

COVIDAnalysis network

A network of websites that have cherry-picked and misrepresented research to promote hydroxychloroquine as a proven treatment for COVID-19, despite clinical trials finding that it is not effective.



Proceed with caution: This website severely violates basic journalistic standards.

Score: 39.5/100

Ownership and Financing

The COVIDAnalysis network, which includes C19Study.com, C19HCQ.com, and HCQTrial.com, does not disclose its ownership on the sites and would not disclose it to NewsGuard, nor could NewsGuard independently determine who owns the network. Thus, there is no way to know if the sites — which are not financed by advertising or subscriptions — are financed by those with a financial or political interest related to the promotion of hydroxychloroquine.

The sites share a Frequently Asked Questions page and a Twitter account, @CovidAnalysis. According to a search tool on website hosting provider GoDaddy.com, the three websites also share a SSL (Secure Sockets Layer) certificate — a data file that allows secure connections from a web server to a browser. The same certificate is used by four other domains: C19death.com, C19perspective.com, C19stat.com, and HCQRCT.com. As of Aug. 15, 2020, no content has been published on those other four domains.

In an August 2020 email to NewsGuard, a representative of the websites, who would not provide a name, declined to identify the network's owner. "It is a private individual effort to help with COVID-19," the person said.

As noted, the websites do not run advertisements.

- ✓ Does not repeatedly publish false content (22points)
- ✗ Gathers and presents information responsibly (18)
- ✗ Regularly corrects or clarifies errors (12.5)
- ✗ Handles the difference between news and opinion responsibly (12.5)
- ✓ Avoids deceptive headlines (10)
- ✗ Website discloses ownership and financing (7.5)
- Clearly labels advertising (7.5)
- ✗ Reveals who's in charge, including any possible conflicts of interest (5)
- ✗ The site provides names of content creators, along with either contact or biographical information (5)

Criteria are listed in order of importance.

[More information.](#)

Content

The Frequently Asked Questions page shared by sites in the COVIDAnalysis network describe the sites' mission under the question, "Why did you start c19study?" According to the page, "We welcome the goals of using a science based approach to decisions regarding COVID-19, but noticed that the sheer volume of research and data, and the frequently contradictory

conclusions from equally qualified experts, made it extremely difficult for anyone to choose the best options.”

The FAQ page also addresses the question of why the sites’ content focuses entirely on hydroxychloroquine, an anti-malaria drug that has been promoted as a treatment for COVID-19. “We have been studying several topics, but have prioritized where we feel a contribution is most likely to be valuable,” the page states. “We had no idea that the world would bifurcate over a medication.”

While the sites share a FAQ page, the content differs among some of them. C19Study.com and C19HCQ.com include an identical list of scientific studies about hydroxychloroquine and COVID-19. This list labels the studies as “positive,” “negative,” or “inconclusive,” based on the sites’ analysis. There are also ratings for “meta-analyses,” which examine multiple studies at once, and “in vitro studies,” which are studies conducted outside of a living organism, such as in a test tube or petri dish.

A separate page for each study includes a summary of the sites’ findings. In cases where the website determined that the study was “negative” or “inconclusive” about hydroxychloroquine, the page explains the sites’ criticism of the study’s methods and conclusions. The study pages generally do not go into detail about research with “positive” findings about hydroxychloroquine.

The site also features a running tally of how many studies have been added to the list, along with the number of COVID-19 deaths worldwide.

The only content on one of the sites in the network, HCQTrial.com, is a study published directly to the site. The research compares mortality rates in two sets of countries — countries that it says had widespread use of hydroxychloroquine to treat COVID-19 soon after individuals were infected or exposed, and countries where use of the drug is limited.

repeatedly misrepresented the conclusions of clinical trials that found that hydroxychloroquine provided no benefit for COVID-19 patients.

For example, the websites described a clinical trial at the University of Minnesota as being “positive” for the use of hydroxychloroquine for treating COVID-19, when the actual study reached a negative conclusion. The trial, involving 821 patients, found that hydroxychloroquine did not perform better than a placebo in preventing people from developing COVID-19 after they were likely to have been exposed to someone who had been infected. The study was published in June 2020 in the New England Journal of Medicine.

In presenting this study as “positive” for hydroxychloroquine, C19Study.com and C19HCQ.com noted on the page summarizing the study that this conclusion differs from that of the original authors. A separate article justifying this reinterpretation stated: “The data is consistent with earlier treatment being even more effective.” However, this critique relied on a separate article re-analyzing the original study’s data that was published on Arxiv.org, a platform on which researchers share scientific data before they are published and peer-reviewed.

In an email to NewsGuard, the websites’ anonymous representative defended this reinterpretation of the study, stating that “Scientists routinely disagree.”

Dr. David Boulware, a co-author of this clinical trial and an infectious disease physician at the University of Minnesota, told NewsGuard in an August 2020 email: “While people can create their own pseudo-statistical analyses from our published data, that does not mean such analyses are correct. The normal scientific process would be to submit such an analysis for peer review for publication in a journal with your name attesting to the work. Anonymous and/or non-peer reviewed work should be viewed skeptically.”

Boulware also said that the websites’ analysis included a fabricated quote about his own comments on the study. C19Study.com and C19HCQ.com cited a since-

deleted tweet from a Twitter account named “T Lewis MD,” which said, “I personally spoke to Boulware about this study. He points out its many flaws. He also points out that day 1-3 use had statistical significance and he’s gearing his other studies accordingly. He intends to investigate this significance further.”

Boulware told NewsGuard that he never spoke to anyone associated with that Twitter account, calling the comment attributed to him and cited by the COVIDAnalysis network “100% False – coming from someone who chose to make up a false statement on Twitter.”

After NewsGuard asked the sites’ representative about Boulware’s comments, the websites removed the Twitter comment from the article. “We have removed a comment from Dr. Lewis because it was deleted and Dr. Boulware indicates it was incorrect,” an update note on C19Study.com and C19HCQ.com stated.

The sites’ study list includes a clinical trial involving 400 patients, also conducted by researchers at the University of Minnesota and published in the Annals of Internal Medicine in July 2020, that concluded that hydroxychloroquine did not decrease the severity of COVID-19 symptoms over 14 days any better than a placebo in patients who were not hospitalized. The COVIDAnalysis network, however, listed the study’s results as “inconclusive” instead of “negative.”

When NewsGuard asked what justified this interpretation of the study, the websites’ anonymous representative claimed the trial was ended prematurely. “The trial was supposed to have 1,242 patients. i.e., they chose to stop it early although they knew at the time they would likely be reporting a statistically significant positive reduction if they continued,” the representative said. “Since they answer your questions, can you ask them why they stopped the trial early in the context of this information?”

Asked about this, Boulware told NewsGuard that the websites’ statement that there “could be an unknown number of undetected fake surveys” in the trial was groundless. “Being that the majority of participants were

healthcare workers, we don't have any reason to believe that the participants who completed surveys (many of whom we had email or phone conversations with), are at all 'fake,'" he said. "We did screen out and exclude a few persons from participating in the trial who did not have valid emails, phone numbers, addresses, or provided inconsistent information during the screening procedures."

The sites have also omitted negative information about studies that purported to show a benefit for hydroxychloroquine. For example, the site's list of "positive" studies includes a March 2020 study authored by French researchers and published by the International Journal of Antimicrobial Agents that tested the drug on 20 people. According to C19Study.com's and C19HCQ.com's summary of this study, "This early and small trial has significant limitations, larger and more recent trials by the same group confirm the results."

However, the sites neglected to mention that in April 2020, the journal's publisher, the International Society of Antimicrobial Chemotherapy (ISAC), released a statement saying that it had concluded that the study "does not meet the Society's expected standard, especially relating to the lack of better explanations of the inclusion criteria and the triage of patients to ensure patient safety."

The websites also neglected to mention a later critical review of the study, commissioned by ISAC and published in July 2020. "This is a non-informative manuscript with gross methodological shortcomings," wrote reviewer Frits Rosendaal, a professor of clinical epidemiology at Leiden University in the Netherlands. "The results do not justify the far-reaching conclusions about the efficacy of hydroxychloroquine in Covid-19, and in the view of this reviewer do not justify any conclusion at all."

After being contacted by NewsGuard in August 2020, the COVIDAnalysis network changed this study's result from "positive" to "inconclusive" and added a link to the post-publication review cited by NewsGuard. This

change was disclosed in an update that read, “(Updated 8/13): responses to this paper have raised major methodological issues.”

Of the studies included on the C19Study.com and C19HCQ.com list that are labeled as “positive,” none are peer-reviewed, randomized clinical trials that actually support the use of hydroxychloroquine for treating COVID-19.

Dr. Anthony Fauci, director of U.S. National Institute of Allergy and Infectious Diseases, said at a July 2020 congressional hearing of the evidence on hydroxychloroquine as a treatment for COVID-19: “Any and all of the randomized, placebo-controlled trials — which is the gold standard of determining if something is effective — none of them have found any efficacy for hydroxychloroquine.”

In June 2020, the U.S. Food and Drug Administration revoked an earlier emergency use authorization for hydroxychloroquine and another anti-malaria drug, chloroquine, for treating COVID-19. “The totality of scientific evidence currently available indicates a lack of benefit,” the FDA said in a press release.

In August 2020, HCQTrial.com published the network’s own study, which concluded that countries with widespread use of hydroxychloroquine for treating COVID-19 soon after an individual had been infected or exposed had fewer deaths due to the disease. The study was not peer-reviewed, did not name any of its authors, and relied on cherry-picked data to reach a conclusion promoting hydroxychloroquine.

The study came to the above conclusion by comparing countries that the study said have used hydroxychloroquine to treat COVID-19 early after diagnosis with countries that do not have widespread hydroxychloroquine use, concluding that countries with early hydroxychloroquine use had lower COVID-19 mortality rates.

However, the study failed to account for a number of factors that would have affected the final results, including how many COVID-19 cases were confirmed in

the included countries and if and when countries enforced lockdowns or stay-at-home orders to slow the spread of COVID-19.

The appendix on the study said the unnamed authors tested for the effect of interventions like lockdowns and their analysis suggested “that the differences in non-medical interventions have a relatively minor effect on the results at present.” As for why the number of confirmed cases in a country were not factored into the results, the websites’ representative told NewsGuard that “Cases are discussed in the paper - the numbers are too unreliable. This is why we exclude countries with low spread, and why we create models to predict future spread.”

The study also appeared to cherry-pick which countries to include. Brazil, for example, is omitted from the study. Yet, Brazil has the fifth highest number of COVID-19 deaths per 100,000 population in the world, according to Johns Hopkins University. Also, the country’s health ministry recommended the drug as a COVID-19 treatment in May 2020, according to an article published that month by Reuters.

The websites’ representative told NewsGuard that Brazil was excluded because “Brazil has very mixed usage” of hydroxychloroquine. The only source that the representative provided to NewsGuard to back the claim that Brazil has “mixed usage” of the drug was an August 2020 article from a site that promotes the drug, TruthAboutHCQ.com, which did not provide any evidence about the level of hydroxychloroquine use in treating COVID-19 in Brazil.

Moreover, the study said it excluded certain countries that they said quickly adopted widespread use of face masks such as South Korea, Czech Republic, and Venezuela. However, it included other countries whose governments also recommended or mandated face masks, such as Greece, Morocco, and Israel, all in the group with high hydroxychloroquine use.

The websites’ representative told NewsGuard that the exclusions of certain countries favor the group with limited hydroxychloroquine, but did not explain how.

Dr. David Gorski, a surgical oncologist at the Barbara Ann Karmanos Cancer Institute in Detroit who blogs about health misinformation on ScienceBasedMedicine.org, said in an August 2020 article, “The HCQTrial.com website is obvious pseudoscience to anyone who has any expertise in epidemiology and/or clinical trials, but unfortunately it has spread far and wide faster than experts could debunk its disinformation.”

Because the sites in COVIDAnalysis network have misrepresented studies, presenting negative conclusions as positive or inconclusive and cherry-picking studies and data to promote hydroxychloroquine as a treatment for COVID-19, NewsGuard has determined that the sites do not gather and present information responsibly.

The feedback form on sites in the network states, “Please send us corrections, updates, or comments.” However, NewsGuard found that C19Study.com and C19HCQ.com have only published corrections or updates on claims that NewsGuard asked about. Therefore, NewsGuard has determined that the network does not have effective corrections practices.

The Frequently Asked Questions pages shared by C19Study.com, C19HCQ.com, and HCQTrial.com present the sites as providing neutral information about hydroxychloroquine as a COVID-19 treatment.

However, the networks’ goal appears to be the promotion of hydroxychloroquine as a proven treatment for COVID-19, as evidenced by the articles cited above. Therefore, NewsGuard has determined that the websites do not handle the difference between news and opinion responsibly.

The websites’ representative denied that the sites are seeking to promote hydroxychloroquine. “It is true that the data to date is overall positive for early treatment, however we have no bias,” the representative said. “We are independent and only analyze and present scientific data.”

Headlines on the sites are typically limited to the titles of studies and therefore accurately reflect the content.

Transparency

The sites do not disclose their ownership or identify editorial leaders or content creators.

Asked about this, the representative directed NewsGuard to the FAQ page, which states, “We are PhD researchers, scientists, people who hope to make a contribution, even if it is only very minor. You can find our research in journals like Science and Nature. For examples of why we can't be more specific search for 'raoult death threats' or 'simone gold fired.' We have little interest in adding to our publication lists, being in the news, or being on TV (we have done all of these things before but feel there are more important things in life now).”

The sites do not run advertising.

History

The domain name for C19Study.com was registered in June 2020. The domain names for C19HCQ.com and HCQTrial.com were registered in July 2020.

Written by: [John Gregory](#)

Edited by: [Eric Effron](#)

Send feedback to NewsGuard:[Click Here](#)

Sources

Ownership and Financing

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<https://archive.vn/ybnUL>
<https://archive.vn/KZ27r>
<https://archive.vn/VqFen>
<https://archive.vn/m9jE7>
<https://archive.vn/hv2xZ>

Content

List as of Aug. 12: <https://archive.vn/AvcYB>
<https://c19hcq.com/faq.html>
Example of positive study page entry:
<https://c19hcq.com/yu2.html>

Example of negative study page entry:

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Credibility

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Updated Boulware study page after correction:

<https://archive.vn/OjIpk>

Updated French study page after correction:

<https://archive.vn/syiYo>

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History

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