The following summarizes key literature pertaining to treatment of COVID-19 during the past week.

*Note: some of the data discussed below is in pre-print form that has not yet been peer-reviewed. We have noted some discrepancies in some of this data, and final printed versions may ultimately differ from what is shown here. We will update as soon as possible; caution is advised when interpreting this literature.

**Hydroxychloroquine/chloroquine Containing Regimens (summary table available at this link)**


This was a retrospective analysis of COVID-19 treatment among hospitalized patients at Veterans Affairs Medical Centers through April 11, 2020. 368 males were included in the analysis, with 97 having received hydroxychloroquine, 113 received hydroxychloroquine and azithromycin, and 158 received standard of care (SOC); 31% of the SOC patients also received azithromycin. As this was not a controlled study, the investigators adjusted for baseline covariates that were different between groups to control for factors that would have influenced likelihood to receive a particular treatment. After adjustment, patients treated with HCQ had a 2.6 times higher risk of death compared to the SOC group. Risk of ventilation was not significantly different for any of the three treatment groups. Limitations of this study include the retrospective non-controlled design, and the generalizability of the older male VAMC patient population. Also there may be concerns about ability of the propensity score analysis to adequately control for factors that influenced choice of treatment.


Preliminary results of the CloroCovid19 study mentioned and summarized last week in our digest have now been peer-reviewed and published in JAMA Network Open, with an accompanying editorial. This is a randomized, double-blinded phase IIB clinical trial being conducted in Brazil. The study compares two doses of chloroquine (CQ): “high” dose (600mg CQ BID for 10 days or total dose 12g) or “low” dose CQ (450mg for 5 days, twice daily only on the first day, or total dose 2.7g). All patients also received azithromycin (500 mg daily for 5 days) and 89.6% of patients also received oseltamivir. The DSMB noted a high rate of lethality and thus recommended an unplanned interim analysis. QTc prolongation and death were higher in high dose CQ arm (QTc >500 ms 18.9% vs 11.1%); Mortality at day 13 was higher in the high dose CQ group (39% vs. 15%), OR 3.6 (95% CI 1.2-10.6). Two patients in the high dose arm developed ventricular tachycardia before death. Based on these safety concerns, the DSMB recommended halting the high-dose arm and continuing the study with only the low-dose. Paired virologic data were available for 27 patients at baseline and day 4; only 6 patients (22%) had negative viral RNA by day 4.

**Remdesivir data** A summary of the available remdesivir data in table format has been added to the website and is available at this link.