COMMONWEALTH OF VIRGINIA

HOUSE OF DELEGATES
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July 30, 2020

M. Norman Oliver, MD, MA
State Health Commissioner
109 Governor St., 13th Floor
Richmond, VA 23219

Commissioner Oliver:

I am writing to you in objection to your March 25, 2020, directive on the use in Virginia of Hydroxychloroquine, (HCQ).

By allowing this directive to remain in effect, you are ignoring widely-available and highly-credible scientific evidence pertaining to the use of the drug hydroxychloroquine as a treatment for COVID-19. While there are many unknowns being sorted out as the world confronts what is called a global pandemic; in contrast, the benefits of this inexpensive drug are very well known.

In fact, information pertaining to the efficacy of HCQ as an effective application for Coronavirus was authored and published in a major scientific journal in 2005! Why did your March 25, 2020, directive ignore this?

Quoting your March 25, 2020, directive:
"Prescriptions for chloroquine, hydroxychloroquine … and azithromycin should be restricted in the outpatient setting and should require a diagnosis 'consistent with the evidence for its use.'"

The obvious flaw in this recommendation is timing; by the time a person infected with COVID-19 displays advanced symptoms and is admitted to a hospital, they may have passed the best window of opportunity for effective HCQ treatment. Medical articles, which I cite, indicate that HCQ is most therapeutic in the early onset of the disease.

For no expressed reason, certain COVID-19 policies in Virginia and other states have led, unfortunately, to the preventable loss of life, especially in long term care facilities where treatment decisions are undoubtedly impacted by your misguided March 25, 2020, directive. Continuing your present HCQ policy will further compound these mistakes.

Please read the attached HCQ medical references and immediately rescind your restrictions on the use of HCQ, or provide specific reasons why you will not rescind your directive.

The CDC currently recommends HCQ for Americans traveling to countries with malaria. "Chloroquine, a relatively safe … and cheap drug … is effective in inhibiting the infection and spread of SARS COV in cell culture." Virology Journal, 2005 with five CDC authors.

"The Lancet, one of the world's top medical journals, … retracted an influential study that raised alarms about the safety of … chloroquine and hydroxychloroquine … Just over an hour later, the New England Journal of Medicine retracted a separate study …" STAT, 6/4/20.

"Hydroxychloroquine + azithromycin has been used as standard-of-care in more than 300,000 older adults with multi-comorbidities …" American Journal of Epidemiology, 5/27/20

At the Henry Ford Hospital, "… treatment with hydroxychloroquine alone and in combination with azithromycin was associated with reduction in COVID-19 associated mortality." International Journal of Infectious Diseases, 8/20

"Hydroxychloroquine can be prescribed to adults and children of all ages. It can also be safely taken by pregnant women and nursing mothers." Centers for Disease Control

"A combination of hydroxychloroquine, vitamin and zinc tablets … has helped control the virus among the uniformed personnel [police]." The Tribune (Mumbai, India), 6/9/20

The mortality rate from COVID-19 in the United States, 45.6 per 100,000, and in Virginia, 25 per 100,000, are far higher per 100,000 population than in many other countries that use HCQ widely, including Costa Rica which has a rate of 2.3 deaths per 100,000 even when used on high risk patients with "diseases like diabetes mellitus, hypertension, cancer, and asthma."

I realize that using HCQ is an off-label use. That should not be an impediment for COVID-19 treatment. A report from the Mayo Clinic cited medical literature, "that in a group of commonly used medications, 21% of prescriptions were for an off-label use. In certain subpopulations of patients … 78.9% of children discharged from pediatric hospitals were taking at least 1 off-label medication."

As knowledge concerning the safety and efficacy of HCQ in treating COVID-19 and saving lives has become more widespread, I have encountered a number of Virginians who have concluded with a sense of outrage that HCQ is being restricted in Virginia not for medical reasons, but for political reasons.

Every day this directive is left standing, the likelihood increases that more Virginians will die unnecessarily from COVID-19 for lack of proper early treatment.

Please consider this letter a FOIA request for all documents in your Department and that of Governor Northam that pertain to HCQ.

Sincerely,

Delegate David LaRock, 33rd District

P.S. Attached are a few select medical articles on HCQ available online at PubMed, at the NIH's Library of Medicine in Bethesda, or in the public domain.