



**CIGB** CENTRO  
DE INGENIERÍA GENÉTICA  
Y BIOTECNOLOGÍA

**CORONAVIRUS**



**Cuba**

**#TrabajamosPorSuSalud**



# ***Nasalferon***

***Recombinant interferon alfa-2b in  
nasal drops***

Biomedical Project  
CIGB

# ABSENCE OF INTERFERON IN LUNGS FROM FATAL CASES OF INFLUENZA

BY

SAMUEL BARON,\* B.A., M.D.

AND

ALICK ISAACS, M.D.

*National Institute for Medical Research,  
Mill Hill, London*



Condition that  
has also been  
described in  
patients with  
**COVID-19**

JAN. 6, 1962

INTERFERON AND INFLUENZA

BRITISH  
MEDICAL JOURNAL

19

> [Science](#). 1972 Jun 23;176(4041):1326-7. doi: [10.1126/science.176.4041.1326](#).

## Interferon administered orally: protection of neonatal mice from lethal virus challenge

T W Schafer, M Lieberman, M Cohen, P E Came

PMID: 4338344 DOI: [10.1126/science.176.4041.1326](#)

1st report on IFN  
orally

### Abstract

Interferon was identified in the milk of mice injected with an interferon inducer. The kinetics of interferon appearance in serum and in milk were similar, but maximum concentrations in milk were 10 to 20 percent of those in serum. Interferon administered orally to neonatal mice was detected in their serums. Significantly more newborns survived an oral challenge with vesicular stomatitis virus when interferon had been induced in the lactating mothers.

# Reported history of use of IFN alpha in respiratory virus infections

1. Solov'ev VD. The results of controlled observations on the prophylaxis of influenza with interferon. Bull World Health Organ. 1969;41(3):683-8.
2. Arnaudova V, Basheva L, Tasheva M, Ivanova N, Novachev D. Treatment and prevention of acute viral respiratory infections in children with leukocytic interferon. Arch Immunol Ther Exp (Warsz.) 1977; 25(5):731-6.
3. Merigan TC, Hall TS, Reed SE, Tyrrell DAJ. Inhibition of respiratory virus infection by locally applied interferon. Lancet 1973; i:563-7.
4. Douglas RM, Albrecht JK, Miles HB, Moore BW, Read R, Worswick DA, Woodward AJ. Intranasal interferon-a2 prophylaxis of natural respiratory infection. J Infect Dis 1985;151:731-6.
5. Scout GM, Phillpotts RJ, Wallace J, Gauci CL, Greiner J, Tyrrell DAJ. Prevention of rhinoviruscolds by human interferon alpha-2 from Escherichia coli. Lancet 1982; ii:186-8.
6. Hayden FG, Gwaltney JM, Jr. Intranasal interferon alpha 2 for prevention of rhinovirus infection and illness. J Infect Dis 1983;148:543-50
7. Hayden FG, Gwaltney JM, Johns MF. Prophylactic efficacy and tolerance of low-dose intranasal interferon-alpha2 in

