

ATTACHMENT A

SCHEDULE OF DOCUMENTS - FOI 1993

Document No.	Date	Number of pages	Description	Decision on access	Exemption
1	12.09.2020	2	Email - Craig Kelly to Nick Coatsworth	RI ¹	s 22 (part)
2	21.09.2020	3	Email - Craig Kelly to Nick Coatsworth; Nick Coatsworth to Medical Officer	RI	s 22 (part)

¹ RI = Release with irrelevant information removed.

From: [COATSWORTH Nick](#)
To: "Kelly, Craig (MP)"
Cc: s22
Subject: RE: New HCQ information [SEC=OFFICIAL]
Date: Saturday, 12 September 2020 8:24:00 AM
Attachments: [image001.png](#)

Thanks Craig,
Will definitely have a look at these.

Cheers

Nick

Dr Nick Coatsworth MBBS, MIntPH, FRACP
Deputy Chief Medical Officer

Australian Government Department of Health
P: 02 6289 4339 M: s22 | E: nick.coatsworth@health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia
The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: Kelly, Craig (MP)
Sent: Wednesday, 9 September 2020 4:07 PM
To: Coatsworth, Nick
Cc: s22
Subject: New HCQ information

Dear Nick,

Just to further update you, a new meta-analysis study was released in preprint overnight.

https://www.researchgate.net/publication/344103059_Hydroxychloroquine_is_Effective_and_Safe_for_the_Treatment_of_COVID-19_and_May_be_Universally_Effective_When_Used_Early_Before_Hospitalization_A_Systematic_Review

The authors of this study concluded;

This study has four important findings. The first is that HCQ appears to be consistently effective for the treatment of COVID-19 when used early in the course of disease in the outpatient setting, and is generally more effective the earlier it is used. The second is that overall HCQ has had efficacy against COVID-19 in a majority of studies. The third is that there are no unbiased studies showing a negative effect of HCQ treatment of COVID-19. The fourth is that HCQ appears to be safe for the treatment of COVID-19 when used responsibly.

And they further noted;

SIGNIFICANCE: We believe our findings have substantial societal global importance since there have been numerous edicts either preventing HCQ use for COVID-19 or limiting it to the inpatient setting which we believe have resulted in many unnecessary deaths.

Our findings showing efficacy and safety of HCQ against COVID-19 indicate that HCQ should be freely available to patients and physicians who choose to use it. And it should especially be freely available to be used on an outpatient basis before hospitalization where it appears to be more effective and where early fears of fatal heart arrhythmias have been shown to be unfounded[45].

This is particularly important because the only drug to show efficacy, Remdesivir, has shown no significant benefit in a recent study [46]. It is also expensive and not widely available.

Convalescent plasma has shown benefit [47] but even this is not well validated and plasma is not available in large numbers of doses.

Thus HCQ with proven efficacy and safety, a cost of 37 cents per pill and thus a total treatment cost of under 20 dollars[48], versus 3,100 dollars for Remdesivir[49], as well as wide supply chain availability, would appear to be the best COVID-19 treatment option available and needs to be widely promoted as such.

Unfortunately the controversies surrounding HCQ have resulted in physicians being afraid to prescribe it for reasons which have nothing to do with medicine, and in patients being afraid to take it due to spurious reports of danger, or fears that it is not effective.

It is hoped that this study will disabuse the medical community of these misapprehensions about efficacy and validate that it is both efficacious and safe, and needs to be freely

[REDACTED]

prescribable. **Thousands of lives may lie in the balance.**

We also do not believe that randomized controlled studies are necessary before HCQ is authorized for general use because the efficacy seen in studies already done indicates that control patients in such studies might die unnecessarily; and because **the time delay to do any such study would cause yet more deaths by preventing HCQ use when it is most needed – which is immediately.** Our study has shown that good evidence of efficacy exists; and there is no safety, cost, or supply reason to not treat now.

Unnecessary death from delayed treatment is too high a price to pay for greater certainty of knowledge. Many may have already died unnecessarily due to HCQ misinformation and it is imperative that we do not further add to the toll.

Regards,

Craig Kelly MP

Member for Hughes

From: Kelly, Craig (MP) <Craig.Kelly.MP@aph.gov.au>

Sent: Tuesday, 8 September 2020 11:46 AM

To: Coatsworth, Nick <Nick.Coatsworth@health.gov.au>

Subject: Re: Nick's email [SEC=UNOFFICIAL]

Thanks Nick,

This just came through, released overnight by the Institut Hospitalo-Universitaire (IHU) Méditerranée Infection, which will be published in the journal 'Expert Review of Clinical Immunology'.

It found for Covid-19;

"Treatment with an oral combination of hydroxychloroquine, azithromycin and zinc may REPRESENT THE BEST CURRENT THERAPEUTIC OPTION in relation to its antiviral and immunomodulatory effects".

https://www.mediterranee-infection.com/wp-content/uploads/2020/09/ERM-2020-0073.R1_Proof_hi.pdf

If you simply say, "when the facts change, we change our opinion - the latest evidence shows that that state bans on doctors prescribing HCQ to Covid infected patients should be lifted" - you'll be a hero to millions.

