



**PREFEITURA DE  
VALINHOS**

**OF. Nº 458/2021-DTL/SAJI/P**

Valinhos, em 09 de abril de 2021.

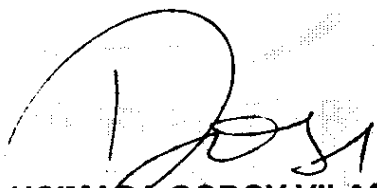
**Referente:** Resposta ao Requerimento nº 470/21-CMV  
**Vereador Marcelo Sussumu Yanachi Yoshida**  
Processo administrativo nº 4551/2021-PMV

Excelentíssimo Senhor Presidente,

Com nossos cordiais cumprimentos, e em resposta ao Requerimento em epígrafe, seguem anexadas, as informações disponibilizadas pelas áreas competentes da Municipalidade, solicitando sejam encaminhadas ao autor da propositura.

Sem mais para o momento, registramos protestos de elevada estima e consideração.

Atenciosamente,



**LUCIMARA GODOY VILAS BOAS**  
Prefeita Municipal

**Anexo:** 07 folhas

Ao

Excelentíssimo Senhor,

**FRANKLIN DUARTE DE LIMA**

Presidente da Egrégia Câmara Municipal de Valinhos

AR/ar



# PREFEITURA DE VALINHOS

C.I. n° 305/2021 – SS

Valinhos, 08 de abril de 2021.

**Para: Departamento Técnico Legislativo/SAJI**  
**Da: Secretaria da Saúde**  
**Ref.: Requerimento n° 470/2021**  
**C.I. n° 584/2021 – DTL/SAJI**  
**(Processo n° 4.551/2021)**

Em atendimento ao Requerimento n° 470/2021 de autoria do vereador Marcelo Sussumu Yanachi Yoshida, temos a informar que:

**1. Qual será o tratamento precoce adotado pela cidade para casos de COVID-19?**

**Resposta:** A Prefeitura de Valinhos estará disponibilizando aos usuários da rede pública medicamentos para o tratamento inicial e oportuno a critério médico.

**2. Quais medicamentos serão utilizados?**

**Resposta:** Os medicamentos utilizados no tratamento precoce são os que fazem parte da rede pública e os que serão prescritos a critério médico mediante os sintomas de cada paciente.

**3. Quais estudos científicos esse tratamento precoce tem como base?**

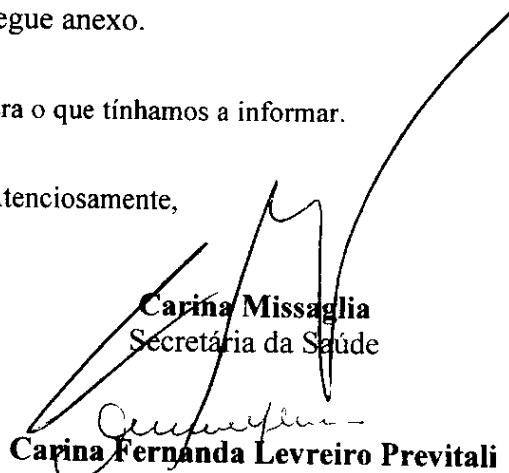
**Favor apresentá-lo.**

**Resposta:** Segue anexo.

Era o que tínhamos a informar.

Atenciosamente,

**Carina Missaglia**  
Secretária da Saúde

  
**Carina Fernanda Levreiro Previtali**  
Respondendo pelo Depto. Programas e Projetos



# Outcomes of 3,737 COVID-19 patients treated with hydroxychloroquine/azithromycin and other regimens in Marseille, France: A retrospective analysis

