HOUSEHOLD PEP STUDY: UNIVERSITY OF WASHINGTON

A randomized, single-blind study of tolerability, safety and preventive efficacy of post exposure prophylaxis in adults exposed to COVID-19

Summary

PI: Ruanne Barnabas, UW
Multicenter: Yes
Locations: UW, NYU, 4 others in US

Status: March 28, 2020
IRB approved
Start Date: 31 March 2020
End date: <3 months

Funding/ Next Steps

COVID-19 Therapeutics Accelerator, grant

Documents

Platform protocol; to allow testing of alternate agents

ClinicalTrials: NCT pending

Study Aim

To determine the efficacy of hydroxychloroquine administered at the accepted dosing schedules to prevent incident SARS-CoV-2 infection among close adult contacts of the confirmed index persons with COVID-19

Study Synopsis

Design: A single blind randomized by household1:1 to receive hydroxychloroquine versus ascorbic acid
Study Size: 2000 adults; assume 6% attack rate and 50% protection
Study Population: Men and women aged 18-80 years without signs or symptoms of COVID-19 disease who have been exposed to a person with SARS-CoV-2 infection with 4 days. HCW and family members.
Study Drug: Hydroxychloroquine (400 mg orally daily for three days, then 200 mg orally daily for an additional 11 days, to complete 14 days) versus ascorbic acid given on same schedule.
Primary Outcome: PCR-confirmed SARS-CoV-2 infection; from self-collected samples collected daily at baseline and through 14 days and again 1 week later.
Secondary: safety & tolerability, intensity and duration of shedding, prevention of disease or seroconversion, PK
Inclusion: Male or female ≥18 and ≤ 80 yrs with potential exposure to COVID-19 (family of index case, HCW)
Exclusions: Hypersensitivity to CQ, potential DDi; potential QCt elongation

PREP STUDY: PCORNET

Healthcare Worker Exposure Response and Outcomes of Hydroxychloroquine Trial (HERO-HCQ Trial)

Summary

PI: Adrian Hernandez, M.D
Duke University
Multicenter: Yes,
Locations: PCORNET- the National patient-Centered Clinical Research Network ~40 US Sites, only
Status: In development
Start Date: TBD
End date:
Duration 12 months

Funding/ Next Steps

PCORI, USG

Documents

Protocol synopsis & slide deck, March 29, 2020

Study Aims

- To evaluate effectiveness of hydroxychloroquine (HCQ) to prevent COVID-19 clinical infections in healthcare workers (HCW)
- To evaluate the effectiveness of HCQ to prevent viral shedding of COVID-19 among HCW

Study Synopsis

Design: Randomized parallel-group, open-label, multi-center clinical outcome trial
Study Population: ~15,000 HCWs participants, at risk for COVID-19 infection through work exposure. Chosen from PCORNET Registry
Study Drug: 1) Hydroxychloroquine 600mg BID loading dose followed by 600 QD for 1 month or 2) standard of care or placebo, once available
Follow-up: From date of randomization until the appearance of symptoms or study completion 60 days after treatment start.
Outcome Measures:

- Clinical infection with COVID-19 (HCW perspective)
  Onset of fever, cough or dyspnea and confirmed COVID-19 positive test result
- Viral shedding of COVID-19 (Society perspective)
  Central lab confirmed COVID-19 test

Inclusion: HCW > 18 yrs old in ICU, ED, EMS, COVID-19 wards, respiratory wards, or known COVID-19 exposure.
Exclusions: Prior COVID-19 infection; infection w/in 5 days of trial start; known QTc; renal disease; immunosuppressed; current use of HCQ, CQ, steroids, or ribavirin, lopinavir/ritonavir

PROPHYLAXIS REGISTRY: PCORNET

HERO: Healthcare Worker Exposure Response and Outcomes Registry

Summary

PI: Adrian Hernandez, M.D
Duke University
Multicenter: Yes
Locations: US
Status March 29, 2020: in development
Start Date: TBD
End date: TBD
Duration: Registry open for at least 12 months

Funding/ Next Steps

PCORI/USG;
Have funding for 12 months.

