

Neither remdesivir nor HCQ affect viral clearance in hospitalized patients with COVID-19

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NOR-Solidarity, an independent, add-on, randomized controlled trial to the World Health Organization (WHO) Solidarity trial, found that neither remdesivir nor hydroxychloroquine (HCQ) affected viral



clearance in hospitalized patients with COVID-19. The WHO Solidarity trial showed no effect of remdesivir or hydroxychloroquine (HCQ) on mortality but did not assess antiviral effects of these drugs. The findings are published in *Annals of Internal Medicine*.

Researchers from Oslo University Hospital, Norway, and collaborators, randomly assigned 181 hospitalized patients in 23 hospitals in Norway to receive remdesivir (n = 42), HCQ (n = 52), or standard of care (SoC) (n = 87) to evaluate the effects of remdesivir and HCQ on all-cause, inhospital mortality; the degree of respiratory failure and inflammation; and viral clearance in the oropharynx. The researchers found no significant differences between treatment groups in mortality during hospitalization. Remdesivir and HCQ did not affect the degree of respiratory failure or inflammation. There was a significant decrease in SARS-CoV-2 load in the oropharynx during the first week in all treatment groups, with similar decreases and 10-day viral loads. The lack of antiviral effect with remdesivir and HCQ remained consistent despite patient age, symptom duration, degree of viral load, and presence of antibodies against SARS-CoV-2.

The researchers note that overall <u>mortality</u> in NOR-Solidarity was lower than in the WHO-Solidarity trial. This could be due to early lockdown policies in Norway during the initial phase of the pandemic, reducing pressure on hospitals and health care systems. Norway also had lower rates of comorbid conditions such as diabetes and chronic heart disease. Still, based on their findings, the researchers question the antiviral potential of <u>remdesivir</u> and HCQ.

More information: *Annals of Internal Medicine* (2021). <u>https://www.acpjournals.org/doi/10.7326/M21-0653</u>



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