Jean-Christophe Lagier<sup>a, b, 1</sup>, Matthieu Million<sup>a, b, 1</sup>, Philippe Gautret<sup>a, c</sup>, Philippe Colson<sup>a, b</sup>, Sébastien Cortaredona<sup>a, c</sup>, Audrey Giraud-Gatineau<sup>a, c, d, e</sup>, Stéphane Honoré<sup>f, g</sup>, Jean-Yves Gaubert<sup>h</sup>, Pierre-Edouard Fournier<sup>a, c</sup>, Hervé Tissot-Dupont<sup>a</sup>, Eric Chabrière<sup>a, b</sup>, Andreas Stein<sup>a, b</sup>, Jean-Claude Deharo<sup>i</sup>, Florence Fenollar<sup>a, c</sup>, Jean-Marc Rolain<sup>a, b</sup>, Yolande Obadia<sup>a</sup>, Alexis Jacquier<sup>j</sup>, Bernard La Scola<sup>a, b</sup>, Philippe Brouqui<sup>a, b</sup>, Michel Drancourt<sup>a, b</sup>, Philippe Parola<sup>a, c</sup>, Didier Raoult<sup>a, b, k, l</sup>

IHU COVID-19 Task force

## Estudo Marseille

**3.737 pacientes**

**Idade 45 anos (com SD 17)**

**0,9% Mortalidade**

**HQC+AZ reduziu UTI e Morte (HR: 0,18 com IC: 0,11 -  
HQC+AZ reduziu hospitalização por 10 dias ou mais (C  
95%CI: 0,38 IC 0,27 - 0,54 )**

**25 pacientes tiveram QT alargado em mais de 60 ms e  
tratamento combinado suspenso**

**Nenhum caso de Torsades de Pointe**

**Nenhuma Morte súbita**

## Journal Pre-proof


 IJID

Treatment with Hydroxychloroquine, Azithromycin, and Combination in Patients Hospitalized with COVID-19

Samia Arshad, Paul Kilgore, Zohra S. Chaudhry, Gordon Jacobsen, Dee Dee Wang, Kylie Hultsing, Indira Brar, George J. Alangaden, Mayur S. Ramesh, John E. McKinnon, William O'Neill, Marcus Zervos, Henry Ford COVID-19 Task Force<cc:author-group id="aug0010">, Varidhi Nauriyal, Asif Abdul Hamed, Owais Nadeem, Jennifer Swiderek, Amanda Godtroy, Jeffrey Jennings, Jayna Gardner-Gray, Adam M Ackerman, Jonathan Lezotte, Joseph Ruhala, Raaf Fadel, Amit Vahia, Smitha Gudipati, Tommy Parraga, Anita Shalal, Gina Maki, Zain Tariq, Geehan Suleyman, Nicholas Yared, Erica Herc, Johnathan Williams, Odalitz Abreu Lanfranco, Pallavi Bhargava, Katherine Reyes, Anne Chen

PII: S1201-9712(20)30534-8  
 DOI: <https://doi.org/10.1016/j.ijid.2020.06.099>  
 Reference: IJID 4404  
 To appear in: *International Journal of Infectious Diseases*

