



COVID-19: It is all about sepsis

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COVID-19 was initially considered as a form of community-acquired pneumonia that could develop into the acute respiratory distress syndrome (ARDS), but we soon realized that other organs are also often affected and the most frequent cause of death is multiple organ failure (MOF). A complex immune response is also initiated in these patients and COVID-19 is characterized by a thrombotic endotheliopathy. Patients with COVID-19 therefore in fact have sepsis, an inadequate host response to an infection with associated organ dysfunction. Although often we focus on bacterial infections when talking about sepsis, we must remember that sepsis can also be caused by viruses, fungi and even parasites. Using the term sepsis to describe these patients has important implications for patient management, including the need to ensure adequate oxygen delivery to the tissues by adequate resuscitation with fluids and vasopressors, and the possible role of immunomodulation, for example, corticosteroids, tocilizumab, baricitinib or molnupiravir. It can also encourage research to identify specific immune phenotypes that may be more susceptible to severe disease and/or certain therapies, and help in the design of clinical trials, characterizing patient inclusion using these immune phenotypes so that management can be appropriately targeted at the individual patient.