FAQ: Does DASON Support Routine Hydroxychloroquine Prophylaxis for Healthcare Workers on the Front-lines?

To date, there is no vaccine to prevent COVID-19, and the CDC recommends the best way to avoid COVID-19 infection is to avoid contact with persons with suspected or confirmed COVID-19 infection. Unfortunately, avoiding close contact is not possible for many front-line healthcare workers, and there are currently no data to support routine hydroxychloroquine administration to healthcare workers for pre- or post-exposure prophylaxis. Like so many aspects of managing COVID-19, such practices are experimental and should be addressed through prospective clinical trials. To that end, we discourage member hospitals from adopting this as routine practice, but we encourage enrolling in current and future clinical trials to help address this important clinical question. This FAQ outlines considerations for routine prophylaxis as well as current or upcoming clinical trials.

What are the potential risks associated with routine hydroxychloroquine prophylaxis?

- Adverse events, including QTc prolongation, cardiomyopathy, and retinal toxicity
- Drug-drug interactions
- Rapid depletion of stock to treat patients in which this agent has a clear benefit (e.g., pregnant patient with lupus)
- Lack of data that this therapy works for treatment, let alone prophylaxis

What clinical trials are available for front-line healthcare workers?

- **University of Minnesota Post-exposure Prophylaxis/Preemptive Therapy for SARS-CoV-2**
  - Recruiting healthcare workers with exposure to a COVID-19 case within 4 days or healthcare workers testing positive for COVID-19 within 4 days of symptom onset
- **Duke Healthcare Worker Exposure Response and Outcomes (HERO and HERO-HCQ)**
  - HERO: an initial registry seeking to enroll a large community of healthcare workers at high risk for COVID-19 infection
  - HERO-HCQ: randomized trial launching in late April that will randomize healthcare workers from the registry to one month of hydroxychloroquine or placebo

Given the fact that no agent is known to be safe and effective in treating or preventing COVID-19 infection, we do not support routine pre- or post-exposure prophylaxis with hydroxychloroquine (or any other agent) for healthcare workers at high-risk of acquiring COVID-19 outside of a clinical trial setting.

References:
2. [https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/009768s037s045s047lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/009768s037s045s047lbl.pdf)

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