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## Letter to the Editor

**Real-life practice of the Egyptian Kelleni's protocol in the current tripledemic: COVID-19, RSV and influenza**

Dear Editor

Currently, we are dealing in Africa as elsewhere globally, with a tripledemic of SARS CoV-2 Omicron numerous sub-variants, respiratory syncytial virus (RSV), and several influenza viruses including novel<sup>1</sup> and potential reassortment influenza subtypes' infection<sup>2-4</sup>. The clinical manifestations of these and other respiratory viral infections are mostly similar<sup>5</sup> especially when the patients are seeking an early medical advice as we highly recommended and continue to recommend, to be noted that the vast majority of our African patients can't afford to perform any investigations due to economic reasons and again we had to adjust our practice to best serve all patients.

Interestingly, though the above mentioned viruses might share in sore throat, rhinitis, cough and fever. I suggest that influenza virus infection in adults is more characterized by the sudden onset of severe body ache, marked physical exhaustion (loss of energy as described by many patients), as well as the sudden troublesome nausea, while RSV infection in young children is more common to be associated with otalgia, and conjunctivitis. Similarly, diarrhea was a predominant GIT manifestation that accompanied or even preceded the usual respiratory manifestations and/or complications in an increasing number of patients in this wave of SARS CoV-2 Omicron infection with/without anosmia, ageusia.

Since SARS CoV-2 has been introduced to our medical challenges in November, 2019, physicians in Africa were obliged to take care of COVID-19 patients basing on our best clinical judgment and we can proudly and humbly announce, three years later, that the minimal COVID-19 mortality in Africa has proved us right when we decided to boost our natural immunity with safe, effective and generic drugs as best scientifically revealed in Kelleni's protocol<sup>6,7</sup>.

From a daily real-life experience in my clinic which is focusing in management of COVID-19 and Post COVID syndrome, I wish to declare that early treatment using Kelleni's COVID-19 protocol is as safe and effective in management of this tripledemic as it was in SARS CoV-2 pre Omicron variants in pediatric, geriatric, immune-compromised and pregnant patients<sup>8</sup>. Noteworthy, nitazoxanide, an integral part of Kelleni's COVID-19 protocol, was previously shown to inhibit the in-vitro replication of Paramyxoviridae including RSV and parainfluenza viruses<sup>9</sup> and human influenza viruses<sup>10</sup>.

However, as more immune-evasive SARS CoV-2 variants are continuing to emerge, I adjusted my clinical practice and I wish to recommend a full 5-day-course of Kelleni's protocol rather than the usual 3-day-course<sup>8</sup> in all high risk populations especially kids under 5 years, elderly above 75 years and immune-compromised

patients to avoid COVID-19 rebound that was seldom encountered in my clinical practice until recently in a young child who did not receive azithromycin in the initial 3-day-course and after 4 days of clinical resolution, runny nose, cough nausea and low grade fever reappeared and was perfectly and promptly controlled by another 3-day-course of nitazoxanide and azithromycin. Notably, bacterial co-infection is suggested to be considered in such clinical scenario; i.e. in virally infected patients who deteriorate after initial improvement<sup>11</sup>. I currently use and recommend the full Kelleni's protocol, including azithromycin, for 5 days in all high risk groups as I suggest a favorable risk benefit ratio is obvious considering its high safety and efficacy as well as the additional potential benefits when using azithromycin prophylactically in those populations<sup>12</sup>.

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None

**Declaration of Competing Interest**

The author declares that there is no conflict of interest.

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