Prophylactic and antiviral effect demonstrated in infections

## INDUCED AND ACQUIRED

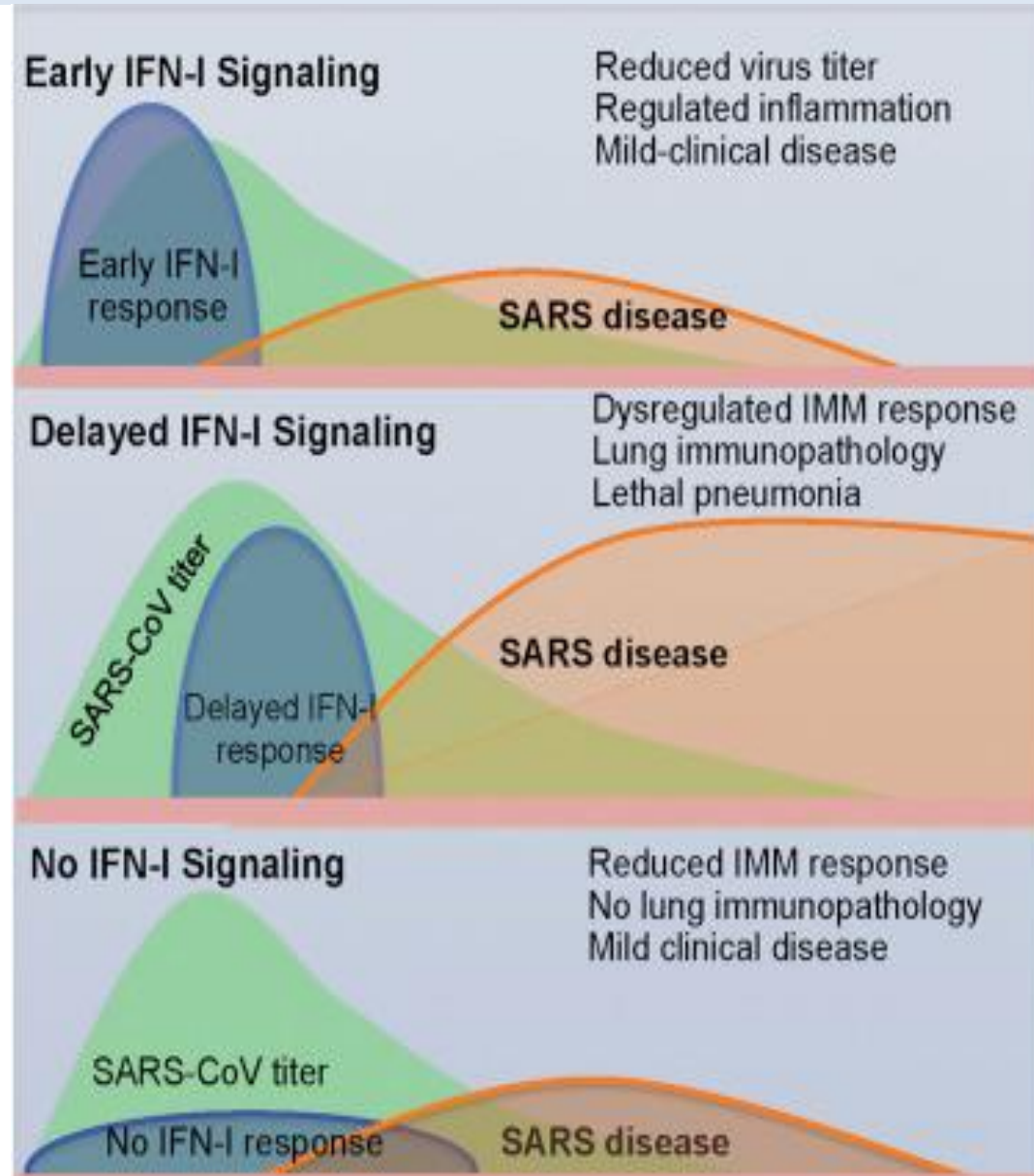
17. Monto AS, Albrecht JK, Schwartz SA. Demonstration of dose-response relationship in seasonal prophylaxis of respiratory infections with alpha-2b interferon. Antimicrob Agents Chemother 1988; 32(1):47-50.
18. **Bracci L, Canini I, Puzelli S, Sestili P, Venditti M, Spada M, Donatelli I, Belardelli F, Proietti E. Type I IFN is a powerful mucosal adjuvant for a selective intranasal vaccination against influenza virus in mice and affects antigen capture at mucosal level. Vaccine 2005;23(23):2994-3004.**
19. Xia C, Liu J, Wu ZG, Lin CY, Wang M. The interferon-alpha genes from three chicken lines and its effects on H9N2 influenza viruses. Anim Biotechnol 2004;15(1):77-88.
20. Sysoeva GM, Masycheva VI, Danilenko ED. Outlooks for using the interferon inducers in the treatment and prevention of influenza and acute respiratory viral diseases. Vestn Ross Akad Med Nauk 2004;(11):33-8.
21. Ershov FI, Kovalenko AL, Garashchenko TI, Sel'kova EP, Botvin'eva VV, Zhekalov AN, Petlenko SV, Bol'bot IuK, Romantsov MG. Cycloferon--a new domestic preparation for the prophylaxis of influenza and other acute respiratory viral infections. Zh Mikrobiol Epidemiol Immunobiol 2004;(6):47-51.
22. Kozhukharova MS, Slepishkin AN, Radeva KhT, Lavrukhina LA, Demidova SA. Evaluation of dipyrindamole efficacy as an agent for preventing acute respiratory viral diseases. Vopr Virusol 1987; 32(3):294-7.
23. Kuzmov K, Galabov AS, Radeva Kh, Kozhukharova M, Milanov K. Epidemiological trial of the prophylactic effectiveness of the interferon inducer dipyrindamole with respect to influenza and acute respiratory diseases. Zh Mikrobiol Epidemiol Immunobiol 1985; (6):26-32.

