



Role and Effects of Micronutrients Supplementation in Immune System and SARS-Cov-2(COVID-19)

Akibul Islam Chowdhury^{1*}

¹*Department of Food Technology and Nutrition Science, Noakhali Science and Technology University, Sonapur-3814, Bangladesh.*

Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

Article Information

Editor(s):

(1) Dr. Tania Mara Pinto Dabés Guimarães, Federal University of Minas Gerais, Brazil.

Reviewers:

(1) Ghada Mostafa Lofty El Ashy, Egypt.

(2) Ritu Ghosh, Rabindranath Tagore University, India.

(3) Hanchu Dai, University of Illinois, USA.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/58128>

Review Article

Received 31 May 2020
Accepted 21 June 2020
Published 30 June 2020

ABSTRACT

COVID-19 is a serious disease caused by the virus SARS-CoV-2 which is easily transmitted to humans. There are no vaccines or drugs discovered yet to control its transmission and prevent the disease. In that case, it is important to find the methods of preventing and controlling it. To fight against the virus a well-functioning immune system is necessary. The immune system is always active but if an individual becomes infected then the activity of immune system is enhanced to fight against the virus and recover the body from infection. Adequate intake of micronutrients through diet (vitamins A, B-complex, C, D and zinc, selenium, copper, iron) can help to boost up the immune system as each of the nutrients named above has roles in supporting antiviral and antibacterial defense. Although the supplementation of micronutrients can be given, it is necessary to provide the right amount of supplements after assessing the nutritional status of each individual as supplementation of micronutrient have some adverse effects. Therefore, it is recommended to follow a healthy diet to prevent COVID-19 and also assess the nutritional status of COVID-19 patients before prescribing treatments.

Keywords: *Micronutrients; immune system; micronutrient supplementation; respiratory tract infection; SARS-CoV-2; COVID-19.*

ABBREVIATIONS

<i>IL</i>	: <i>Interleukin</i>
<i>CD</i>	: <i>Cluster of Differentiation</i>
<i>COVID-19</i>	: <i>Corona Virus Disease 2019</i>
<i>SARS CoV-2</i>	: <i>Severe Acute Respiratory Syndrome</i>
<i>WHO</i>	: <i>World Health Organization</i>
<i>PMNL</i>	: <i>Polymorphonuclear Leukocytes</i>
<i>DTH</i>	: <i>Delayed-Type Hypersensitivity</i>

1. INTRODUCTION

COVID-19, a severe acute respiratory syndrome is caused by the virus SARS-CoV-2 and WHO declared this as a global pandemic [1]. Previous epidemics related to CoV included that severe acute respiratory syndrome (SARS)-CoV was started in China in 2002 [2] and the Middle East respiratory syndrome (MERS)-CoV in the Middle East, first reported in 2012 [3]. Not all types of people are suffering from this virus. People with weak immune system are much exposed to SARS-CoV-2 [4]. There are many recommendations to prevent the spread of COVID-19 from the WHO [5], the UK [6], USA [7] governments and the European Commission [8] as well as public health agencies including the key direction of self-isolation [9]. Some potential treatment options (anti-viral, anti-malarial, herbals) are also introduced to treat COVID-19 patients [10]. Nutrition especially micronutrients play a vital role to alleviate both mortality and morbidity in COVID-19 as micronutrients boost up our immunity system. Nutritional status is an important factor influencing the outcome of patients with COVID-19 [11]. In a study, a list of nutrients were identified with possible anticoronavirus effects based on in vitro and clinical studies [11]. Several micronutrients have antioxidants feature such as Vitamin C, Vitamin E, and beta-carotene. Antioxidants increase response to influenza virus vaccine compared with placebo and also increase the number of T-cell subsets, enhance lymphocyte response to mitogen [12]. The activity of the immune system in our body is accompanied by an increasing rate of metabolism, requiring energy sources, substrates for biosynthesis, and regulatory molecules that are derived from the diet. Adequate supply of essential nutrients is required in this pandemic situation [13,14]. This review is based on published data and information and major searches were done using Google scholar and PubMed. This review aims to describe the role of specific micronutrients in supporting the immune system and also describes the effect of

micronutrients supplementation in this pandemic situation.

