Our responsibility to future generations demands choosing safe and sustainable alternatives in our present activities.

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We declare that we have no conflicts of interest.

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On the use of chloroquine for chikungunya

In their Review on chikungunya, Gilles Pialoux and colleagues[1] quote a Reflection and Reaction commentary previously published by our group[2] as the source for the statement that "a clinical trial in South Africa failed to confirm the clinical efficacy of chloroquine on arthralgia". It is true that chloroquine displays antiviral and anti-inflammatory properties that, in our opinion, merit testing in the clinical management of some viral diseases. However, we reported no data on chikungunya, nor did we mention this disease in our articles in *The Lancet Infectious Diseases*.[2,3] Our research has so far been focused on the effects of chloroquine on HIV-1,[4] severe acute respiratory syndrome coronavirus,[3] influenza A viruses,[5] and cancer cells.[6] It is our policy to suggest new ideas only when they are supported by robust experimental results, which are highly reproducible in different laboratory settings.[7–10] Furthermore, clinical trials in Réunion on chloroquine as a potential antiviral for chikungunya cannot be linked to our previous studies, in that the chloroquine dosage adopted (ie, 250 mg daily)[11] is inconsistent with the tissue drug concentrations that we report are necessary to inhibit the aforementioned viruses.[2,12]

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