

## **Prophylaxis with Hydroxychloroquine for COVID-19**

Date: June 29, 2020

Author: Ferreira A, et al.

Title: Chronic treatment with hydroxychloroquine and SARS-CoV-2 infection.

Findings: "We were able to show that patients taking HCQ have had reduced odds of SARS-CoV-2 infection."

<https://www.medrxiv.org/content/10.1101/2020.06.26.20056507v1.full.pdf>

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Date: June 12, 2020

Author: Bhattacharya R, et al.

Title: "Pre exposure Hydroxychloroquine use is associated with reduced COVID19 risk in healthcare workers"

Findings: This study demonstrated that voluntary HCQ consumption as pre-exposure prophylaxis by HCWs is associated with a statistically significant reduction in risk of SARSCoV-2. The current study also validated the known safety profile for HCQ with no serious adverse events reported by the participants.

<https://www.medrxiv.org/content/10.1101/2020.06.09.20116806v1.full.pdf>

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Date: May 28, 2020

Author: Chatterjee P, et al.

Journal: Indian Journal of Medical Research

Title: "Healthcare workers & SARS-CoV-2 infection in India: A case-control investigation in the time of COVID-19"

Findings: Consumption of four or more maintenance doses was associated with a significant decline in the risk of SARS-CoV-2 infection among the study participants. Of the 172 cases and 193 controls reporting HCQ intake, no significant difference in the occurrence of adverse drug reactions was noted.

<http://www.ijmr.org.in/preprintarticle.asp?id=285520;type=2>

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Date: April 17, 2020

Author: Hee Lee S, et al.

Journal: International Journal of Antimicrobial Agents

Title: Can post-exposure prophylaxis for COVID-19 be considered as an outbreak response strategy in long-term care hospitals?

Findings: After a large COVID-19 exposure event in an LTCH in Korea, PEP using hydroxychloroquine (HCQ) was administered to 211 individuals, including 189 patients and 22 careworkers, whose baseline polymerase chain reaction (PCR) tests for COVID-19 were negative. PEP was completed in 184 (97.4%) patients and 21 (95.5%) careworkers without serious adverse events. At the end of 14 days of quarantine, all follow-up PCR tests were negative.

<https://www.sciencedirect.com/science/article/pii/S092485792030145X?via%3Dihub>

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**Early Treatment**

Date: June 25, 2020

Author: Lagier J, et al.

Title: Outcomes of 3,737 COVID-19 patients treated with hydroxychloroquine/azithromycin and other regimens in Marseille, France: A retrospective analysis

Findings: Our approach of early diagnosis and care of as many patients as possible results in much lower mortality rates than other strategies. Our global mortality rate was 0.9%, and the mortality rate was 0.5% among patients treated with HCQ-AZ  $\geq$  3days. Whereas no death was observed in patients <60 years old in our study, the proportion of deaths under 60 years was 3.5, 4.3, 9.8 and 19% respectively in Italy, in grand Est region, France, in Ile de France region and in China, respectively. HCQ-AZ  $\geq$  3 days was an independent protective factor against death and/or transfer to ICU (death hazard ratio (HR) 0.49, 95% confidence interval (0.25–0.97)) (Table 5, Fig. 3). Finally, the significant association between treatment with HCQ-AZ  $\geq$  3days and reduction of risk of death was confirmed to be independent of age, comorbidities and severity of the disease, by two different propensity score methods.

<https://www.sciencedirect.com/science/article/pii/S1477893920302817>

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Date: June 12, 2020

Author: Oteo, J, et al.

Title: A short therapeutic regimen based on hydroxychloroquine plus azithromycin for the treatment of COVID-19 in patients with non-severe disease. A strategy associated with a reduction in hospital admissions and complications.

Findings: we implemented a ... treatment outside the hospital with hydroxychloroquine plus azithromycin ... associated with a reduction in the burden of hospital ... successful in terms of the number of patients who have developed serious complications. "None of our patients have died in the 30 days of follow-up."

<https://www.medrxiv.org/content/10.1101/2020.06.10.20101105v1>

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Date: May 22, 2020

Author: Ahmad I, et al.

Title: Doxycycline and Hydroxychloroquine as Treatment for High-Risk COVID-19 Patients: Experience from Case Series of 54 Patients in Long-Term Care Facilities

Findings: DOXY and HCQ combination therapy is known to be anti-inflammatory, and immunomodulatory in both in-vitro and in-vivo studies. In addition, HCQ has anti-viral properties. Although this sample size is small (n=54), the results suggest that early intervention of DOXY-HCQ may improve the clinical outcome of high-risk COVID-19 patients suffering from moderate-severe symptoms in LTCF. These data is also associated with a reduction of hospitalization by 44% among moderate to high severity COVID-19 LTCF residents compared with previously reported data by similar populations from King county, Washington<sup>18</sup>.

<https://www.medrxiv.org/content/10.1101/2020.05.18.20066902v1.full.pdf>

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Date: June 10, 2020

Author: Leiden emeritus professor of mathematical statistics Richard Gill

Findings: "There is a good chance that HCQ is effective in the treatment of Covid-19 in primary health care. Leiden emeritus professor of mathematical statistics draws this conclusion after an audit of two patient studies that used statistical analyzes."

