Supplementary Material*

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* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.

Supplement Table 1. **Effect of Hydroxychloroquine Reported in Controlled Studies**

Name	Type	RoB	Unadjusted Absolute effect of HCQ vs. Control (95% CI)	SOE
All-Cause Mortality				
J Chen[17]	RCT	SC	0/15 vs. 0/15; RD 0% (NA)	I
L Chen5		H	0/15 vs. 0/12; RD 0% (NA)	
Barbosa[18]	Cohort	C	4/31 vs. 1/32; RD 9.8% (–3.5% to 23.3%)	I
Magagnoli[19]		S	27/97 vs. 18/158; RD 16.4% (6.2% to 26.6%)†	
Mallat[20]		S	0/23 vs. 0/11 [0%]; RD 0% (NA)	
Membrillo[21]		C	27/123 vs. 21/43; RD -26.9% (-43.5% to -10.3%) †	
Geleris[22]		M	157/811 vs. 75/565; RD 6.1% (2.2% to 10%) †	
Rosenberg[7]		S	54/271 vs. 28/221; RD 7.3% (0.8% to 13.7%) †	
Mahévas[3]		S	9/84 vs. 8/97; RD 2.5% (-6.1% to 11.1%)	
Ip[8]		S	383/1914 vs. 120/598; RD -0.1% (-3.7% to 3.6%)	
Sbidian[6]		M	111/623 vs. 830/3792; RD -4.1% (-7.4% to 0.8%)	
Singh[9]		S	104/910 vs. 109/910; RD -0.6% (-3.5% to 2.4%)	
Yu[4]		S	9/48 vs. 238/502; RD -29.7% (-40.5% to -16.8%) †	
Arshad[10]		S	162/1202 vs. 108/409; RD -12.9% (-17.6% to -8.2%) †	
Composite of Intubation or Death				
Geleris[22]	Cohort	M	262/811 vs. 84/565; RD 17.4% (13.1% to 21.8%) †	I
Composite of ICU Admission Within 7-Days or Death				
Mahévas[23]	Cohort	S	16/84 vs. 21/97; RD -2.6% (-14.3% to 9.1%)	I
ICU admission				
Rosenberg[7]	Cohort	S	52/271 vs. 27/221; RD 7% (0.6% to 13.3%) †	I
Survival without ICU admission				
Mahévas[3]	Cohort	S	17/84 vs. 22/89; RD -4.5% (-16.9% to 7.9%)	I
Need of Mechanical Ventilation				
Magagnoli[19]	Cohort	S	12/90 vs. 25/177; RD -0.8% (-9.5% to 7.9%)	I
Mallat[20]		S	0/23 vs. 0/11; RD 0% (NA)	
Geleris[22]		M	154/811 vs. 26/565; RD 14.4% (11.2% to 17.6%) †	
Rosenberg[7]		S	51/271 vs. 18/221; RD 10.7% (4.8% to 16.6%) †	
Singh[9]		S	46/910 vs. 57/910; RD -1.2% (-3.3% to 0.9%)	
Severe Disease Progression				
J Chen[17]	RCT	SC	1/15 vs. 0/15; RD 6.7% (-6.0% to 19.3%)	I
Z Chen[24]		SC	0/31 vs. 4/31; RD -12.9% (-24.7% to -1.1%) †	
L Chen[5]		H	0/15 vs. 0/12; RD 0% (NA)	
Barbosa[18]	Cohort	C	Respiratory support level: +0.63±0.79 vs. +0.16±0.64 points; MD 0.47 (0.11 to 0.83) †	I
Mahévas[23]		S	ARDS: 24/84 vs. 23/95; RD 4.4% (-8.6% to 17.3%)	
Mallat[20]		S	High flow oxygen therapy: 0/23 vs. 0/11; RD 0% (NA)	
Discharge from hospital				
Mahévas[3]	Cohort	S	67/84 vs. 71/89; RD 0% (-12% to 12%)	I
Sbidian[6]		M	351/623 vs. 1507/3792; RD 16.6% (12.4% to 20.8%)	
Symptom Resolution				
J Chen[17]	RCT	SC	Fever: 1 vs. 1 day; MD 0 days (NA)	I

