

# Can antimalarials be used to treat COVID-19?

*This write-up summarises a rapid evidence review of antimalarials, chloroquine or hydroxychloroquine, to treat patients with COVID-19. The information may be revised as new evidence emerges.*

## Background

An article by Gao et al. titled “Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies” announced preliminary findings of 15 clinical trials from 10 hospitals in China on 19 February 2020.<sup>1</sup> The authors report that results from more than 100 patients have shown chloroquine, an antimalarial treatment, is efficacious in preventing exacerbation of pneumonia, improving lung imaging findings, promoting virus free conversion, and shortening the disease course. This led them to recommend chloroquine as a treatment option for COVID-19 in the Chinese National Health Commission Guidelines for Prevention, Diagnosis, and Treatment of Pneumonia caused by COVID-19.<sup>2</sup> Preliminary results of a clinical study by Gautret et al. published on 17 March 2020 also reported that hydroxychloroquine (an analog of chloroquine) is effective in treating COVID-19.<sup>3</sup>

Following these early positive findings, news of chloroquine poisoning from inappropriate use, including a report of a fatality, have surfaced in the U.S. and Nigeria.<sup>4,5</sup>

## Clinical evidence

There is insufficient evidence to support the safety or efficacy of chloroquine or hydroxychloroquine for the treatment of COVID-19 at this time. Current literature consists of narrative reviews, laboratory studies and preliminary findings of clinical studies.

A review by Cortegiani et al. of six articles published in March 2020 on the efficacy and safety of chloroquine for COVID-19 treatment suggested there is sufficient preclinical evidence to justify clinical research on the topic and extrapolated the safety of chloroquine on its existing use in clinical practice for other indications.<sup>6</sup>

In the study by Gautret et al., 20 French patients above 12 years of age, who tested positive for COVID-19 and were treated with hydroxychloroquine alone or in combination with azithromycin. The authors found all patients treated with hydroxychloroquine and azithromycin, and 57.1% of patients treated with hydroxychloroquine alone, were virus free at day 6.<sup>3</sup>

The safety of chloroquine when used for other viral infections has also been reported:

- In Tricou et al. which examined chloroquine for the treatment of dengue virus infection, significantly more adverse events occurred in patients treated with chloroquine (18 patients with 33 adverse events in the treatment arm versus 6 patients in the placebo arm, Fisher’s exact test  $p=0.01$ ).<sup>7</sup> Approximately 51% of patients reported vomiting, one patient developed haematemesis and one patient developed anorexia with vomiting resulting in a low narrow pulse pressure.
- Adverse events such as headache, dizziness, nausea, and diarrhea were also reported in patients given chloroquine for the prevention of influenza in a study by Paton et al.<sup>8</sup>

Numerous trials assessing antimalarial treatments for COVID-19 have been registered and are in the planning or active recruitment stage with results anticipated in the near future.