2. ROLE OF IMMUNITY IN VIRAL INFECTION

When an individual exposed to viral infection, the immunity system becomes vital. First of all, the innate immunity system of the body such as macrophages, monocytes and dendritic cells recognize the foreign particles or pathogens. The presence of pattern recognition receptors (PRRs) and microbe-associated molecular patterns (MAMPs) help in the identification of the pathogens. TLR7 and TLR8 of innate immune system are more important for recognition of corona virus. After viral infection some cells release IFN- α and IFN- β . Natural killer cells are directly activated after viral infection to kill the infected cells. The maturation of dendritic cells is induced by PRRs signaling which functions to process and present viral antigen. The presentation of viral antigens is resulted by upregulation of MHC I on virally infected cells which kill the virally affected cells releasing the pore forming protein like perforin. The production of IL-2 by CD4+ helper T lymphocytes and T helper 1 phenotype promotes cytotoxic T lymphocytes activity which produce antiviral antibodies by the differentiation of B lymphocytes to plasma cells. Then these antibodies can bind to the viruses and destroy them [15-18].

3. ROLE OF VITAMIN A IN IMMUNITY

The roles of vitamin A in the immunity system and host susceptibility to infection are identified in many studies [19-23]. The main functions of vitamin A are helping in visions, providing immunity, contributing in gene expression, etc. Vitamin A is required for immune cell maturation and functioning as boosting the immune system is the main focus to prevent the spread of COVID-19. Deficiency of vitamin A may impair barrier functions and immune response. Vitamin A and its metabolites help to modulate innate immunity along with barrier function and also control neutrophil maturation. The functions of neutrophil are to ingest and kill bacteria. Vitamin A also supports in phagocytic activity to promote bacteria killing. Vitamin A helps to increase the activity of natural killer cells which have antiviral defenses. Other functions of vitamin A are to control dendritic cell, CD4+ T lymphocyte maturation and maintaining the balance between T helper 1 and T helper 2 lymphocytes. There are various chemical forms of vitamin A and each

of the form has different activity in immune system. Movements of T lymphocyte to the gut-associated lymphoid tissue is promoted by retinoic acid and it is also required for CD8+ T lymphocyte survival and proliferation [24]. Many systemic reviews supported that vitamin A could reduce the rate of mortality and morbidity from measles and improved symptoms in acute pneumonia. A systemic review study is conducted by Imdad et al. [25] found that vitamin A decreased all causes of mortality and morbidity from diarrhea and measles and decreased the incidence of diarrhea and measles. Another study found that vitamin A decreased morbidity and mortality with pneumonia and also increased the clinical response and shortened length of hospital stay [26]. Common sources of vitamin A are Liver, eggs, oily fish, fortified margarine, dairy products, carrots, orange fruits, green and yellow vegetables and tomato juice and the recommendation of vitamin A intake for adults is 3000-5000IU [27]. The adverse effects of vitamin A supplementation are identified in Table 2.

4. ROLE OF VITAMIN D IN IMMUNITY

Vitamin D is an important micronutrient for health because of its function in bone, immune etc. Several studies included the role of vitamin D in immune system [28-30]. The active form of

vitamin D is 1, 25-dihydroxyvitamin D₃ which has important immune-regulatory properties. However, the functions of vitamin D on the cellular components of immunity are rather complex. Vitamin D improves antimicrobial peptide synthesis in epithelial tissue [31] and also inhibits the proliferation of T cell, and production of cytokines by T helper 1 lymphocyte. It also has little impact on CD8+ T lymphocyte. Low level of vitamin D in the body has been associated with upper respiratory tract infections [32,33] including influenza [34], chronic obstructive pulmonary disease [35] and allergic asthma [36]. Many studies showed that supplementation of vitamin D can reduce the risk of viral respiratory tract infection [37] and many meta-analysis studies have been concluded this subjects. According to Bergman et al. and Martineau et al., vitamin D decreases the risk of respiratory tract infections [38,39]. A systematic review and meta-analysis conducted by Zhou et al. [40] concluded that risk of pneumonia had been increased with deficiency of vitamin D. So, vitamin D can be important micronutrients to treat COVID-19 patients. The common sources of vitamin D are sunlight, Liver, eggs, oily fish, fortified margarine and dairy products and recommendation of vitamin D intake for adults is 400-1000IU [27]. The adverse effects of vitamin D supplementation are identified in Table 2.

