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Hydroxychloroquine and COVID-19

Policy recommendations are by definition general and individuals are advised to seek the advice of their personal doctor.

When considering hydroxychloroquine as treatment for COVID-19, two essential questions must be answered:

1.) Is the medication safe?

2.) Does the medication relieve symptoms of COVID-19 and reduce the chance of dying from it?

<u>This paper will first focus on answering the question: is hydroxychloroquine (HCQ) safe?</u>

Hydroxychloroquine was approved by the U.S. Food and Drug Administration in April 1955, more than 65 years ago. It is commonly prescribed and used by healthy people as a prophylaxis to prevent contracting malaria, treating malaria, managing rheumatoid arthritis and lupus, as well as many other off-label uses.

Harvard Assistant Professor of Medicine Lisa Fitzgerald, MD, made this comparison when discussing hydroxychloroquine: "**Antimalarials have almost become like a daily multivitamin**" for lupus patients, she is quoted as saying in WebMD.[i]

In addition, **the World Health Organization even included hydroxychloroquine in their list of "essential medicines."[ii]**

Some of the most difficult hurdles for any drug to overcome are those encountered in order to be able to be recommended for use during pregnancy and for children. Keep in mind that over-the-counter Ibuprofen and nasal decongestants are not recommended for pregnant women. However, the Centers for Disease Control and Prevention states, "Who can take hydroxychloroquine? **Hydroxychloroquine can be prescribed to adults and children of all ages. It can also be safely taken by pregnant women and nursing mothers**." Its website goes on to state, "[the] CDC has **no limits on the use of hydroxychloroquine**" for disease prevention.[iii] (Emphasis added)

Jeff Evens on MD Edge wrote the following about hydroxychloroquine:

> *"The anti-inflammatory compound hydroxychloroquine appears to be relatively safe during pregnancy, according to a small number of studies totaling about 250 patients." "Now, many physicians who treat about four to five pregnant women with connective tissue disorder each year regularly prescribe antimalarials to such patients," and "In fact, 69% of 52 physicians who responded to a survey about the use of antimalarials during pregnancy said they continued antimalarials in pregnancy sometimes, often, or always (J. Rheumatol. 2002;29:700–6)."*[iv]

It appears that taking the correct dose of hydroxychloroquine appears safe for healthy people, pregnant people, and children of all ages, including infants.

Knowledge about this safety is evident as hydroxychloroquine is available as an over-the-counter drug (no prescription needed) in some countries, including India,[v] Mexico,[vi] and Tanzania.[vii]

"**The safety record of HCQ is indisputable**,"[viii] stated Dr. Simone Gold with America's Frontline Doctors.

With substantial evidence that HCQ is a safe treatment for COVID-19, it is time to turn attention to the second question: does HCQ relieve symptoms of COVID-19 and reduce the chance of dying from it?

In a survey of 6,200 medical doctors from 30 different nations, the plurality responded that they found that hydroxychloroquine (HCQ) was the "most effective therapy amongst COVID-19 treaters from a list of 15 options." [ix] They also explained the following:

- The three most commonly prescribed treatments were analgesics (56%), Azithromycin (41%), and Hydroxychloroquine (33%)
- The two most common treatment regimens for Hydroxychloroquine were:
    - (38%) 400mg twice daily on day one; 400 mg daily for five days
    - (26%) 400mg twice daily on day one; 200mg twice daily for four days

On July 30, 2020, the Swiss Policy Research (SPR) released the following updated findings: **"US physicians reported an 84% decrease in hospitalization rates, a 50% decrease in mortality rates among already hospitalized patients (if treated early), and an improvement in the condition of patients often within hours**" of using a specific treatment."[x] The treatments it recommended included the following medications: "Zinc (50mg to 100mg per day), Hydroxychloroquine (400mg per day), Quercetin (500mg to 1000mg per day), Azithromycin (up to 500mg per day), and Heparin (usual dosage)."

The SPR found that "the alleged or actual negative results with hydroxychloroquine in some studies were based on delayed use (intensive care patients), excessive doses (up to 2400mg per day), manipulated data sets (the Surgisphere scandal), or ignored contraindications (e.g., favism or heart disease)." In addition, many medical resources state that patients with psoriasis are to avoid HCQ.

In addition, the SPR quoted from the website **https://c19study.com** which is a frequently updated compilation of medical studies. It has more than 65 medical studies, with at least 40 of them peer-reviewed with extensive medical data regarding treatments of COVID-19.

In addition, America's Frontline Doctors published the following in their White Paper:[xi]

> *[S]even months into the pandemic there is overwhelming evidence accumulating that HCQ is also effective for Covid-19. There are dozens of studies demonstrating its effectiveness from all around the world. From China to France to Saudi Arabia to Iran to Italy to India to New York City to Michigan to Brazil.*
>
> *This is not surprising. As far back as [2005], chloroquine (CQ) the first cousin of HCQ and previously known to be effective against SARS-CoV-1, was stated by China to be a treatment for Covid-19.*
>
> - *February 19, 2020 China: "The drug [chloroquine] is recommended to be included in the next version of the Guidelines for the Prevention, Diagnosis, and Treatment of Pneumonia Caused by COVID-19 issued by the National Health Commission of the People's Republic of China for the treatment of [COVID-19] infection in larger populations in the future."*[xii]
> - *March 4, 2020: France: "The first results obtained from more than 100 patients show the superiority of chloroquine compared with treatment of the control group in terms of reduction*

of exacerbation of pneumonia, duration of symptoms and delay of viral clearance all in the absence of severe side effects."[xiii]

