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Via email: request-801911-03fc5bf7@whatdotheyknow.com

Ms F Mann

Dear Ms Mann

I write further to your request for an Internal Review of our response to your Freedom of Information request Reference 5468.

To summarise, you asked: *"Under the Freedom of Information Act could you please advise if Ivermectin and/or Hydroxichloroquine are used in the treatment of patients on the Covid Ward (14?) or in the treatment of patients with Covid-19 in ICU. If these drugs are not used, please advise the reasons why."*

Our response stated: *"No they are not used in the treatment of patients with Covid-19 in ICU or on the Covid Ward. These drugs are not approved for this indication. Hydroxichloroquine is only used by our Rheumatologists for treatment of various forms of Arthritis as per our formulary."*

I have reviewed our response and I feel that your questions have been answered. No exemptions under the FOI Act were engaged in order to withhold any of the requested information. There is, therefore, no change to our position that can be made. We do accept that our response was sent 2 days later than the 20 working day deadline required under the Act, for which we apologise.

To assist you as far as possible, I have attached a separate sheet of information, including links about the use of the drugs you mention. This does not form part of the FOI internal review, but you may find it useful.

Yours sincerely



Brendan Brown
Chief Executive, Airedale NHS Foundation Trust, &
Partnership Lead, Airedale, Wharfedale & Craven Partnership

Enc

FOI Request: 5468

The Trust uses nationally recognised evidence-based guidance for all of its treatments, including those for COVID-19.

Background information on the use of Ivermectin and Hydroxychloroquine to treat COVID-19 provided by the Pharmacy Dept at Airedale NHS Foundation Trust on 24 November 2021.

The clinical guideline for the NHS in England is clear that NHS prescribers "Do not use Ivermectin to treat COVID-19 except as part of a clinical trial." (paragraph 7.13) <https://app.magicapp.org/#/guideline/L4Qb5n/rec/Ea088O> Hydroxychloroquine is not mentioned in this guideline, but was investigated as part of the RECOVERY trial and found to have no benefit in the treatment of COVID-19 (25.7% of patients receiving Hydroxychloride died within 28 days compared with 23.5% of usual care) <https://www.nejm.org/doi/full/10.1056/NEJMoa2022926>. In the absence of any alternative evidence since this, we continue not to use Hydroxychloroquine.

The World Health Organisation guidance for COVID-19 states that Ivermectin does not have sufficient evidence base for clinical use for COVID-19 and makes a strong recommendation against use of Hydroxychloroquine in COVID-19. <https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.3>. Similar recommendations have also been made by the European medicines agency (<https://www.ema.europa.eu/en/news/covid-19-reminder-risks-chloroquine-hydroxychloroquine> , <https://www.ema.europa.eu/en/news/ema-advises-against-use-ivermectin-prevention-treatment-covid-19-outside-randomised-clinical-trials>)

Theoretical evidence from studies in lab bench experiments and animals (<https://www.nature.com/articles/s41429-020-0336-z>) indicates that Ivermectin may have an antiviral effect, but the theoretical dose needed for COVID-19 would exceed by over 500 times the safe human dose, which leads to a unacceptable risk to patients of toxicity. I am not aware of any research showing antiviral effectiveness in humans. Toxicity has been reported by poison centres in the USA, where there the misuse of this medicine is currently fashionable, (eg <https://www.nejm.org/doi/full/10.1056/NEJMc2114907>,

<https://emergency.cdc.gov/han/2021/han00449.asp>,

<https://piper.filecamp.com/uniq/yyQHxDB8N11tCbvp.pdf>).