

MEDIA RELEASE

07 August 2020

'Do not use': National Taskforce strengthens its recommendation against the use of hydroxychloroquine as a treatment for COVID-19

The National COVID-19 Clinical Evidence Taskforce has upgraded the strength of its recommendation against the use of the widely-debated drug, hydroxychloroquine.

The Taskforce is comprised of 29 peak health professional bodies whose members are caring for people with COVID-19. The strong recommendation is as follows:

Do not use hydroxychloroquine for the treatment of COVID-19.

This recommendation applies to adults, children and adolescents, pregnant and breastfeeding women, older people living with frailty and those receiving palliative care.

Use of hydroxychloroquine may still be considered in the context of randomised trials with appropriate ethical approval, such as combination therapies that include hydroxychloroquine.

Taskforce Executive Director, Associate Professor Julian Elliott said the evidence indicates that hydroxychloroquine is potentially harmful and no more effective than standard care in treating patients with COVID-19.

"As a national Taskforce we have reviewed all the scientific data around hydroxychloroquine and we can now say, definitively, that hydroxychloroquine should not be used as a treatment for anyone with COVID-19.

"There is now sufficient data for us to make a very clear and strong recommendation. In this instance, that is based on data from randomised controlled trials that enrolled nearly 6000 patients. This is a substantial amount of very high-quality scientific data upon which we've based the recommendation.

"The pooled results show the drug does not reduce mortality, or shorten the amount of time a sick person spends in hospital. It also exposes them to side effects including cardiac toxicity."

The Taskforce also recommends against the use of hydroxychloroquine for post-exposure prophylaxis:

For people exposed to individuals with COVID-19, only administer hydroxychloroquine for post-exposure prophylaxis in the context of randomised trials with appropriate ethical approval.

There are ongoing prevention trials investigating the use of hydroxychloroquine to reduce the risk of contracting COVID-19, and the Taskforce will continue to review these data as soon as they become available.

Associate Professor Elliott said it was also important to remember that we do have effective treatments for people with COVID-19.

"Just last week, the Taskforce strengthened its recommendation for the use of dexamethasone – an inexpensive, widely available steroid that has been shown to reduce the risk of death by 14% in patients requiring oxygen and 29% in ventilated patients.

"We also know that antiviral drug remdesivir has been shown to reduce the time to recovery for moderate or severe cases of COVID-19.

"Australians should be reassured that our leading expert panels are reviewing new research every week to provide evidence-based guidance to clinicians on the frontline."

A first of its kind, the National COVID-19 Clinical Evidence Taskforce was formed to provide a clear and consistent voice of cross-disciplinary consensus on the clinical care of people with COVID-19. The Taskforce delivers 'living' guidelines that are updated weekly by seven expert panels, an expert advisory group and two working groups comprising Australia's leading researchers and clinicians.

The latest weekly guidelines can be viewed here: www.covid19evidence.net.au

RADIO: A selection of audio grabs are available here for download.

- JElliott\_1 - What is the significance of this updated recommendation?
JElliott\_2 - Can you tell us on what evidence you based this recommendation?
JElliott\_3 - How confident are you in this recommendation?
JElliott\_4 - What's the difference between using it as a treatment and preventatively?
JElliott\_5 - What's the Taskforce's recommendation for Hydroxychloroquine
JElliott\_6 - Are there effective, evidence-based treatments for COVID-19?

Ends.

For more information or to arrange media interviews, please contact Eloise Hudson, 0417 437 967 eloise.hudson@monash.edu

ABOUT JULIAN ELLIOTT

Associate Professor Julian Elliott is the Executive Director of the National COVID-19 Clinical Evidence Taskforce, Lead for Evidence Systems at Cochrane, Senior Research Fellow at Cochrane Australia, and a physician in the Department of Infectious Diseases at the Alfred Hospital and Monash University.

He is also the co-founder and CEO of Covidence, a non-profit online platform enabling efficient systematic review production. Julian's ongoing focus is the development and use of 'living evidence' to inform high quality, responsive and up-to-date health guidelines, policies and care around the world.

Julian has served as a consultant to the World Health Organization (WHO), UNAIDS and the World Bank, and in 2017 received the Commonwealth Health Minister's Award for Excellence in Health and Medical Research in Australia.

ABOUT THE TASKFORCE

The National COVID-19 Clinical Evidence Taskforce is comprised of Australia's peak health professional bodies whose members are caring for people with COVID-19.

Taskforce member organisations:

- Australian Living Evidence Consortium\* (Convenor)
Cochrane Australia (Secretariat)
Australasian Association of Academic Primary Care (AAAPC)
Australian Association of Gerontology (AAG)
Australasian College for Emergency Medicine (ACEM)
Australasian College for Infection Prevention and Control (ACIPC)
Australasian Society for Infectious Diseases (ASID)
Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT)
Australian and New Zealand College of Anaesthetists (ANZCA)
Australian and New Zealand Intensive Care Society (ANZICS)
Australian and New Zealand Society for Geriatric Medicine (ANZSGM)
Australian College of Critical Care Nurses (ACCCN)
Australian College of Midwives (ACM)
Australian College of Nursing (ACN)
Australian College of Rural and Remote Medicine (ACRRM)
Australian COVID-19 Palliative Care Working Group (ACPCWG)
Australian Primary Health Care Nurses Association (APNA)
Australian Resuscitation Council (ARC)
Australian Sleep Association (ASA [Sleep])
Australian Society of Anaesthetists (ASA [Anaesthesia])
College of Emergency Nursing Australasia (CENA)
CRANaplus
National Aboriginal Community Controlled Health Organisation (NACCHO)
Royal Australasian College of Physicians (RACP)
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Royal Australian College of General Practitioners (RACGP)
Society of Hospital Pharmacists of Australia (SHPA)
Thoracic Society of Australia and New Zealand (TSANZ)
Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ)

The Australian Living Evidence Consortium members are:

- Arthritis Australia
Australasian Paediatric Endocrine Group (APEG)
Australia and New Zealand Musculoskeletal Clinical Trials Network (ANZMUSC)
Australian and New Zealand Society of Nephrology (ANZSN)
Australian Diabetes Educators Association (ADEA)
Australian Diabetes Society (ADS)
Cochrane Australia
Diabetes Australia
Heart Foundation
KHA-CARI Guidelines
Kidney Health Australia (KHA)
Stroke Foundation

The National COVID-19 Clinical Evidence Taskforce is funded by:

- Australian Government Department of Health
Victorian Government Department of Health and Human Services
The Ian Potter Foundation
Walter Cottman Endowment Fund, managed by Equity Trustees
Lord Mayors' Charitable Foundation

We're supported by a number of national and international partners:

- Australian Commission on Safety and Quality in Health Care
Cochrane
Consumers Health Forum of Australia
Covidence
HERCO
MAGIC
NPS MedicineWise
School of Public Health and Preventive Medicine, Monash University

QUICK LINKS