- *March 20, 2020: New York: 1450 patients. 1045 mild and not requiring meds (all recovered), 405 treated with HCQ + AZM + Zinc of which six were hospitalized and two died.*[xiv]

- *March 22, 2020: India: The country of India recommends HCQ prophylaxis broadly.*[xv]

- *March 22, 2020: China: "Among patients with Covid-19, HCQ could significantly shorten time to complete recovery and promote the absorption of pneumonia."*[xvi]

- *April 11, 2020: France: All patients [treated with HCQ + AZM] improved clinically except [two]... A rapid fall of nasopharyngeal viral load was noted. ... Patients were able to be rapidly discharged from IDU [Infectious Disease Unit]..."*[xvii]

- *April 13, 2020: NY: 54 long-term care/nursing home patients received HCQ+ Doxycycline and only 5.6% died. (this population can have >50% mortality)*[xviii] [xix]

- *April 17, 2020: Brazil: Of 636 symptomatic high-risk outpatients, only 1.9% of those treated needed hospitalization vs., 5.4% of the untreated.*[xx]

- *April 21, 2020: 16 countries: "The difference in dynamics of daily deaths is so striking that we believe that the urgency context commands presenting the analysis ..."*[xxi] [xxii]

- *April 24, 2020: Iran: Hydroxychloroquine ...can be potential treatment options.*[xxiii]

- *April 30, 2020: Saudi Arabia: "Chloroquine and hydroxychloroquine have antiviral characteristics in vitro. The findings support the hypotheses that these drugs have efficacy in the treatment of COvid-19."*[xxiv]

- *May 15, 2020: China: We found that fatalities are 18.8% in the HCQ group, significantly lower than 47.4% in the non-HCQ group. These data demonstrate that addition of HCQ on top of the basic treatments is highly effective in reducing the fatality of critically ill patients of Covid-19 through attenuation of inflammatory cytokine storm. Therefore, HCQ should be prescribed as a part of treatment for critically ill Covid-19 patients, with possible outcome of saving lives. 29* [xxv]

- *May 16, 2020: France: 1061 Covid-positive patients treated with HCQ+AZM "no cardiac toxicity was observed" and "good clinical outcome and virological cure were seen in 92%.*[xxvi]

- *June 6, 2020: France: "In conclusion, a meta-analysis of publicly available clinical reports demonstrates that chloroquine ... reduces mortality by a factor 3 in patients infected with Covid-19."* [xxvii]

- *June 20, 2020: India: "Consumption of four or more maintenance doses of HCQ was associated with a significant decline in the odds of getting infected... This study provides actionable information for policymakers to protect healthcare workers at the forefront of Covid-19 response."* [xxviii] [xxix]

- *June 29, 2020: Portugal: The odds ratio of [Covid-19] infection in patient with chronic treatment with HCQ is half.*[xxx]

- *June 29, 2020: Detroit: "In this multi-hospital assessment, when controlling for Covid-19 risk factors, treatment with HCQ alone and in combination with AZM was associated with reduction in Covid-19 mortality."*[xxxi]

- *June 30, 2020: NYC: 6493 patients who had laboratory confirmed Covid- 19 with clinical outcomes between March 13-April 17, 2020 who were seen in 8 hospitals and 400 clinics in the NYC metropolitan area. "Hydroxychloroquine use was associated with decreased mortality."*[xxxii]

- *July 3, 2020: NY: Covid-positive patients treated with HCQ + AZM + Zinc vs. untreated.*[xxxiii]

    - *hospitalized: treated 2.8% vs. untreated 15.4%*
    - *death: treated 0.7% vs. untreated 3.5%,*
    - *No cardiac side effects*
    - *5x less all-cause deaths*

There is a preponderance of evidence that hydroxychloroquine is safe. And when combined with a full treatment of the recommended drugs to treat COVID-19, it can have a powerful impact to save lives.

Making sense of confusing information:

Since the 1950s, doctors have known that overdosing on hydroxychloroquine can cause heart arrhythmia. This is one of the facts shared by America's Frontline Doctors. Overdosing on almost ANY medication will cause problems. Even too much Tylenol can be deadly due to acetaminophen overdose.[xxxiv]

In spite of this public knowledge, a pharmaceutical company in Brazil "Farmanguinhos," (translated the Institute of Technology in Pharmaceuticals) funded a study to overdose COVID-19 patients on 1,200 mg of chloroquine (CQ), which is a stronger cousin to HCQ. Eleven people died.[xxxv]

By comparison, Lupus patients commonly take 100-200 mg of HCQ twice a day. As a prophylaxis (to prevent malaria) people will take 310 mg base once a week. To treat malaria, they will take 620 mg base max. That is half the dose of the weaker cousin drug to what was used in this "study." In addition, this study used roughly 6 times the dose given to Lupus patients.

Yet, this rigged "study" was trumpeted across the news to discredit HCQ, even though its stronger cousin (CQ) was used at a very high dose. One article is titled, "Hydroxychloroquine: Using anti-malaria drug is a risky business"[xxxvi] with the preview text stating, "Fatal study in Brazil. A small phase II study in Brazil, in which 11 patients died ..." A large section of the article criticizes President Trump and other leaders who support HCQ.

Why would large pharmaceutical companies want to discredit HCQ? Because billions are at stake with a vaccine. This illustrates how cherry picking "facts" to completely change the perspectives of doctors can manipulate you based on misinformation.

One of the locations that is filing online prescriptions for hydroxychloroquine to patients with a confirmed diagnosis of COVID-19 is https://www.healthwarehouse.com/-94847.html. Lives are hanging in the balance right now.

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