
FIP Holding Statement on COVID-19 testing and treatment with hydroxychloroquine/chloroquine (APRIL 2020)

*An **FIP Holding Statement** is an initial statement about an issue or issues pending further evidence and about which FIP intends to make a further statement, in these cases, with further evidence. It is not a FIP Position Statement.*

24 April 2020

COVID-19 testing

FIP looks forward to emerging data around new point-of-care immunodiagnostic tests. We await the evidence of performance and diagnostic utility of all COVID-19 tests and recognise that further improvements in the accuracy and performance of rapid diagnostic tests are required. Once these tests have been validated and approved by national or regional regulatory agencies, they will be invaluable tools to assess both the epidemiological evolution of the pandemic and the serological status of individuals at a population scale.

FIP is seeking further evidence around disease immunity and screening, alongside evidence of the efficacy of currently available tests. Then, we would welcome their safe and useful incorporation into clinical decision making and in assessing population immunity to support safe return to normal life post lock down across many countries.

FIP advises that rapid diagnostic testing is supported by a trained healthcare professional with the appropriate skills to collect the biological sample, perform the test, interpret the test result and advise on the appropriate action.

Where Governments decide to implement the scaled-up use of such tests across populations, FIP would encourage and support pharmacists to play an appropriate role and we see evidence of the accessibility of



community pharmacists in pharmacies during the COVID-19 pandemic, with appropriate PPE and space to undertake testing. At such a time, FIP will issue evidence-based guidance to support and collate information on the people who should be tested and demographics, to support the evidence of usefulness of testing as recommended by the World Health Organization.

Use of hydroxychloroquine/chloroquine to treat COVID-19

FIP recognises the efficacy of hydroxychloroquine in the prevention and treatment of malaria in areas where malaria remains sensitive to chloroquine. We also note the other uses of hydroxychloroquine in the treatment of rheumatoid arthritis, lupus, and porphyria cutanea tarda, so its use is relatively widespread. Indeed, in some countries, the increased prescribing of hydroxychloroquine for COVID-19 has led to shortages in supply to patients with these chronic diseases.

FIP's vision is a world where everyone benefits from access to safe, effective, quality and affordable medicines and health technologies, as well as from pharmaceutical care services provided by pharmacists, in collaboration with other healthcare professionals.

The documented benefit of hydroxychloroquine is very limited, especially in severe disease.¹ FIP is aware that *in-vitro* studies have shown that chloroquine is effective against several viruses, including severe acute respiratory syndrome coronavirus (SARS-CoV). To date, available clinical trials have not demonstrated that either of these drugs are clearly effective.¹

Given the substantial morbidity and mortality associated with COVID-19, FIP welcomes any re-purposing of existing therapies with sufficient evidence of efficacy and safety across all populations and groups. However, until future studies better elucidate the most effective schedule of administration and potential adverse effects, we cannot assume hydroxychloroquine or chloroquine are treatments for the disease.



Reference

1. Sanders J, Monogue M, Jodlowski T, et al. Pharmacologic treatments for coronavirus disease 2019: A review. JAMA. Published online April 13, 2020. doi:10.1001/jama.2020.6019 Available at <https://bit.ly/2zdAToD>

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