# Background of the use of IFN type I as treatment of coronavirus.

**VERY EFFICIENT** in use from prophylaxis

**INEFFICIENT** and with adverse events in aggravated patients.

**EFFICIENT** in newly started infection



## **Advantages of type I IFN administered by nasal drops.**

- 1. Deliver the drug directly to the entry area of the virus causing the disease.**
- 2. The oral-naso-pharyngeal cavity and the entire gastrointestinal tract is rich in high concentrations of specific receptors for type I IFN.**
- 3. Orally administered IFN is retained by the proximal tissue of the lymphoid region, including the posterior nasal cavity.**

## **Advantages of type I IFN administered by nasal drops.**

- 4. From LOW doses, HIGH results are achieved.**
- 5. Independent effect of serum IFN levels.**
- 6. Eliminates or significantly reduces toxicity.**
- 7. Bioavailability studied and demonstrated from the front of the nose to the nasopharynx.**



# Nasalferon and prophylactic use for COVID-19

Route	Dose and schedule	Use
Nasal drops	<p>1 drop (0,05 mL) in each nostril 2 times a day for 10 consecutive days.</p> <p><b>Total daily dose 2 MUI</b></p> <p><b>1 drop Nasalferon = 0.5 MUI of IFN alpha</b></p>	<p>Self application</p> <p>Conservation in refrigeration</p>



**Strength:  $10 \times 10^6$  IU**

**Presentation: 2 mL solution**

# ***Nasalferon and prophylactic use for COVID-19***

**Maximum recommended dose: 1 drop in each nostril, 4 times a day (every 6 hours), representing 4 MUI of IFN alpha daily.**

**Absolute contraindication: individuals with hypersensitivity to interferon alfa or to any of the excipients in the preparation (TIOMERSAL)**

**Precautions: Pediatric population, pregnant women, patients with autoimmune diseases.**

**Overdose Hazard: NONE**

**Drug interaction: NONE**

**Conservation mode: from 2 to 8 degrees celsius.**



# ***Nasalferon and prophylactic use for COVID-19***

<b>Population</b>	<b>N</b>	<b>Infected</b>	<b>Protection</b>
<b>Health personnel</b>	<b>3741</b>	<b>48</b> (1,3%)	<b>98,7%</b>
<b>Vulnerable individuals (age ≥ 85, co-morbidities)</b>	<b>82</b>	<b>0</b>	<b>100%</b>
<b>Healthy people</b> in indirect exposure to the virus	<b>1400</b>	<b>0</b>	<b>100%</b>
<b>Total</b>	<b>5223</b>	<b>48</b> (0,9%)	<b>99.1%</b>

Unpublished data.

Source: Active pharmacovigilance in sentinel centers.

Cuban Ministry of Public Health

## Title Page

medRxiv preprint doi: <https://doi.org/10.1101/2020.04.11.20061473>.

### **Title: An experimental trial of recombinant human interferon alpha nasal drops to prevent coronavirus disease 2019 in medical staff in an epidemic area**

**Authors:** Zhongji Meng<sup>1</sup>, Tongyu Wang<sup>2</sup>, Li Chen<sup>1</sup>, Xinhe Chen<sup>1</sup>, Longti Li<sup>1</sup>, Xueqin Qin<sup>1</sup>, Hai Li<sup>2</sup>, Jie Luo<sup>1\*</sup>

1. Novel Coronavirus Pneumonia Prevention and Control Team, Taihe Hospital, Hubei University of Medicine. Shiyan, Hubei, China.

2. Department of Gastroenterology and Hepatology, Renji Hospital, School of Medicine, Shanghai Jiao Tong University. Shanghai, China.

\*Corresponding author

was observed between January 21 to February 23, 2020. There were no serious adverse effects in the 2944 subjects treated during the intervention period.

**Conclusion** In this investigator-initiated open-label study, we observed that rhIFN- $\alpha$  nasal drops can effectively prevent COVID-19 in treated medical personnel. Our results also indicate that rhIFN- $\alpha$  nasal drops have potential promise for protecting susceptible healthy people during the coronavirus pandemic.



**CIGB** CENTRO  
DE INGENIERÍA GENÉTICA  
Y BIOTECNOLOGÍA



**CORONAVIRUS**



**Cuba**

**#TrabajamosPorSuSalud**



**GRACIAS  
POR SU  
ATENCIÓN**