Documents

Synopsis and slide deck, March 29, 2020

Study Aim

To develop the infrastructure necessary to identify HCWs at high risk for COVID-19 who may be eligible for participation in future clinical trials of COVID-19 prophylaxis and treatment.

Study Synopsis

Design: Registry. Online consent and questionnaire. Some subjects will be offered the opportunity to participate in the HERO PrEP clinical trial or other assessments or trials as they area available.
Study Size: No limit.
Study Population: HCWs >18, residing in the US.
Study Drug: None.
Outcome measures: Participants in the HERO Registry Study may be asked to provide self-reported data on environmental/occupational risk factors; medical history; exposures; behavioral characteristics across established domains ; social distancing practices; and presence of COVID-19 risk factors (both health and environmental).
After the baseline survey, reports are optional. Participants may be requested to provide data via brief optional questionnaires up to two times per week. Participants may be requested to provide data if they experience a significant health event.

PrEP STUDY: WASHINGTON UNIVERSITY

CROWN CORONATION (Chloroquine **R**epurp**O**sing to health**W**orkers for **N**ovel **CORONA**virus mitiga**tion):** An international, Bayesian, platform trial for prophylaxis of health care workers against COVID-19

Summary

PI: Michael Avidan, MD
Dept of Anesthesiology, Washington University, St. Louis, MO USA
Multicenter: Yes
Locations: ~Multiple sites combined in South Africa, US, Canada, UK, others in consideration
Status 29 Mar: Preparing ERC submission
Start Date: April 2020
End date: April 2021

Funding/ Next Steps

BMGF Planning Grant; execution not funded

Inclusion: Adult healthy health care workers with potential for exposure to infection
Exclusions: Already symptomatic with suspicion for SARS-CoV-2, previous COVID-19 within the last 6 months, known hypersensitivity to the study drugs, known retinopathy, cardiomyopathy, prolonged QTc or arrhythmias, history of psoriasis, porphyria cutanea tarda, epilepsy, myasthenia gravis, myopathy,hepatic or renal disease, potential DDI with HIV protease inhibitors.

Study Aim

To determine whether chloroquine, hydroxychloroquine prophylaxis decreases incidence of SARS-CoV-2 or severity of COVID-19 as a composite outcome in exposed healthcare workers.

Study Synopsis

Design: Participant-level randomized controlled trial, with a response adaptive Bayesian design. Initially 4-arms. With response adaptation over time, existing and newly enrolled participants will be allocated to the arm(s) with greatest benefit; new dosage-based arm(s) might be added or removed.
Study Size: Up to 55,000, subject to completion based on the Bayesian stopping algorithms & up to 4mo.
Study Population: Health care workers/clinicians with contact with infected people.
Study Drugs:

- High-dose hydroxychloroquine sulfate or CQ: 200mg daily orally (1400mg/wk);
- Medium dose hydroxychloroquine sulfate or CQ: 400mg twice weekly oral (800mk/wk)
- Low-dose hydroxychloroquine sulfate or CQ: 400mg weekly oral
- Placebo control weekly oral

Follow-up: The interventions will be continued for (up to) 4 months from enrolment of an individual; or until PCR-confirmed COVID-19 occurs; or development of complication or safety concern or side effect necessitating stopping study drug; or group termination by adaptive design, or no longer at risk from contact with SARS-CoV-2 infected patients (e.g. no longer new COVID-19 cases at the participating site).
Co-primary Outcome Measures: PCR-confirmed symptomatic COVID-19; PCR-confirmed severe COVID-19 defined as SAO2≤ 93 or requiring hospitalization with oxygen (severe). Will be harmonizing with the WHO severity scale to facilitate meta-analyses and comparisons across studies.

