Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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The Reply

Drs. Shamy and Dewar take exception to one out of the 4-6 drugs we utilize for the early ambulatory treatment of SARS-CoV-2 infection (COVID-19) illness.[1] Hydroxychloroquine (HCQ) is one of five intracellular anti-infectives positioned in sequenced, multi-drug therapy for high-risk, early outpatient treatment.[2,3] Each physician can use their individual judgment on the choice of drugs within the boxes. We expect that Shamy and Dewar would choose away from HCQ based on their viewpoint and utilize either ivermectin or favipiravir combined with azithromycin or doxycycline for that step. It is important to understand that anti-infectives play a partial role in treatment, and that the regimen additionally calls for nutraceuticals, corticosteroids, and anticoagulants. We have updated the algorithm since the time of the original publication in the *Journal* to include bamlanivimab, casirivimab and imdevimab, and ivermectin.[4] In the last several months, colchicine is now better supported by the Colchicine Coronavirus SARS-CoV2 Trial (COLCORONA) and inhaled budesonide has a stronger signal of benefit as shown in the STerOids in COVID-19 Study (STOIC) trial.[5,6] Similar to cancer or other fatal illnesses where combination chemotherapy is deployed, we encourage and support Drs. Shamy and Dewar to find the multidrug treatment program that is best aligned with their clinical judgement and take immediate action to treat high-risk patients with COVID-19 in their community to reduce the risks of hospitalization and death. Real-world data suggest that ~85% of COVID-19 hospitalizations and deaths are avoidable and thus the merits of early treatment far outweigh academic arguments concerning one drug in the regimen.[7,8,9]

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