	Б	NO	0	0				015	150	00	25.	100	75
33	2	2	F	NO	0	0		100	0	215	153	82	92	100	15
54 54	4	1	Л	NO	0	0		0		214	120	01	28. 47	70	77
34 24	2 5	1	IVI	INU	0	U		0	U	214	120	81	4/	/ð	11
54 55	כ ד	1	Л	NO	0	0		0		220	126	01	20. 04	75	61
33	/	1	IVI	INU	0	U		0	0	220	130	84	ð4	15	04

Table-5: Cardiovascular disorders viabilities along with their lifestyle as per demography.

The Union Ministry of Health is still not happy with the effectiveness of Remdesivir and Favipiravir, two antiviral drugs, in the treatment of 19 Covid patients. Recently, a joint evaluation group (technical committee) at the Ministry of Health held a meeting to discuss the effectiveness of these two antiviral drugs in patients with coronavirus. Experts from ICMR, NCDC, DCGI, WHO representatives, AIIMS, DGHS, the Ministry of Animal Husbandry, among others, were included at the high-level conference. "The technical committee has not found these two antiviral drugs fit for the usage in the covid-19 treatment because there is no concrete evidence determine efficacy the drugs." to the of "Till the time, we only recommend hydroxychloroquine (HCQ) as prophylaxis of COVID in selected indivi duals. It includes asymptomatic healthcare workers involved in the care of suspectedor confirmed cases of COVID, asymptomatic household contacts of laboratory

confirmed cases, a combination of HCQ with Azithromycin on patients with severe disease and requiring I CU management,"

The respectable said, including that HCQ must be issued best as in keeping with authorities suggestions at the prescription of a licenced scientific practitioner. Glenmark is the primary employer in India to start section three scientific trials for COVID-19 sufferers with Favipiravir in India following approval through the country's pinnacle drug regulator. An emergency use authorization for the investigational medicine remdesivir for the treatment of suspected or laboratory-confirmed Covid-19 in adults and kids hospitalised with serious malady was given by the US Food and Drug Administration.Under defined table shows the selected antivirus unsatisfactorily ignored due to ADR, Drug-drug Interaction as advised from clinical trials, different dosing regimens and control parameters. Thus the uniform/common special therapeutic outcomes are not enlightened **Table-6**.



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Drug Name	Dosing Regimens The doses listed here are for approved indications or from reported experiences or clinical triats.	Adverse Effects	Monitoring Parameters	Drug-Drug Interaction Potential	Panel's Recommendations, Comments, and Links to Clinical Trials
Chloroquine	Dose Previously Suggested in an EUA for Adults and Adolescents Weighing ≥50 kg: • CQ 1g PO once on Day 1, then CQ 500 mg PO once daily for 4-7 days of total treatment. Treatment duration should be based on clinical evaluation.	 Prolonged QTc interval, Torsades de Pointes; AV block, ventricular arrhythmia Gastrointestinal effects (e.g., nausea, vomiting, diarrhea) Hepatitis Hypoglycemia Hemolysis (especially in patients with G6PD deficiency) Myopathy Rash Given the risk of Given the risk of heart rhythm problems, the FDA cautions against using CQ to treat COVID-19 outside of a hospital or a clinical trial.¹ 	 CBC, hepatic panel, blood glucose. SCr, potassium, magnesium Baseline ECG Follow-up ECG if CQ is given with QTc-prolonging drugs or if the patient has underlying cardiac disease 	 Additive effect with other drugs that prolong the QTc interval (including AZM) or that cause hypoglycemia CYP2D6 inhibitor (moderate) P-gp inhibitor 	 The Panel recommends against the use of CQ with or without AZM for the treatment of COVID-19 in hospitalized patients (AI). In nonhospitalized patients, the Panel recommends against the use of CQ with or without AZM for the treatment of COVID-19, except ir a clinical trial (AI). The Panel recommends against using high dose CQ (600 mg twice daily for 10 days) for the treatment of COVID-19 (AI). Dose-dependent toxicity A list of clinical trials is available here: Chloroguine
Hydroxychlaroquine	 Adults: Various loading and maintenance does have been reported in studies or in clinical care. Dose Previously Suggested in an EUA for Hospitalized Adults and Adolescents Weighing ≥50 kg: HCQ 800 mg PO ance on Day 1. then HCQ 400 mg PO ance daily for 4-7 days of total trastment. Treatment duration should be based on clinical evaluation. 	 Prolonged QTc interval, Torsades de Pointes, AV block, ventricular arrhythmia Gastrointestinal effects (e.g., nausea, vomiting, diarrhea) Hepatitis Hypoghycemia Myopathy Anxiety, agitation, hallucinations, psychosis Allergic reaction/rash Given the risk of heart rhythm problems, the FDA cautions against using HCQ for to treat COVID-19 	 CBC, hepatic panel, blood glucose, SCr, potassium, magnesium Baseline ECG Follow-up ECG if HCQ is given with QTC-protonging drugs (e.g., AZM) or if the patient has underlying cardiac disease 	 Additive effect with other drugs that prolong the QTc interval (including AZM) or that cause hypoglycemia CYP2D6 inhibitor (moderate) P-gp inhibitor 	 The Panel recommends against the use of HCQ with or withou AZM for the treatment of COVID-19 in hospitalized patients (AI). In nonhospitalized patients, the Panel recommends against the use of HCQ with or withou AZM for the treatment of COVID-19, except ir a clinical trial (AI). Long elimination: half-life is 40, 55 days. Dose-dapte to Top taxicity

Table-6: Adverse Drug reaction, Drug-drug Interaction and monitoring parameters associated with drug dosing regimens.

4. CONCLUSION

On collecting COVID-19 information's from various countries and various resources, hence opens no exclusion criteria's on observation studies. It was observed that patient's condition before taking medicines and after medicines are showing complex situations as health concern in different ways in COVID-19 patients. Even the complications might have seen in various cases after medications. There is no prophylactic treatments with any vaccines so the treatment has to be satisfied with antiviral and sometimes steroids involvement to counteract world pandemic risks. Antivirals are deliberately used globally in many countries especially in India and in other side because of its versatile profile the exact potential efficacy was not clear. Hence, no specification of therapeutic drugs could be open into flash. Thus, the treatment with antiviral drugs was not satisfactory for COVID-19. Therefore, vaccines are the alternative as acquired immunity support.

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Conflict of Interest: No conflict of interest from any authors

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