

RELEASE ACTIVE ANTIBODIES TO HUMAN INTERFERON GAMMA

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Introduction

Release active antibodies to human interferon gamma (IFN- γ) known as Anaferon is a drug that acts as an immunomodulator and antiviral agent. It exerts its antiviral effect through induction of IFN- α/β and its immunomodulatory effect via induction of IFN- γ .¹

Mechanism of Action

Affinity-purified rabbit polyclonal antibodies to recombinant human interferon gamma were manufactured in accordance with current European Union requirements for Good Manufacturing practice in a mixture of homeopathic dilutions⁵. The mechanism of action of this novel concept is its ability to regulate the functional activity of endogenous interferons. Anaferon acts on IFN- γ and its receptor resulting in macrophage and NK-cell activation leading to lysis and apoptosis of infected cells. It also stimulates T effector cells, Th1 responses and increases concentrations of IgG and secretory IgA. Anaferon also acts by increasing expression of IFN- α/β and related interleukins (IL-2, IL-4, IL-10), to ensure effective antiviral protection without risk of resistance.^{2,3,5}

Its potential use for COVID -19 is during the acute phase. The virus triggers active endogenous interferon production. Anaferon triggers molecular and conformational changes and enhances production of IFN- γ and α via positive feedback. Thus, during “peak” viral infections a far larger amount of activated IFN- γ and α molecules are activated and bound to its receptors⁷.

Clinical Studies

The spectrum of clinical studies is for therapy and prevention of viral infections. These include influenza A and B, adenovirus, respiratory syncytial virus, rhinovirus, parainfluenza, herpes 1 and 2. Some viruses that caused diarrhea like enterovirus, rotavirus, calicivirus and coronavirus were also studied.^{1,2,3,4,6}

Currently, there are no studies on the use of Anaferon for COVID-19.

Adverse Effects

There were no adverse effects related to the drug in clinical trials. Special precautions to patients with galactose intolerance, lactase deficiency and glucose-galactose malabsorption due to the presence of lactose in the drug.^{1,2}

Recommended Dose

The dose has not yet been established for COVID-19. However, as treatment for viral upper respiratory infections the orodispersal tablet is given as follows: within the first day, the drug should be taken every 30 minutes for the first 2 hours, then 3 additional times with regular intervals (total of 8 tabs). From day 2-5, the drug is taken three times a day.⁷

Conclusion

There is no available evidence as to the use of Anaferon in COVID-19.

REFERENCES:

1. Tarasov SA, Kachanova MV, Gorbunov EA, et al. Anaferon, released-active form of antibodies to IFN- γ , as an effective medicine for treatment and prophylaxis of a wide spectrum of infections. Clin Res Trials 2016; Vol 2: 229-232. Available from: <https://www.oatext.com/pdf/CRT-2-152.pdf>
2. Obraztsova EV, Osidak LV, Golovacheva EG, et al. Interferon Status in Children during Acute Respiratory Infections, Therapy with Interferon. Bulletin of Experimental Biology and Medicine 2009; Vol.148, Suppl 1: 275-8. Available from: <https://link.springer.com/content/pdf/10.1007/s10517-009-0702-0.pdf>
3. Erman ES, Osidak LV, Sukhovetskaya VF, et al. Efficiency of Interferon Inductor Anaferon (Pediatric Formulation) in prophylaxis of acute respiratory infections in sickly Children. Bulletin of Experimental Biology and Medicine 2009; Vol.148, Suppl 1: 18-21.
4. Kokoreva SP, Trushkina AV, Razuvaev OA. Optimization of etiotropic therapy of acute respiratory viral infections in children. Pediatric Infections 2013; No.4: 42- 46.
5. Tarasov S, Zarubaev V, Gorbunov E, et al. Activity of ultra-low doses of antibodies to gamma-interferon against lethal influenza A (H1N1) 2009 virus infection in mice. Antiviral Research 2012; Vol 93: 219-224.
6. Timchenko VN, Pavlova EB, Chernova TM, et al. Evaluation of the Efficiency and Safety of Anaferon (Pediatric Formulation) in the Treatment of Chickenpox in Children. Bulletin of Experimental Biology and Medicine 2009; Vol.148, Suppl 1: 39-42.
7. Epstein O.I., Shtark M.B., Dygai A.M., Sergeyeva S.A., Goldberg E.D., Petrov V.I., Voronina T.A., Starostina M.V. , Pharmacology of ultralow doses of antibodies to endogenous function regulators (M. Publishing House of RAMS,2005) p226