Editorial

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A COVID-19 case of favipiravir-induced drug fever was reported

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COVID-19, as it rages across the planet. Although this has not been thoroughly validated, favipiravir, which is used to treat new and re-emerging influenza infections, has been suggested to be effective against SARS-CoV-2. A 64-year-old female patient with COVID-19 was given favipiravir. Her symptoms improved quickly after starting treatment. We diagnosed her with favipiravir-induced drug fever because the fever was relieved when the favipiravir was stopped, and we had positive results from a drug-induced lymphocyte stimulation test. Along with the resolution of the fever, the serum concentration of favipiravir decreased. Drug fever should be included in the differential diagnosis of relapsing fever, according to this scenario. Since 2019, COVID-19 has been spreading across the globe, with Japan being no exception. COVID-19 has a wide range of clinical manifestations, with some patients remaining asymptomatic while others progress to fatal pneumonia. Antibody levels after yellow fever vaccination (YFV) drop dramatically over time, with a large proportion of single-dose recipients being seronegative after ten years. Nothing is known about the vaccine's ability to maintain immunity after two or more doses. The aim of this study was to determine the current immune status of adults who had received two or more YFV doses. Hyperuricemia, diarrhea, and neutropenia are normal favipiravir side effects, with a few records of drug fever. We had a COVID-19 patient who produced a fever during favipiravir administration and was diagnosed with favipiravir-induced drug fever after a positive drug-induced lymphocyte stimulation study. Our results provide prospective estimates that could be useful in the design of potential therapeutic trials by documenting clinical and biological characteristics of Lassa fever patients and their association with mortality. Such trials comparing new Lassa fever therapies to standard care should use a reference mortality rate of no more than 15% and avoid using a comb. Fever is one of the most common causes for emergency room visits. In the literature, studies comparing oral no steroidal anti-inflammatory drugs (NSAIDs) and paracetamol to intravenous (IV) forms for fever are typical. Our research is the first to compare IV ibuprofen and paracetamol in the care of febrile patients in an emergency department setting. Recurrent episodes of inflammation, frequently starting in early childhood, are a feature of the innate immune system. Despite the fact that there are now over 30 genetically determined inherited fever conditions, many patients remain undiagnosed. Despite failing to follow specific guidelines, some pediatric patients are grouped with those who have periodic fever, pathos stomatitis, pharyngitis, and adenitis (PFAPA) syndrome. In comparison to PFAPA patients, patients were more likely to report gastrointestinal symptoms such as nausea, vomiting, and stomach pain, as well as inconsistent responses to on-demand steroid therapy. The best course of treatment for this previously undefined population is unknown, with medical and surgical treatments primarily determined by parental preferences. Tonsillectomy was performed on a subset of SURF patients, and the condition was fully resolved. Flow cytometric analysis reveals leukocyte populations distinct from those seen in PFAPA patients, with lower CD3+ T cell counts. Even during the afebrile era, SURF patient tonsils had a stronger IL-1 signature than PFAPA patient tonsils.