**Table 1: Ongoing or planned studies for chloroquine or hydroxychloroquine in patients with COVID-19**

| Study identifier               | Study Design       | Intervention  | Comparator   | Date of primary completion |
|--------------------------------|--------------------|---|--|----------------------------|
| ChiCTR2000030054 <sup>9</sup>  | SC*, OL, RCT       | Hydroxychloroquine and chloroquine  | Standard treatment   | Unknown                    |
| ChiCTR2000030031 <sup>10</sup> | MC*, DB, RCT       | Chloroquine   | Placebo  | Unknown                    |
| ChiCTR2000029992 <sup>11</sup> | OL, SC*, RCT       | Chloroquine and hydroxychloroquine  | Standard treatment   | Unknown                    |
| ChiCTR2000029988 <sup>12</sup> | OL, SC*, RCT       | Chloroquine   | Standard treatment   | Unknown                    |
| ChiCTR2000029975 <sup>13</sup> | SA, SC*            | Chloroquine aerosol inhalation  | No comparison group  | Unknown                    |
| ChiCTR2000029939 <sup>14</sup> | SC*, RCT           | Chloroquine   | Standard treatment   | Unknown                    |
| ChiCTR2000029935 <sup>15</sup> | SA, OL, SC*        | Chloroquine   | No comparison group  | Unknown                    |
| ChiCTR2000029899 <sup>16</sup> | OL, MC*, RCT       | Hydroxychloroquine  | Chloroquine  | Unknown                    |
| ChiCTR2000029898 <sup>17</sup> | OL, MC*, RCT       | Hydroxychloroquine  | Chloroquine  | Unknown                    |
| ChiCTR2000029868 <sup>18</sup> | OL, MC*, RCT       | Hydroxychloroquine  | Standard treatment   | Unknown                    |
| ChiCTR2000029803 <sup>19</sup> | OL, SC, RCT        | Hydroxychloroquine  | Arbidol  | Unknown                    |
| ChiCTR2000029741 <sup>20</sup> | OL, SC*, RCT       | Chloroquine   | Lopinavir/Ritonavir  | Unknown                    |
| ChiCTR2000029740 <sup>21</sup> | OL, SC*, RCT       | Hydroxychloroquine  | Standard treatment   | Unknown                    |
| ChiCTR2000029609 <sup>22</sup> | OL, MC*            | Mild-moderate: chloroquine or chloroquine plus lopinavir/ritonavir; Severe: chloroquine | Mild-moderate: lopinavir/ritonavir; Severe: lopinavir/ritonavir, placebo | Unknown                    |
| ChiCTR2000029559 <sup>23</sup> | SC*, DB            | Hydroxychloroquine  | Placebo  | Unknown                    |
| ChiCTR2000029542 <sup>24</sup> | SC*, CS            | Chloroquine   | Standard treatment   | Unknown                    |
| NCT04286503 <sup>25</sup>      | OL, MC*, pHII, RCT | Carrimycin  | Lopinavir/ritonavir or arbidol or chloroquine                            | February 2021              |
| NCT04261517 <sup>26</sup>      | SC, OL, pHIII, RCT | Hydroxychloroquine  | Standard treatment   | August 2020                |

Abbreviations: Abbreviations: DB; double blind, SA; single arm, OL; open label, MC; multicenter, SC; single centre, CS; cohort study, pHIII, phase III; pHIV; phase IV, RCT; randomised controlled trial  
\* Study sites in China

In addition, the World Health Organization (WHO) has also recently announced that it will be conducting a large, global trial (SOLIDARITY)<sup>27</sup> on the four most promising therapies identified to date to treat COVID-19, including chloroquine and hydroxychloroquine. The following countries are currently included in the trial: Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain, Switzerland and Thailand, with more countries likely to be included over time. The trial completion date has not been released yet.

## Recommendations from professional bodies

Several international professional bodies, acknowledging the lack of robust scientific evidence, have provided advice on the use of antimalarials for patients with COVID-19:

- WHO states there is no specific medicine to prevent or treat COVID-19 and those with the virus should receive appropriate care to relieve and treat symptoms while those with severe illness should receive optimised supportive care.<sup>28</sup>
- CDC has communicated there is no specific treatment for COVID-19 currently available. Some in-vitro or in-vivo studies suggest potential therapeutic activity against related coronaviruses, but there are no available data from randomised controlled trials to support recommendations of any investigational therapeutics for patients with confirmed or suspected COVID-19 currently.<sup>29</sup>
- The Working Group on Antibiotics Policy (Netherlands) suggests chloroquine may be used in the case of deterioration under initial therapy or very severe presentation through a compassionate use program. The workgroup however, maintains there are no clinical studies conducted to clearly conclude that a particular drug is effective and safe.<sup>30</sup>

## Conclusion

There is a lack of high-quality evidence to conclude that chloroquine or hydroxychloroquine is effective and safe for the treatment of COVID-19. A single study published thus far involved a small number of patients and warrants further research in a larger population with longer term follow up. Several clinical trials are ongoing and are likely to report results in the months ahead which will determine whether antimalarials should be more widely used for COVID-19 treatment.

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