Table 1. Effects of vitamin and mineral supplementation on immunity

Immune system	Vitamins and minerals	Models	Effects
Macrophages	C supplementation [41]	Human	Stimulation of chemotaxis and phagocytosis
	E dietary supplementation [42] Zinc supplementation [43]	Rat human	Inhibited glomerular sclerosis Increased IL-1, IL-6, TNF- α , INF- γ
Natural killer cell	C dietary supplementation [44]	Human	Enhance activity
	E dietary supplementation [45]	Human	Enhance activity
	Zinc [46]	Human	Enhance activity
	Selenium [47]	Mouse	Enhance activity and IL-2 protein
	Iron [48]	Mouse	Decreased activity
PMNL	B ₁₂ supplementation [49]	Human	Increased bacterial killing
	C supplementation [50]	Human	Enhanced phagocytosis, decreased superoxide production
	C,E supplementation [51]	Human	Suppressed production of oxygen free radical
	Copper, Zinc and Iron supplementation [52-54]	Human	Increased neutrophil function
DTH	C supplementation [55]	Human	Increased
	E supplementation [56]	Human	Increased
T cell	C, E and A supplementation [57]	Human	Increased
	Zinc supplementation [58]	Human	Increased T lymphocyte

Abbreviations: PMNL: Polymorphonuclear Leukocytes, DTH: Delayed-Type Hypersensitivity

Table 2. Adverse effects of vitamin and mineral supplementation [27,59-61]

Vitamin and minerals	Adverse effects associated with supplements
Vitamin A	Hepatotoxic effects, visual change, hair and skin change, risk of lung cancer among smokers, diarrhea
Vitamin B6	Sensory neuropathy, ataxia
Vitamin B12	No upper limit unknown
Vitamin D	Hypocalcaemia, soft tissue calcification
Vitamin C	Diarrhea, gastric
Vitamin E	Nausea, vomiting, diarrhea, headache, fatigue, blurred vision
Zinc	Nausea and vomiting, immune-suppression and impaired copper uptake
Selenium	Brittle hair and nails, peripheral neuropathies and gastrointestinal upset
Iron	Nausea, vomiting, reduced zinc uptake and constipation

5. ROLE OF VITAMIN C IN IMMUNITY

Vitamin C is a water soluble vitamin which has antioxidant properties. It plays a major role in the immune system of the human body. It is required for collagen biosynthesis and also helps in the migration of leucocytes to the sites of infection [62]. Other roles of vitamin C in immunity are phagocytosis, bacteria killing, and natural killer cells activity [62,63]. Vitamin C supplementation enhances the activity of natural killer cells [44]. Variety of studies stated that the severity of upper respiratory tract infections can be lowered by vitamin C supplementation. A meta-analysis stated that vitamin C decreased the incidence of pneumonia as well as reduced severity and morbidity from pneumonia [64]. For its functional properties, many doctors and researchers suggested to increase the intake of vitamin C to boost up the immunity and to fight against the corona virus. The common sources of vitamin C are Citrus fruits, broccoli, kiwi, yams, strawberries, melons and recommendation of vitamin C intake for adults is 60-90mg [27]. The adverse effects of vitamin C supplementation are identified in Table 2.

6. ROLE OF VITAMIN B-COMPLEX IN IMMUNITY

B vitamins are mainly involved in intestinal immune regulation and help in the gut-barrier functions. Folic acid increases the number of circulating T lymphocyte, but the activity of neutrophils appears unchanged. Vitamin B₁₂ increases the phagocytic and bacteria killing capacity of neutrophils while vitamin B₆ helps in the lymphocyte proliferation and increases the number of T lymphocyte in the blood. Folic acid, vitamin B₆ and B₁₂ enhanced the activity of natural killer cells which would be important in antiviral defense [65,66]. A study found that deficiency of vitamin B₆ decreased the T

lymphocyte and B lymphocyte proliferation and IL-2 production [67]. The common sources of vitamin B complex are Poultry, fish, meat, nuts, legumes, whole grains, potatoes, meat, egg, seaweed etc and the recommendation of vitamin B₆ and B₁₂ for adults are 1.3-2 mg and 2.4-6 µg respectively [27]. The adverse effects of vitamin B complex supplementation are identified in Table 2.