Regards,

Craig Kelly

Sent from my iPad

On 8 Sep 2020, at 11:21 am, Coatsworth, Nick <Nick.Coatsworth@health.gov.au> wrote:

Dear Craig,

My apologies for the delay in sending my email.

I hope the rest of the sitting week went well.

Send me the information we discussed about HCQ.

Cheers

Nick

Dr Nick Coatsworth MBBS, MIntPH, FRACP

Deputy Chief Medical Officer

Australian Government Department of Health

P: 02 6289 4339 M: 0222 | E: nick.coatsworth@health.gov.au

GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

From: [COATSWORTH, Nick](#)
To: s22
Subject: RE: Nick's email [SEC=OFFICIAL]
Date: Monday, 21 September 2020 11:33:00 AM
Attachments: [image001.png](#)
[image002.png](#)

Perfect, thanks Nick

Dr Nick Coatsworth MBBS, MIntPH, FRACP
Deputy Chief Medical Officer

Australian Government Department of Health
P: 02 6289 4339 M: s22 | E: nick.coatsworth@health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s22
Sent: Friday, 18 September 2020 12:49 PM
To: Coatsworth, Nick
Subject: RE: Nick's email [SEC=OFFICIAL]

Hi Nick

I have had a look at the HCQ literature you sent through. See attached document for my brief review of both papers (let me know if you want more detail on any aspect). In summary:

- The paper by Prodromos and Rumschlag (2020) purports to be a systematic review of HCQ as a treatment for Covid-19. In my opinion it is a low quality systematic review and the authors' conclusions should be seen in that light.
- The other paper (Anonymous, 2020) is an 'expert review' with a broad span including therapeutic options for Covid-19, in turn including the role of HCQ. Essentially it is expert opinion, supported – at least regarding the role of HCQ – by a body of evidence in a way that raises significant methodological concerns. For example, exclusion of key papers is a concern. These concerns undermine the authors' conclusions, at least regarding the role of HCQ.

More broadly, and just to point out the obvious, these papers can't be viewed in isolation (even setting aside their methodological weaknesses). Consideration must be given to the overall body of evidence and expert opinion regarding the role of HCQ in Covid-19. Again in my opinion, these papers are not sufficiently well argued or supported to challenge the generally prevailing global medical view about the role of HCQ as a treatment in Covid-19.

kind regards

s22

Medical Advisor

Technology Assessment and Access Division
Australian Government Department of Health
s22 [@health.gov.au](mailto:s22@health.gov.au)
s22 GPO Box 9848, Canberra ACT 2601

From: Coatsworth, Nick <Nick.Coatsworth@health.gov.au>
Sent: Wednesday, 16 September 2020 2:01 PM
To: s22 [@health.gov.au](mailto:s22@health.gov.au)>
Subject: FW: Nick's email [SEC=UNOFFICIAL]
Dr Nick Coatsworth MBBS, MIntPH, FRACP

Deputy Chief Medical Officer

Australian Government Department of Health

P: 02 6289 4339 M: **s22** | E: nick.coatsworth@health.gov.au

GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: Kelly, Craig (MP) <Craig.Kelly.MP@aph.gov.au>

Sent: Tuesday, 8 September 2020 11:46 AM

To: Coatsworth, Nick <Nick.Coatsworth@health.gov.au>

Subject: Re: Nick's email [SEC=UNOFFICIAL]

Thanks Nick,

This just came through, released overnight by the Institut Hospitalo-Universitaire (IHU) Méditerranée Infection, which will be published in the journal 'Expert Review of Clinical Immunology'.

It found for Covid-19;

"Treatment with an oral combination of hydroxychloroquine, azithromycin and zinc may REPRESENT THE BEST CURRENT THERAPEUTIC OPTION in relation to its antiviral and immunomodulatory effects".

https://www.mediterranee-infection.com/wp-content/uploads/2020/09/ERM-2020-0073.R1_Proof_hi.pdf

If you simply say, "when the facts change, we change our opinion - the latest evidence shows that that state bans on doctors prescribing HCQ to Covid infected patients should be lifted" - you'll be a hero to millions.

Regards,

Craig Kelly

Sent from my iPad

On 8 Sep 2020, at 11:21 am, Coatsworth, Nick <Nick.Coatsworth@health.gov.au> wrote:

Dear Craig,

My apologies for the delay in sending my email.

I hope the rest of the sitting week went well.

Send me the information we discussed about HCQ.

Cheers

Nick

Dr Nick Coatsworth MBBS, MIntPH, FRACP
Deputy Chief Medical Officer

Australian Government Department of Health

P: 02 6289 4339 M: **s22** | E: nick.coatsworth@health.gov.au

GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this

communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

DOCUMENT RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH