

June 15th, 2021

Dear Minister of Health,

Honorable (Mrs.) Pavithra Devi Wanniarachchi

and

Director General Health Services,

Dr. Asela Gunawardena

The Evidence-Based Medicine Consultancy Ltd (E-BMC Ltd) is a UK-based independent medical research company that contributes to the quality of healthcare globally through the rigorous evaluation of medical evidence to support clinical practice guidelines. The Frontline Covid Critical Care Alliance (FLCCC) Alliance is a U.S based non-profit humanitarian organization made up of renowned, world-expert clinician-researchers whose sole mission over the past year has been to develop and disseminate the most effective treatment protocols for covid-19.

We commend the tremendous efforts of the Sri Lankan central government, provincial governments, media personnel, doctors, nursing staff, police personnel, paramedical staff and other organisations in mitigating the suffering of Sri Lankans at this time. We commend the Sri Lankan Government for the measures taken to address the needs of its people during this unprecedented humanitarian crisis, and in the context of increasing COVID-19 cases and rising number of deaths.

Over the past four months, E-BMC Ltd has been working together with the FLCCC to encourage governments around the world to adopt re-purposed existing drugs for the early treatment of covid-19. One such drug is Ivermectin, a safe medicine which has been used for nearly 40 years to treat parasitic infections. New evidence show that it has potent antiviral and anti-inflammatory properties as well, and a recently published peer-reviewed systematic review and meta-analysis showed it could substantially decrease mortality and morbidity from Covid-19 (Bryant & Lawrie et al. 2021). The review included 24 randomised trials (21 RCTs + 3 quasi-RCTs), 21 treatment trials (2668 participants), and 3 prevention trials (738 participants). The included trials ranged in size from 24 to 473 participants, and most trials were registered, self-funded, clinician driven. With the exception of one trial, there were no obvious conflicts of interest. The primary outcome for the treatment trials of ivermectin versus no ivermectin was death from any cause. The resulting risk ratio of 0.38 corresponds to a 62% reduction in deaths with ivermectin compared with controls, with a P value of 0.004. Trials were subgrouped according to whether the participants had mild to moderate or severe covid, and the test for subgroup differences suggests that ivermectin's effect was similar for all stages of the disease. With regard to secondary outcomes, the meta-analysis of 5 trials showed that 25% more

people with mild to moderate covid-19 improved with IVM (5 trials, 1154 participants) and 65% fewer people deteriorated with IVM (7 trials, 1587 participants). Evidence also suggested a shorter time to negative PCR (viral clearance). These outcomes were graded as low certainty, meaning that the estimate of effect is likely to change.

E-BMC Ltd presented the evidence on Ivermectin to prevent and treat covid-19 to the British Ivermectin Recommendation Development (BiRD) panel in February 2021. The BiRD group includes researchers and doctors from around the world who have been seeking effective treatments to combat the pandemic. The BiRD panel deliberated on the evidence for the use of Ivermectin against covid-19 resulting in a recommendation in favour Ivermectin as a covid-19 frontline therapy.

The news bulletins on television speak of the serious threat posed by the surge in Covid-19 cases in Sri Lanka, and we read with dismay that this third wave has pushed death rates to the highest level recorded in the country since the pandemic began.

Earlier in May, as India experienced a surge in cases, we wrote to the Indian health authorities to urge them to adopt Ivermectin as a matter of urgency as a front line prophylaxis and treatment for covid-19. Subsequently, the All India Institute of Medical Sciences and Indian Council of Medical Research have urgently responded with a recommendation to use ivermectin in mild outpatient illness. Indeed, as of the 9th of June, states such as Uttar Pradesh, Delhi, Goa, Uttarkhand, Karnataka, and others that implemented ivermectin as part of their treatment protocols, have experienced dramatic decreases in infection and death rates.

The BiRD and FLCCC recommend Ivermectin for treatment of covid-19 in early outpatient disease at a dose of 0.2 mg/kg – 0.4 mg/kg and for later phase, hospital patients 0.4 mg – 0.6 mg/kg. In each phase, the higher dose range should be used in more severe illness. Further, we strongly recommend that ivermectin be continued for 5 days or until recovered. Lastly, vitamin D, preferably in the form of calcifediol, should be given.

We also recommend that Ivermectin be used as covid-19 prophylaxis on a large scale through mass distribution of ivermectin in the dose of 0.2mg/kg (12mg for a 60 kg person) weekly to adults to decrease transmission amongst the general population in the current crisis. We believe this will save thousands of lives and reduces the suffering of millions.

Stories of Ivermectin's ability to beat covid-19 can be found in many parts of the world, including the Dominican Republic, Peru, Zimbabwe and South Africa, as well as in other African countries where mass administration of ivermectin against parasitic infections is practiced. More than 3.7 billion people have been treated with Ivermectin for parasitic infections and it has been found to be extremely safe.

The BiRD group and the FLCCC wish and pray for the good health of the people of Sri Lanka, and we reiterate that Ivermectin will save millions of lives. We hope our message is disseminated widely for the better health of Sri Lankans.

Yours Sincerely,



Dr. Tess Lawrie on behalf of the BiRD Group, and Dr Pierre Kory on behalf of the FLCCC, and affiliated organisations:



Médicos pela Vida
covid-19



CANADIAN COVID CARE ALLIANCE
Alliance canadienne pour la prévention et
prise-en-charge de la covid

covidmedical
NETWORK

Doctors for Covid Ethics