7. ROLE OF VITAMIN E IN IMMUNITY

Vitamin E acts as a scavenger of free radical by blocking the per-oxidation of polyunsaturated fatty acids (PUFA) and also acts as antioxidants. It is suggested that vitamin E is an important nutrient in the immune system [68]. Due to vitamin E deficiency, T-cell mitogenesis, IL-2 production, PMN phagocytosis, and PMN chemotaxis are decreased [56]. It is found that there is a positive association between vitamin E and cell-mediated immune responses and vitamin E supplementation appears to be beneficial for adults people [69]. Vitamin E supplementation also enhances the activity of helper T lymphocyte and improves vaccine responses [70]. Several studies identified that vitamin E supplementation reduced the risk of respiratory tract infections and decreased the duration of respiratory tract infections among adults [71]. The common sources of vitamin E are Plant oils (soya, corn, olive), nuts, seeds, wheat germ and the recommendation of vitamin E for adults people is 15-20 mg [27]. Supplementation of vitamin E also has some adverse effects which are identified in Table 2.

8. ROLE OF ZINC IN IMMUNITY

In this COVID-19 situation, zinc is considered as a supportive treatment therapy as it has direct antiviral effects [72]. It is found that zinc supplementation may have positive effects in the

treatment of COVID-19 patient [73]. The role of zinc in immunity is explained in many studies [74-76]. Zinc deficiency can cause loss of T helper cells and also responsible for atrophy of thymus and spleen. Zinc increases the IgM plaque response and IgG response. Cell mediated immunity is also increased with zinc supplementation. T lymphocyte proliferation is also maintained by proper dietary intake of zinc [77]. Some meta-analysis found that zinc decreased the prevalence and incidences of pneumonia as well as duration of common cold [78,79]. The common sources of zinc are meat, cheese, cereals and grains, shellfish etc.

9. ROLE OF SELENIUM IN IMMUNITY

Selenium has important effect on both innate and acquired immunity. Selenium enhances the function of T lymphocyte and B lymphocyte and also increases the activity of natural killer cell [80,81]. A study found that selenium supplementation improved immune function in the human body [82]. The common sources of selenium are fish, meat, egg and nuts. Supplementation of selenium also has some adverse effects on the body.

10. ROLE OF COPPER IN IMMUNITY

Some studies described the importance of copper in the immune system. Copper has antimicrobial properties, and also increases the activity of natural killer cell and neutrophils, monocyte function [83,84]. Some studies showed that lymphocyte proliferation and IL-2 production are promoted by copper [85]. A systematic review found that respiratory tract infection can be reduced by copper supplementation [86]. The common sources of copper are nuts, shellfish and some vegetables.

11. CONCLUSION

Nutrition is very important for every steps of life and proper intake of both micronutrients and macronutrients can help to prevent and treat several infectious diseases. All nutrients named above have special role in immune system of the body, and consumption of adequate amount nutrients is necessary to boost up our immune function. Immune system can also be boosted up by supplementation of these nutrients. However, there are some adverse effects of micronutrients supplementation in case of overdosing. Many studies showed both positive and negative effects of micronutrients supplementation on immune response and human health. However,

there are no published studies which described the function of micronutrients for the prevention and treatment of corona-virus but some studies showed that intake right amount of micronutrients can reduce the duration of the disease severity.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Sohrabi C, Alsafi Z, O'Neill N, Khan M, Kerwan A, Al-Jabir A, et al. World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*; 2020.
2. Zhong N, Zheng B, Li Y, Poon L, Xie Z, Chan K, et al. Epidemiology and cause of severe acute respiratory syndrome (SARS) in Guangdong, People's Republic of China, in February, 2003. *The Lancet*. 2003; 362(9393):1353-8.
3. Assiri A, McGeer A, Perl TM, Price CS, Al Rabeeah AA, Cummings DA, et al. Hospital outbreak of Middle East respiratory syndrome coronavirus. *New England Journal of Medicine*. 2013;369(5): 407-16.
4. Bai Y, Yao L, Wei T, Tian F, Jin D-Y, Chen L, et al. Presumed asymptomatic carrier transmission of COVID-19. *JAMA*. 2020; 323(14):1406-7.
5. Organization WH. Coronavirus disease (COVID-19) advice for the public; 2020.
6. Jordan RE, Adab P, Cheng K. Covid-19: Risk factors for severe disease and death. *British Medical Journal Publishing Group*; 2020.
7. Government U. Government response to coronavirus, COVID-19; 2020. Available:<https://www.usa.gov/coronavirus>
8. Commission E. Overview of the Commission's response; 2020. Available:[https:// ec.europa. eu/ info/ live-work-travel-eu/health/coronavirus-response/overview-commissions-response_en](https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/overview-commissions-response_en)

9. Control CfD, Prevention. Symptoms of coronavirus. Retrieved from; 2020.
10. Habib MA. General Overview of coronavirus disease 2019 (COVID-19): A Summary of Evidence. Asian Journal of Immunology. 2020:24-33.
11. Muscogiuri G, Barrea L, Savastano S, Colao A. Nutritional recommendations for CoVID-19 quarantine. European Journal of Clinical Nutrition. 2020:1-2.
12. Chandra RK. Effect of vitamin and trace-element supplementation on immune responses and infection in elderly subjects. LANCET-LONDON. 1992;340:1124.
13. Calder PC. Feeding the immune system. Proceedings of the Nutrition Society. 2013; 72(3):299-309.
14. Gombart AF, Pierre A, Maggini S. A Review of Micronutrients and the Immune System—Working in Harmony to Reduce the Risk of Infection. Nutrients. 2020; 12(1):236.
15. Dosch SF, Mahajan SD, Collins AR. SARS coronavirus spike protein-induced innate immune response occurs via activation of the NF- κ B pathway in human monocyte macrophages *in vitro*. Virus Research. 2009;142(1-2):19-27.
16. Hu W, Yen YT, Singh S, Kao CL, Wu-Hsieh BA. SARS-CoV regulates immune function-related gene expression in human monocytic cells. Viral immunology. 2012; 25(4):277-88.
17. García-Sastre A, Biron CA. Type 1 interferons and the virus-host relationship: a lesson in detente. Science. 2006; 312(5775):879-82.
18. Sallard E, Lescure FX, Yazdanpanah Y, Mentre F, Peiffer-Smadja N, Florence A, et al. Type 1 interferons as a potential treatment against COVID-19. Antiviral Research. 2020:104791.
19. Villamor E, Fawzi WW. Effects of vitamin A supplementation on immune responses and correlation with clinical outcomes. Clinical Microbiology Reviews. 2005;18(3): 446-64.
20. Ross AC. Vitamin A and retinoic acid in T cell-related immunity. The American Journal of Clinical Nutrition. 2012;96(5): 1166S-72S.
21. Brown CC, Noelle RJ. Seeing through the dark: new insights into the immune regulatory functions of vitamin A. European Journal of Immunology. 2015;45(5):1287-95.
22. Erkelens MN, Mebius RE. Retinoic acid and immune homeostasis: A balancing act. Trends in Immunology. 2017;38(3):168-80.
23. Oliveira LdM, Teixeira FME, Sato MN. Impact of retinoic acid on immune cells and inflammatory diseases. Mediators of Inflammation. 2018;2018.
24. Ross AC. Vitamin A deficiency and retinoid repletion regulate the antibody response to bacterial antigens and the maintenance of natural killer cells. Clinical Immunology and Immunopathology. 1996;80(3):S63-S72.
25. Imdad A, Mayo-Wilson E, Herzer K, Bhutta ZA. Vitamin A supplementation for preventing morbidity and mortality in children from six months to five years of age. Cochrane Database of Systematic Reviews. 2017;3.
26. Hu N, Li QB, Zou S. Effect of vitamin A as an adjuvant therapy for pneumonia in children: A Meta analysis; 2018.
27. Wooltorton E. Too much of a good thing? Toxic effects of vitamin and mineral supplements. CMAJ. 2003;169(1):47-8.
28. Medrano M, Carrillo-Cruz E, Montero I, Perez-Simon JA. Vitamin D: Effect on haematopoiesis and immune system and clinical applications. International Journal of Molecular Sciences. 2018;19(9):2663.
29. Gois PHF, Ferreira D, Olenski S, Seguro AC. Vitamin D and infectious diseases: simple bystander or contributing factor? Nutrients. 2017;9(7):651.
30. Prietl B, Treiber G, Pieber T, Amrein K. Vitamin D and immune function. Nutrients. 2013;5(7):2502–21. DOI: 10.3390/nu5072502 PMID: 23857223, Epub 2013/07/17.
31. Gombart AF. The vitamin D–antimicrobial peptide pathway and its role in protection against infection. Future Microbiology. 2009;4(9):1151-65.
32. Lowen AC, Mubareka S, Steel J, Palese P. Influenza virus transmission is dependent on relative humidity and temperature. PLoS Pathog. 2007;3(10):e151.
33. Shaman J, Goldstein E, Lipsitch M. Absolute humidity and pandemic versus epidemic influenza. American Journal of Epidemiology. 2011;173(2):127-35.
34. Urashima M, Segawa T, Okazaki M, Kurihara M, Wada Y, Ida H. Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren. The American Journal of Clinical Nutrition. 2010;91(5):1255-60.

35. Urashima M, Mezawa H, Noya M, Camargo CA. Effects of vitamin D supplements on influenza A illness during the 2009 H1N1 pandemic: A randomized controlled trial. *Food & Function*. 2014; 5(9):2365-70.
36. Arihiro S, Nakashima A, Matsuoka M, Suto S, Uchiyama K, Kato T, et al. Randomized trial of vitamin D supplementation to prevent seasonal influenza and upper respiratory infection in patients with inflammatory bowel disease. *Inflammatory Bowel Diseases*. 2019;25(6):1088-95.
37. Ginde AA, Mansbach JM, Camargo CA. Association between serum 25-hydroxyvitamin D level and upper respiratory tract infection in the Third National Health and Nutrition Examination Survey. *Archives of Internal Medicine*. 2009;169(4):384-90.
38. Bergman P, Lindh ÅU, Björkhem-Bergman L, Lindh JD. Vitamin D and respiratory tract infections: A systematic review and meta-analysis of randomized controlled trials. *PLoS One*. 2013;8(6).
39. Martineau AR, Jolliffe DA, Hooper RL, Greenberg L, Aloia JF, Bergman P, et al. Vitamin D supplementation to prevent acute respiratory tract infections: systematic review and meta-analysis of individual participant data. *BMJ*. 2017; 356:i6583.
40. Zhou YF, Luo BA, Qin LL. The association between vitamin D deficiency and community-acquired pneumonia: A meta-analysis of observational studies. *Medicine*. 2019;98(38).
41. Del Rio M, Ruedas G, Medina S, Victor V, De la Fuente M. Improvement by several antioxidants of macrophage function in vitro. *Life sciences*. 1998;63(10):871-81.
42. Otani H, Mune M, Yukawa S, Smith D, Meydani M, Blumberg J. Vitamin E treatment of experimental glomerular disease in rats. *Kidney International*. 1999;56:S66-S9.
43. Wellinghausen N, Kirchner H, Rink L. The immunobiology of zinc. *Immunology Today*. 1997;18(11):519.
44. Heuser G, Vojdani A. Enhancement of natural killer cell activity and T and B cell function by buffered vitamin C in patients exposed to toxic chemicals: The role of protein kinase-C. *Immunopharmacology and Immunotoxicology*. 1997;19(3):291-312.
45. Adachi N, Migita M, Ohta T, Higashi A, Matsuda I. Depressed natural killer cell activity due to decreased natural killer cell population in a vitamin E-deficient patient with Shwachman syndrome: reversible natural killer cell abnormality by α -tocopherol supplementation. *European Journal of Pediatrics*. 1997;156(6):444-8.
46. Ventura M, Crollo R, Lasaracina E. In vitro zinc correction of natural killer (NK) activity in the elderly. *Clinical and Experimental Immunology*. 1986;64(1):223.
47. Kiremidjian-Schumacher L, Roy M. Selenium and immune function. *Zeitschrift für Ernährungswissenschaft*. 1998;37:50-6.
48. Dhur A, Galan P, Hercberg S. Relationship between selenium, immunity and resistance against infection. *Comparative Biochemistry and Physiology Part C: Comparative Pharmacology*. 1990;96(2): 271-80.
49. Kaplan SS, Basford R. Effect of vitamin B12 and folic acid deficiencies on neutrophil function; 1976.
50. De la Fuente M, Ferrandez M, Burgos M, Soler A, Prieto A, Miquel J. Immune function in aged women is improved by ingestion of vitamins C and E. *Canadian Journal of Physiology and Pharmacology*. 1998;76(4):373-80.
51. HERBACZYŃSKA-CEDRO K, Wartanowicz M, Panczenko-Kresowska B, Cedro K, Klosiewicz-Wasek B, Wasek W. Inhibitory effect of vitamins C and E on the oxygen free radical production in human polymorphonuclear leucocytes. *European Journal of Clinical Investigation*. 1994; 24(5):316-9.
52. Chandra RK. Excessive intake of zinc impairs immune responses. *JAMA*. 1984; 252(11):1443-6.
53. Percival SS. Neutropenia caused by copper deficiency: Possible mechanisms of action. *Nutrition Reviews*. 1995;53(3):59-66.
54. Chandra R. Reduced bactericidal capacity of polymorphs in iron deficiency. *Archives of Disease in Childhood*. 1973;48(11):864.
55. Jafari D, Esmaeilzadeh A, Mohammadi-Kordkhayli M, Rezaei N. Vitamin C and the Immune System. *Nutrition and Immunity: Springer*. 2019;81-102.
56. Moriguchi S, Muraga M. Vitamin E and immunity; 2000.
57. Penn N, Purkins L, Kelleher J, Heatley R, Mascie-Taylor B, Belfield P. The effect of dietary supplementation with vitamins A, C and E on cell-mediated immune function in