Name	Type	RoB	Unadjusted Absolute effect of HCQ vs. Control (95% CI)	SOE
Z Chen[24]		SC	Fever: 2.2±0.4 vs. 3.2±1.3 days; MD -1 day (-1.5 to -0.5) ↟ Cough: 2.0±0.2 vs. 3.1±1.5 days; MD -1.1 days (-1.6 to -0.6) ↟	
Tang[2]		H	Composite Symptom Resolution: 32/64 vs. 24/55; RD 6.4% (-11.6% to 24.3%)	
L Chen[5]		H	Days to clinical recovery [Median(IQR)]: 6 (3-8) vs. 7.5 (5-16.3)	
Progression of Pulmonary Lesions on CT Scan				
J Chen[17]	RCT	SC	5/15 vs. 7/15; RD -13.3% (-48.1% to 21.4%)	L
Z Chen[24]		SC	2/31 vs. 9/31; RD -22.6% (-40.8% to -4.4%) ↟	
Improvement in Pulmonary Lesions on CT Scan				
Z Chen[24]	RCT	SC	25/31 vs. 17/31; RD 25.8% (3.4% to 48.2%) ↟	I
Upper Respiratory Virological Clearance				
J Chen[17]	RCT	SC	Day 7: 13/15 vs. 14/15; RD -6.7% (-28% to 14.7%) Day 14: 15/15 vs. 15/15; RD 0% (NA)	I
Tang[2]		H	Day 23: 53/75 vs. 56.75; RD -4% (-18.3% to 10.3%)	
L Chen[5]		H	Day 10: 15/15 vs/ 12/12; RD 0% (NA)	
Gautret[25]	Cohort	C	Day 6: 14/20 vs. 2/16; RD 57.6% (31.8% to 83.3%) ↟	I
Mallat[20]		S	Day 14: 11/23 vs. 10/11; RD -43.1% (-69.6% to -16.5%) ↟	

95%CI: 95% confidence interval; ARDS: Acute respiratory distress syndrome; HCQ: Hydroxychloroquine; MD: Mean difference; RCT: Randomized controlled trial; RD: Absolute risk difference; RoB: Risk of bias; SOE: Strength of evidence.
↟ denotes a statistically significant finding.
Risk of Bias Codes: SC – some concerns, H– high, M – moderate, S –serious, C – critical, NI – no information.
Strength of Evidence Codes: I – insufficient, L- low.

Supplement Table 2. **Effect of Chloroquine Reported in Controlled Studies**

Name	Type	RoB	Unadjusted Absolute effect of CQ vs. Control (95% CI)	SOE
All-Cause Mortality				
Borba[26,27]	RCT	H	16/41 vs. 6/40; RD 24% (5.4% to 42.6%)†	I
L Chen[5]		H	0/16 vs. 0/12; RD 0% (NA)	
Huang[28]	Cohort	C	0/197 vs. 0/176; RD 0% (NA)	
ICU Admission				
Borba[26,27]	RCT	H	1/2 vs. 1/11; RD 40.9% (-30.4% to 112.3%)	I
Huang[28]	Cohort	C	0/197 vs. 0/176; RD 0% (NA)	I
Need of Mechanical Ventilation				
Borba[26,27]	RCT	H	4/20 vs. 2/19; RD 9.5% (-12.8% to 31.8%)	I
Oxygen Support Need				
Borba[26,27]	RCT	H	3/15 vs. 1/13; RD 12.3% (-12.6% to 37.2%)	I
Severe disease progression				
L Chen[5]	RCT	H	0/16 vs. 0/12; RD 0% (NA)	I
Symptom Resolution				
L Chen[5]	RCT	H	Days to clinical recovery [Median (IQR)]: 5.5 (3.3-7.5) vs. 7.5 (5-16.3)	I
Huang[28]	Cohort	C	Time to normal body temperature (GM): 1.2 vs. 1.9 days; MD: -0.7 days (95%CI NR)	I
Upper respiratory Virological Clearance				
Borba[16,27]	RCT	H	Day 4: 0/14 vs. 1/12; RD -8.3% (-24% to 7.3%)	I
L Chen[5]		H	Day 10: 16/16 vs/ 12/12; RD 0% (NA)	
Huang[28]	Cohort	C	Day 10: 180/197 vs. 101/176; RD 34% (25.7% to 42.3%)† Day 14: 189/197 vs. 140/176; RD 16.4% (9.8% to 23%)†	I

Borba et al. compared high dose CQ vs. low dose CQ; Huang et al. compared CQ vs non-CQ.
95%CI: 95% confidence interval; CQ: Chloroquine; GM: Geometric mean; MD: Mean difference; NA: Not applicable; NR: Not reported; RCT: Randomized controlled trial; RD: Absolute risk difference; RoB: Risk of bias; SOE: Strength of evidence.
Risk of Bias Codes: H– high, C – critical.
Strength of Evidence Codes: I – insufficient, L- low.