

Adverse events (short term: within 30 days)	
NO GRADE	<p><u>Conclusion:</u> No conclusion could be drawn because none of the included literature reported short term adverse events (within 30 days).</p>
<p>GRADE: VERY LOW</p>	<p><u>Conclusion:</u> We are unsure about the effects of hydrochloroquine on the short term (within 30 days) number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.</p> <p><u>Alternatively:</u> Hydrochloroquine might increase the short term (30 days) number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2, but the evidence is very uncertain.</p> <p>The evidence is very uncertain about the effects of hydrochloroquine on short term adverse events (within 30 days).</p>
<p>GRADE: LOW</p> <p>Pooled RR: 1.82 (95%CI: 1.48-2.23), favoring usual care</p>	<p><u>Conclusion:</u> Usual care (without hydrochloroquine) might possibly reduce the number of adverse events when compared to hydrochloroquine use in hospitalized patients with PCR confirmed SARS-CoV-2.</p> <p><u>Alternatively:</u> The use of hydrochloroquine might possibly increase the number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.</p> <p>The use of hydrochloroquine could possibly increase the number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.</p>
<p>GRADE: MODERATE</p> <p>Pooled RR: 1.82 (95%CI: 1.48-2.23), favoring usual care</p>	<p><u>Conclusion:</u> Usual care (without hydrochloroquine) probably reduces the number of adverse events when compared to hydrochloroquine use in hospitalized patients with PCR confirmed SARS-CoV-2.</p> <p><u>Alternatively:</u> The use of hydrochloroquine might increase the number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.</p> <p>The use of hydrochloroquine could increase the number of adverse events when compared to usual care (without</p>

	hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2. The use of hydrochloroquine probably increases the number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.
<p><i>GRADE:</i> HIGH</p> <p><i>Pooled RR:</i> 1.82 (95%CI: 1.48-2.23), favoring usual care</p>	<p><u><i>Conclusion:</i></u> Usual care (without hydrochloroquine) reduces the number of adverse events when compared to hydrochloroquine use in hospitalized patients with PCR confirmed SARS-CoV-2.</p> <p><u><i>Alternatively:</i></u> The use of hydrochloroquine increases the number of adverse events when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.</p>
Mortality events (short term: within 30 days)	
NO GRADE	<p><u><i>Conclusion:</i></u> No conclusion could be drawn because none of the included literature reported mortality.</p>
GRADE: VERY LOW	<p><u><i>Conclusion:</i></u> We are unsure about the effects of hydrochloroquine on the short term (within 30 days) mortality when compared to usual care (without hydrochloroquine) in hospitalized patients with PCR confirmed SARS-CoV-2.</p>