## Estudo Henry Ford - Detroit

2.541 pacientes em 6 Hospitais

Idade 64 anos

51% Homens

56% Afrodescendentes

18,1% Mortalidade Hospitalar Geral (IC 95%: 16,6% -

13,5% Mortalidade com HCQ (IC 95%: 11,6% - 15,5%

26,4% Mortalidade sem HCQ (IC 95%: 22,2% - 31,0%

Causa Primária da Morte foi Insuficiência Respiratória

Nenhum Tosscadas de Point documentado


HCQ em análise Cox mostrou redução de 66% do HR

combinada com Azitromicina de 71% com  $p < 0,001$

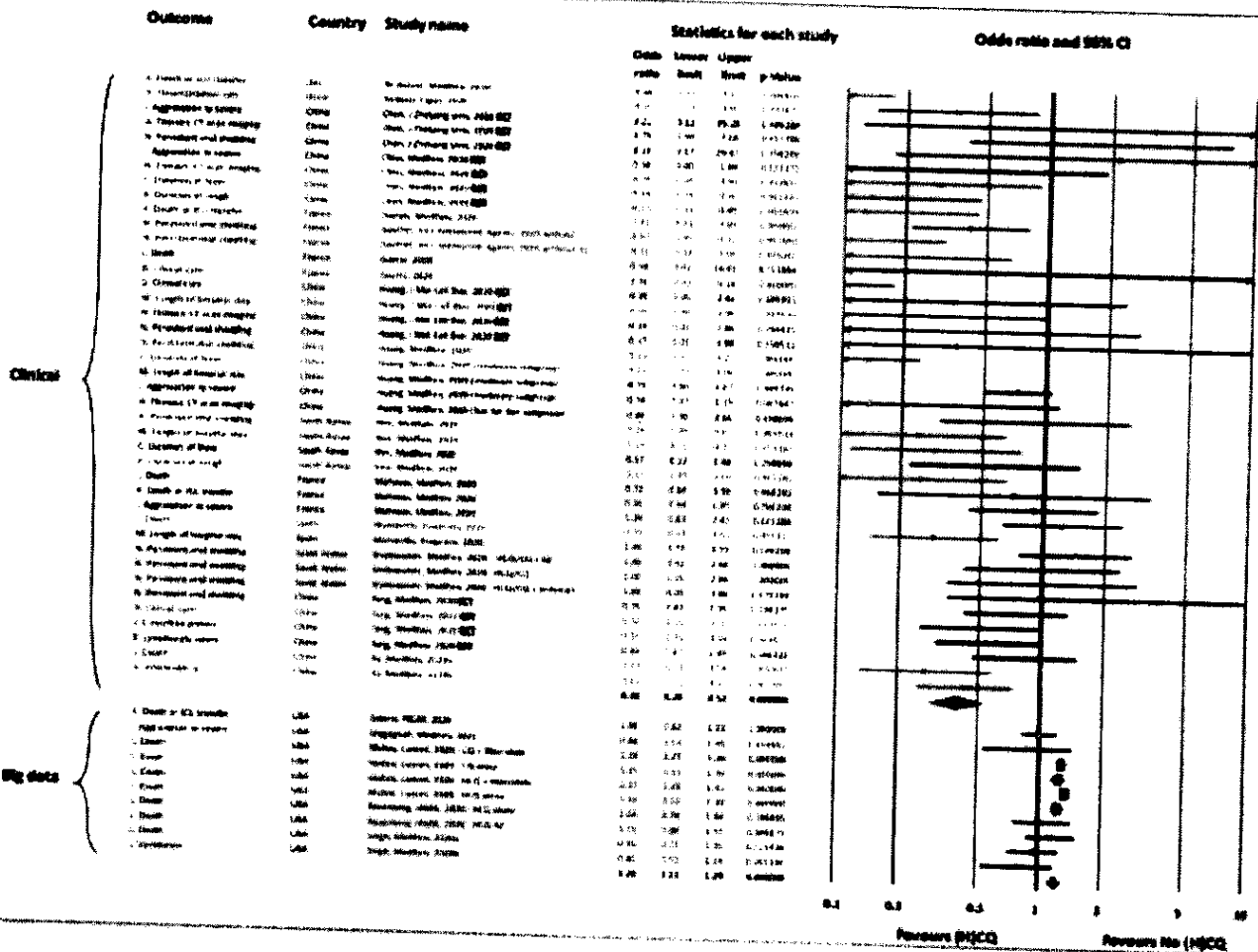
Original Article

# Clinical Efficacy of Chloroquine derivatives in COVID-19 Infection: Comparative meta-analysis between the Big data and the real world

Texto

Matthieu Million <sup>a, b, 1</sup>, Philippe Gautret <sup>a, c, 1</sup>, Philippe Colson <sup>a, b</sup>, Yanis Roussel <sup>a, b</sup>, Gregory Dubourg <sup>a, b</sup>, Eric Chabriere <sup>a, b</sup>, Stéphane Honore <sup>d, e</sup>, Jean-Marc Rolain <sup>a, b</sup>, Florence Fenollar <sup>a, c</sup>, Pierre-Edouard Fournier <sup>a, c</sup>, Jean-Christophe Lagier <sup>a, b</sup>, Philippe Parola <sup>a, c</sup>, Philippe Brouqui <sup>a, b</sup>, Didier Raoult <sup>a, b</sup> & 