- elderly long-stay patients: A randomized controlled trial. *Age and Ageing*. 1991; 20(3):169-74.
58. Duchateau J, Delepesse G, Vrijens R, Collet H. Beneficial effects of oral zinc supplementation on the immune response of old people. *The American Journal of Medicine*. 1981;70(5):1001-4.
 59. Fairfield KM, Fletcher RH. Vitamins for chronic disease prevention in adults: Scientific review. *JAMA*. 2002;287(23): 3116-26.
 60. Oakley Jr GP. Eat right and take a multivitamin. *Mass Medical Soc*; 1998.
 61. Vitamins and minerals A–Z.
 62. Carr AC, Maggini S. Vitamin C and immune function. *Nutrients*. 2017;9(11): 1211.
 63. Hemilä H. Vitamin C and infections. *Nutrients*. 2017;9(4):339.
 64. Hemilä H, Louhiala P. Vitamin C for preventing and treating pneumonia. *Cochrane Database of Systematic Reviews*. 2013;8.
 65. Yoshii K, Hosomi K, Sawane K, Kunisawa J. Metabolism of dietary and microbial vitamin B family in the regulation of host immunity. *Frontiers in Nutrition*. 2019;6:48.
 66. Tamura J, Kubota K, Murakami H, Sawamura M, Matsushima T, Tamura T, et al. Immunomodulation by vitamin B12: augmentation of CD8+ T lymphocytes and natural killer (NK) cell activity in vitamin B12-deficient patients by methyl-B12 treatment. *Clinical & Experimental Immunology*. 1999;116(1):28-32.
 67. Meydani SN, Ribaya-Mercado JD, Russell RM, Sahyoun N, Morrow FD, Gershoff SN. Vitamin B-6 deficiency impairs interleukin 2 production and lymphocyte proliferation in elderly adults. *The American Journal of Clinical Nutrition*. 1991;53(5):1275-80.
 68. Coquette A, Vray B, Vanderpas J. Role of vitamin E in the protection of the resident macrophage membrane against oxidative damage. *Archives Internationales de Physiologie et de Biochimie*. 1986;94(5): S29-34.
 69. Chavance M, Herbeth B, Fournier C, Janot C, Vernhes G. Vitamin status, immunity and infections in an elderly population. *European Journal of Clinical Nutrition*. 1989;43(12):827-35.
 70. De la Fuente M, Hernanz A, Guayerbas N, Manuel Victor V, Arnalich F. Vitamin E ingestion improves several immune functions in elderly men and women. *Free Radical Research*. 2008;42(3):272-80.
 71. Meydani SN, Leka LS, Fine BC, Dallal GE, Keusch GT, Singh MF, et al. Vitamin E and respiratory tract infections in elderly nursing home residents: A randomized controlled trial. *JAMA*. 2004;292(7):828-36.
 72. Zhang L, Liu Y. Potential interventions for novel coronavirus in China: A systematic review. *Journal of Medical Virology*. 2020; 92(5):479-90.
 73. Guastalegname M, Vallone A. Could chloroquine/hydroxychloroquine be harmful in Coronavirus Disease 2019 (COVID-19) treatment? *Clinical Infectious Diseases*; 2020.
 74. Fraker PJ, DePasquale-Jardieu P, Zwickl CM, Luecke RW. Regeneration of T-cell helper function in zinc-deficient adult mice. *Proceedings of the National Academy of Sciences*. 1978;75(11):5660-4.
 75. Fraker PJ, Haas SM, Luecke RW. Effect of zinc deficiency on the immune response of the young adult A/J mouse. *The Journal of Nutrition*. 1977;107(10):1889-95.
 76. Beach RS, Gershwin ME, Hurley LS. Gestational zinc deprivation in mice: Persistence of Immunodeficiency for Three Generations. *Science*. 1982;218(4571): 469-71.
 77. Yasuda H, Tsutsui T. Infants and elderlies are susceptible to zinc deficiency. *Scientific Reports*. 2016;6:21850.
 78. Johnstone J, Roth DE, Guyatt G, Loeb M. Zinc for the treatment of the common cold: A systematic review and meta-analysis of randomized controlled trials. *CMAJ*. 2012; 184(10):E551-E61.
 79. Lassi ZS, Moin A, Bhutta ZA. Zinc supplementation for the prevention of pneumonia in children aged 2 months to 59 months. *Cochrane Database of Systematic Reviews*. 2016;12.
 80. Huang Z, Rose AH, Hoffmann PR. The role of selenium in inflammation and immunity: From molecular mechanisms to therapeutic opportunities. *Antioxidants & Redox Signaling*. 2012;16(7):705-43.
 81. Arthur JR, McKenzie RC, Beckett GJ. Selenium in the immune system. *The Journal of Nutrition*. 2003;133(5):1457S-9S.
 82. Kiremidjian-Schumacher L, Roy M, Wishe HI, Cohen MW, Stotzky G. Supplementation with selenium augments the functions of natural killer and lymphokine-activated killer cells. *Biological*

- Trace Element Research. 1996;52(3):227-39.
83. Li C, Li Y, Ding C. The role of copper homeostasis at the host-pathogen axis: From bacteria to fungi. International journal of molecular sciences. 2019;20(1):175.
84. Besold AN, Culbertson EM, Culotta VC. The Yin and Yang of copper during infection. JBIC Journal of Biological Inorganic Chemistry. 2016;21(2):137-44.
85. Hopkins RG, Failla ML. Copper deficiency reduces interleukin-2 (IL-2) production and IL-2 mRNA in human T-lymphocytes. The Journal of nutrition. 1997;127(2):257-62.
86. Mao S, Zhang A, Huang S. Meta-analysis of Zn, Cu and Fe in the hair of Chinese children with recurrent respiratory tract infection. Scandinavian Journal of Clinical and Laboratory Investigation. 2014;74(7): 561-7.

© 2020 Chowdhury; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<http://www.sdiarticle4.com/review-history/58128>