

SLE patients are not immune to covid-19: importance of sending the right message across

In vitro inhibition of the novel coronavirus, SARS-CoV-2, by hydroxychloroquine (HCQ) has triggered further exploration of the clinical efficacy of this drug in covid-19. Rheumatologists all over the world are analysing registries of patients with systemic lupus erythematosus (SLE) and other rheumatic diseases to look at the prevalence of covid-19 in patients who have been on HCQ. On coming across the title, 'SLE, hydroxychloroquine and no SLE patients with covid-19: a comment', we read it with interest. The authors say, "There are several thousands of patients with covid-19 worldwide. Nevertheless, there is no case of SLE with covid-19". There is no mention of any reference or source to the claim. They go on to extrapolate, "Hence, hydroxychloroquine use might be an explanation for no report on SLE patient with covid-19".¹

Initial data from the COVID-19 Global Rheumatology Alliance registry reveal that, of the 110 patients with rheumatic diseases who contracted the infection, 19 had SLE.² Few studies examining the efficacy of HCQ in covid-19 have recently come into public domain through journals or preprint servers. The rapid spread of the pandemic has not allowed these early studies to have a design suited to answering the research question satisfactorily, thus dampening the level of evidence. Concerns about the scientific contents of a published manuscript examining the role of HCQ in covid-19 have led to an 'additional independent peer review'.³

In this age of social media, any information (truthful or not) spreads like wildfire. On one hand, a social media message saying "no case of SLE with covid-19" may create a false sense of security among patients with SLE, possibly diluting their efforts towards other measures like hand hygiene, isolation and distancing. On the other hand, a message saying "hydroxychloroquine use might be an explanation for no report on SLE patient with covid-19" may lead to unjustified use of the drug by lay people as well as doctors. The rapid spread of false information has led the WHO to acknowledge that, we are also fighting an infodemic—an excessive amount of information about a problem, making the solution even more difficult to find. Unsubstantiated public claims of clinical efficacy of HCQ in covid-19 (as though it were a magic bullet) have led to its shortage for patients with rheumatic diseases.⁴ The drug has found its way into prophylaxis and treatment protocols for covid-19.⁵ Some governments had at a point in time acquired all the stocks of HCQ for patients with covid-19, making it unavailable to patients with rheumatic diseases.⁶

Such times (even more so) call for the scientific community to abide by the principles of scientific publishing and carefully review what information goes out through our trusted medium.

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