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- <sup>b</sup> Aix Marseille Univ, IRD, AP-HM, MEPHI, Marseille, France
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- <sup>d</sup> Service de Pharmacie, Hôpital Timone, AP-HM, Marseille, France
- <sup>e</sup> Laboratoire de Pharmacie Clinique, Aix Marseille Université, Marseille, France



# Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19

THE RECOVERYS: A Report of Group

## ABSTRACT

### METHODS

In this randomized, controlled, open-label platform trial comparing a range of possible treatments with usual care in patients hospitalized with Covid-19, we randomly assigned 1561 patients to receive hydroxychloroquine and 3155 to receive usual care. The primary outcome was 28-day mortality.

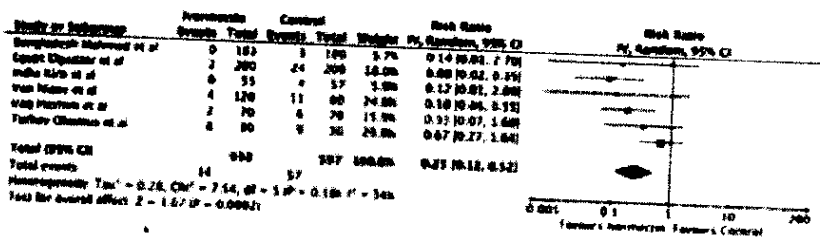
For some patients, hydroxychloroquine was unavailable at the hospital at the time of enrollment or was considered by the managing physician to be either definitely indicated or definitely contraindicated.

### Primary Outcome

Death at 28 days occurred in 421 of 1561 patients (27.0%) in the hydroxychloroquine group and in 790 of 3155 patients (25.0%) in the usual-care group (rate ratio, 1.09; 95% confidence interval [CI], 0.97 to 1.23; P=0.15) (Fig. 2).