PEP STUDY: UNIVERSITY OF MINNESOTA

Post-exposure Prophylaxis for SARS-Coronavirus-2: A Pragmatic Randomized Clinical Trial

Summary

PI: David R Boulware MD, MPH
Department of Medicine, University of Minnesota
Multicenter: No
Location: Online, all US

Status 29 Mar: Recruiting; 1/3 enrolled
Start Date: March 17, 2020
End date: May 2021

Funding/ Next Steps

State and local funding

Documents

ClinTrials: NCT0430866

Study Aim

To test if post-exposure prophylaxis with hydroxychloroquine can prevent progression development of symptomatic COVID19 disease after known exposure to the SARS-CoV2 virus.

- Number of participants at 14 days post enrollment with active COVID19 disease.

Study Synopsis

Design: Randomized 1:1 online, Quadruple masked (Participant, Care Provider, Investigator, Outcomes Assessor)
Study Size: 1500
Study Population: Health care or household contacts exposed to COVID-19 within less than 3 days
Study Drug: Hydroxychloroquine, 200mg tablet; 800 mg orally once, followed in 6 to 8 hours by 600 mg, then 600mg once a day for 6 consecutive days, or **placebo** (vitamin) 4 placebo tablets once, followed in 6 to 8 hours by 3 tablets, then 3 tablets once-a-day for6 consecutive days.
Outcome Measures: Self-reporting of symptoms; incidence of disease; severity score

Inclusion:
Exclusions: Cold or flu symptoms; allergy to CQ; Potential DDi

PEP STUDY: COLUMBIA UNIVERSITY

Hydroxychloroquine Post Exposure Prophylaxis (PEP) for Household Contacts of COVID-19 Patients: A NYC Community-Based Randomized Clinical Trial

Summary

PI: Elizabeth Oelsner, MD, MPH
Columbia University Irving Medical Center, NYC, NY
Multicenter: No
Location: NYC

Status: March 24, 2020 registered
Start Date: unknown
End date: March 2021

Funding/ Next Steps

unknown

Documents

ClinTrials NCT04318444

Study Aim

To test the hypothesis that post-exposure **prophylaxis** with hydroxychloroquine will reduce the symptomatic secondary attack rate among household contacts of known or suspected COVID-19 patients.

Study Synopsis

Design: Randomized, blinded, parallel assignment
Study Size: 1600 participants
Study Population: Household contact of index case: currently residing in the same household as an individual evaluated at NYP via outpatient, emergency department (ED), or inpatient services who (1) test positive for COVID-19, or (2) are defined as suspected cases, or persons under investigations (PUI), by the treating physician
Study Drug: Hydroxychloroquine, two tablets (400mg) twice daily on day 1; for days 2-5, they will be instructed to take one tablet (200mg) twice daily. Placebo given same schedule.
Outcome measures: Number of participants with symptomatic, lab-confirmed COVID-19. This is defined as either 1. COVID-19 infection confirmed within 14 days of enrollment, following self-report of COVID-19 symptoms to the research study; OR, 2. COVID-19 infection confirmed within 14 days of enrollment, with self-report of COVID-19 symptoms to a treating physician.
Inclusion: ≥ 18 yrs old Exclusions: Suspected COVID, sensitivity to or current use of OH-CQ, pregnant, retinal disease, arrhythmia, renal disease, G6PD def

PEP STUDY: MONTEFIORE MEDICAL CENTER

Hydroxychloroquine prophylaxis for the prevention of COVID19 disease following exposure in high-risk individuals.

Summary

PI: David L. Goldman MD
Multicenter: Yes
Location(s): Montefiore Medical Center, Albert Einstein College of Medicine

Date: March 23;

Start Date: TBD
End date: TBD

Funding/ Next Steps

Funding not secured at this time.

Documents

Study summary.

Study Aim

To assess a new approach to prevent COVID19 disease in the elderly and infirmed individuals for whom no effective strategies currently exist, despite an exceedingly high mortality.