<https://world-today-news.com/controversial-drug-hydroxychloroquine-still-seems-valuable-i/>

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Date: June 9, 2020

Title: Malaysia Finds Hydroxychloroquine Can Slow Covid-19 Progress

Findings: Health director-general Dr Noor Hisham Abdullah said the off-label usage of HCQ has managed to delay Covid-19 progression among patients in Malaysia.

<https://codeblue.galencentre.org/2020/06/09/malaysia-finds-hydroxychloroquine-can-slow-covid-19-progress/>

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Date: June 9, 2020

Title: Costa Rica to resume use of HCQ

Findings: In Costa Rica, all patients — including those with minor symptoms or who are asymptomatic — are offered the option to take hydroxychloroquine. ... It has a low case fatality rate (.75%), and < 5% of known active cases are currently hospitalized.

<https://ticotimes.net/2020/06/08/costa-rica-to-resume-use-of-hydroxychloroquine-for-covid-19-treatment>

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Date: June 8, 2020

Author: Million M, et al

Title: Clinical Efficacy of Chloroquine derivatives in COVID-19 Infection: Comparative meta-analysis between the Big data and the real world

Findings: Twenty clinical studies were identified involving 105,040 patients (19,270 treated). "Chloroquine derivatives "reduce mortality by a factor 3 in patients infected with COVID-19.

<https://www.sciencedirect.com/science/article/pii/S2052297520300615>

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Date: May 30, 2020

Author: Guerin, Violaine

Title: Azithromycin and Hydroxychloroquine Accelerate Recovery of Outpatients with Mild/Moderate COVID-19

Findings: Eighty-eight patients received either no or a symptomatic treatment (NST) (n=34) or AZM alone (n=34) or AZM+HCQ (n=20). The efficacy end point was the time to clinical recovery and the safety end point was the occurrence of cardiovascular events. The mean (SD) times to achieve clinical recovery were respectively 25.8 days (11.1), 12.9 days (13.4) and 9.2 days (9.3), showing a statistically significant difference between NST and AZM alone (p<0.0001) or AZM+HCQ (p<0.0001). To improve the evidence level, a case-control analysis was performed on a sample of 57 patients (19/group) matched for age, sex and BMI. The statistical difference

between NST and AZM was confirmed ( $p=0.0149$ ) as well as the difference with AZM+HCQ ( $p=0.0002$ ). No cardiac toxicity was recorded in any patient. No statistical difference was shown between AZM and AZM+HCQ groups, although the dual therapy tended to be more effective in patients over 50 years, based on an analysis using the cox model. In conclusion, AZM and AZM+HCQ favourably impacted the course of the disease.

<https://www.preprints.org/manuscript/202005.0486/v1>

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Date: May 27, 2020

Author: Risch H

Title: Early Outpatient Treatment of Symptomatic, High-Risk Covid-19 Patients that Should be Ramped-Up Immediately as Key to the Pandemic Crisis.

Findings: Evidence about use of hydroxychloroquine alone, or of hydroxychloroquine + azithromycin in inpatients, is irrelevant concerning efficacy of the pair in early high-risk outpatient disease. Five studies, including two controlled clinical trials, have demonstrated significant major outpatient treatment efficacy. Hydroxychloroquine+azithromycin has been used as standard-of-care in more than 300,000 older adults with multicomorbidities, with estimated proportion diagnosed with cardiac arrhythmias attributable to the medications 47/100,000 users, of which estimated mortality is <20%, 9/100,000 users, compared to the 10,000 Americans now dying each week. These medications need to be widely available and promoted immediately for physicians to prescribe.

<https://academic.oup.com/aje/advance-article/doi/10.1093/aje/kwaa093/5847586>

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Date: May 5, 2020

Author: Million M, et. al

Title: Early Treatment of COVID-19 Patients With Hydroxychloroquine and Azithromycin: A Retrospective Analysis of 1061 Cases in Marseille, France

Findings: A total of 1061 patients were included in this analysis (46.4% male, mean age 43.6 years - range 14-95 years). Good clinical outcome and virological cure were obtained in 973 patients within 10 days (91.7%). Administration of the HCQ+AZ combination before COVID-19 complications occur is safe and associated with a very low fatality rate in patients.

<https://pubmed.ncbi.nlm.nih.gov/32387409/>

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Date: May 5, 2020

Author: Novales, M et. al.

Title: Early Hydroxychloroquine Is Associated with an Increase of Survival in COVID-19 Patients: An Observational Study

Findings: According to clinical picture at admission, hydroxychloroquine increased the mean cumulative survival in all groups from 1,4 to 1,8 times. Conclusions: in a cohort of 166 patients from 18 to 85 years hospitalised with COVID-19, hydroxychloroquine treatment with 800mg added loading dose increased survival when patients were admitted in early stages of the disease. There was a non-statistically significant trend towards survival in all groups.

<https://www.preprints.org/manuscript/202005.0057/v1>

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Date: May 2020

Author: Robert C Bransfield, MD, DLFAPA

Title: Lyme Disease, COVID-19 & Prophylactic & Early Treatment Strategies

Link: <https://drive.google.com/file/d/1qBsVsXSCTZk-Cww6TJ9zS-4eW2t89Of1/view?usp=sharing>