Lead - Dr Andrew Hill, Liverpool University

18 RCTs altogether: 6 RCTs with 1255 people in main analysis

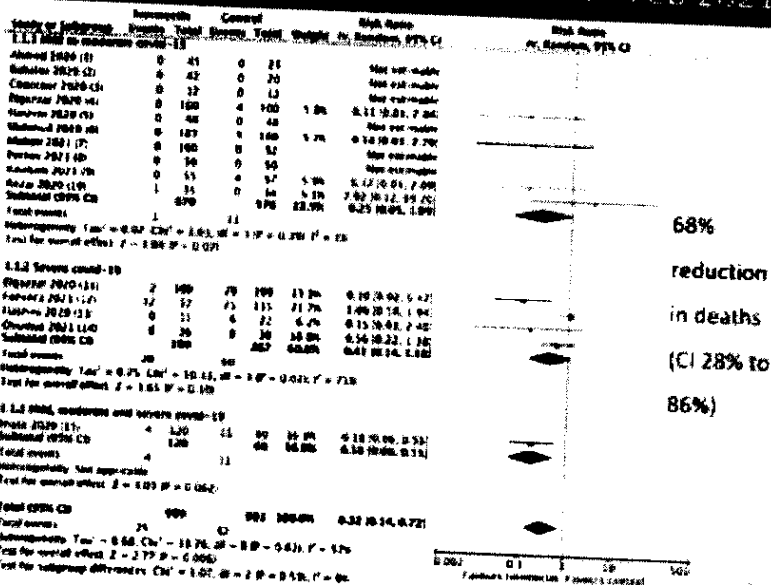


75% reduction in deaths with ivermectin

Increased viral clearance with ivermectin

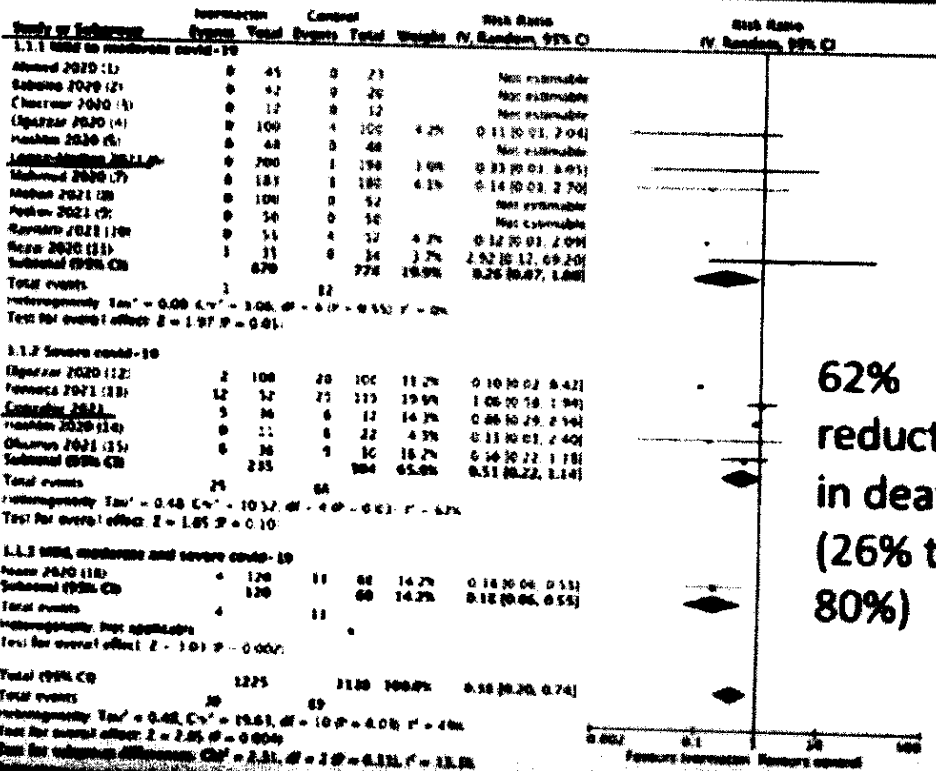
....Waiting for more data

Background of systematic review - 8 Feb 2021



68% reduction in deaths (CI 28% to 86%)

# Analysis of 20 RCTs as at 1 April 2021



62%  
reduction  
in deaths  
(26% to  
80%)

## latest WHO meta-analysis: death

16 RCTs - ? down from 18

Outcome Timeframe	Study results and measurements	Absolute effect estimates	
		Standard care	Ivermectin
Mortality	Odds ratio 0.19 (CI 95% 0.09 - 0.36) Based on data from 1,419 patients in 7 studies. <sup>1</sup> (Randomized controlled)	70 per 1000	14 per 1000
		Difference: 56 fewer per 1000 (CI 95% 63 fewer - 44 fewer)	

81% reduction in deaths (CI 64% to 91%)

# WVU meta-analysis: deaths and SAEs

**Serious adverse events**

Odds ratio 3.07  
(CI 95% 0.77 - 12.09)  
Based on data from 584 patients in 3 studies.  
(Randomized controlled)

**Low**  
Due to very serious imprecision <sup>6</sup>

Ivermectin may increase the risk of serious adverse events leading to drug discontinuation.

**Mortality**

Odds ratio 0.19  
(CI 95% 0.09 - 0.36)  
Based on data from 1,419 patients in 7 studies. <sup>1</sup> (Randomized controlled)

**Very Low**  
Due to serious risk of bias and very serious imprecision <sup>2</sup>

The effect of ivermectin on mortality is uncertain.

BIRD

Ivermectin

Safety

➤ >3.5 billion IVM doses given

➤ well-established safety profile

➤ VigiAccess pharmacovigilance

database registers adverse events

Data retrieved from VigiAccess (1.4.2021)

Medicine	Year reporting started	Deaths	Adverse events
Ivermectin	1992	16	4700
Remdesivir	2020	467	5783
COVID-19 vaccines	2020	2785	387113

BIRD