Study Synopsis

Design: Open-label, 2 arms. No-treatment arm will be enrolled and consented although there is no placebo.
Study Size: TBD
Study Population: Patients in hospital wards and chronic care facilities with documented exposure to COVID19.
Study Drug: Hydroxychloroquine loading dose of 400mg on day 1 and 200mg daily for 6 weeks.
Follow-up: Patients will be followed for development of COVID19 infection during the 6 weeks of drug dosing and a 2 month wash-out period.
Primary Outcome: PCR-confirmed disease
Secondary outcomes: severity and duration of COVID19 disease

Inclusion: Consenting hospitalized patients
Exclusions: Renal failure and potential DDi

PrEP STUDY- MORU, SE ASIA

Chloroquine prevention of coronavirus disease (COVID-19) in the healthcare setting; a randomised, placebo-controlled prophylaxis study (COPCOV)

Summary

PI: Prof Nick White & Dr. William Schilling, Mahidol Oxford Tropical Medicine Research Unit, Bangkok, Thailand
Sponsor: University of Oxford
Multicenter: Yes
Locations: Thailand, Laos, Myanmar, Cambodia, Viet Nam, India, Indonesia, Bangladesh, Italy, UK, the Netherlands.
Date: March 23, 2020
Start Date: April 2020
End date: April 2021

Funding/ Next Steps

Partially funded

Documents

Full protocol VIR20001

ClinTrials: NCT04303507

Study Aims

- To determine if chloroquine (CQ) or hydroxychloroquine (OH-CQ) prophylaxis prevents symptomatic COVID-19 infection in health care workers or other groups at high risk.
- To determine if CQ or OH-CQ prophylaxis attenuates COVID-19 infections.

Study Synopsis

Design: The study is a double-blind, randomised, placebo-controlled trial that will be conducted in healthcare settings. They will be randomised to receive either CQ (Asia) or OH-CQ (Europe)or taste masked placebo (1:1 randomisation).
Study Size: 40,000 total participants
Study Population: Adult healthcare workers, those working frontline (patient contact) in healthcare facilities, and patients or relatives of patients with likely exposure.
Study Drug: A loading dose of 10 mg base/kg (620mg (4x155mg) for a 60kg subject) DOT, followed by 155mg daily (250mg CQ phosphate salt or 200mg OH-CQ) will be taken for 3 months or until they are diagnosed with COVID-19. they will be followed for up to 2 additional months.
Outcome Measure: PCR-confirmed COVID-19 illness and severity score. Twice daily electronic reporting of temperature and symptoms, and once monthly health care visit.

Inclusions: Adult healthcare worker, ≥ 16 yrs old; have internet enabled smartphone.
Exclusions: Hypersensitivity or contraindication to CQ, OH-CQ; taking drug with known DDi; retinal disease; QTc elongation (no EEG)

PrEP STUDY: MEXICO

Chemoprophylaxis With Hydroxychloroquine in Healthcare Personnel in Contact With COVID-19 Patients: A Randomized Controlled Trial (PHYDRA Trial)

Summary

PI: Jorge Rojas-Serrano, MD, PhD
National Institute of Respiratory Diseases, Mexico
Multicenter: No
Locations: Mexico, sites not specified.

Status: ClinTrials updated March 23, 2020
Start Date: April 1, 2020
End date: March 31, 2021

Funding/ Next Steps

National

Documents

ClinTrials: NCT04318015

Study Aim

To test whether hydroxychloroquine prophylaxis decreases COVID-19 incidence and respiratory severity in healthcare workers who may be exposed to infection.

Study Synopsis

Design: Triple blinded, randomized controlled trial with 4 arms. Subjects stratifiedinto high risk and low risk.
Study Population: 400 health care workers/clinicians with contact with infected people.
Study Drug: High risk and low risk receive hydroxychloroquine 200mg per day or placebo for 60 days.
Follow-up: From date of randomization until the appearance of symptoms or study completion 60 days after treatment start.
Primary Outcome: PCR-confirmed symptomatic COVID-19
Secondary Outcome: Symptom severity for cough, dyspnea, fever, myalgia, arthralgias or rhinorrhea

Inclusion: Adult > 18 yrs old healthy health care workers with potential for exposure to infection Exclusions: Known hypersensitivity to chloroquine; currently taking CQ or OH-CQ, hepatic or renal disease; pregnancy; breastfeeding.