PREVENTION PROTOCOL

Ivermectin

0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community

Post COVID-19 Exposure Prevention

0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours

Vitamin D3 1,000–3,000 IU/day
Vitamin C 500–1,000 mg twice a day
Quercetin 250 mg/day
Zinc 30–40 mg/day (elemental zinc)
Melatonin 6 mg before bedtime (causes drowsiness)

Gargle mouthwash 2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative.

EARLY OUTPATIENT PROTOCOL

Ivermectin

0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered

Use upper dose range if: 1) in regions with aggressive variants (e.g. “Delta” variant); 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors.

Fluvoxamine

50 mg twice daily for 10–14 days

Add to ivermectin if: 1) minimal response after 2 days of ivermectin; 2) in regions with more aggressive variants; 3) treatment started on or after day 5 of symptoms or in pulmonary phase; or 4) numerous comorbidities/risk factors. Avoid if patient is already on an SSRI.

Nasal/oral rinse 3 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative. Nasal rinse instructions below.

Vitamin D3 4,000 IU/day
Vitamin C 500–1,000 mg twice a day
Quercetin 250 mg twice a day
Zinc 100 mg/day (elemental zinc)
Melatonin 10 mg before bedtime (causes drowsiness)
Aspirin 325 mg/day (unless contraindicated)
Pulse Oximeter Monitoring of oxygen saturation is recommended (for instructions see page 2)

Please regard our disclaimer and further information on page 2 of this document.

flcc.net
**IVERMECTIN**

**Summary of the Clinical Trials**

Ivermectin, an anti-parasitic medicine whose discovery won the Nobel Prize in 2015, has proven, highly potent, anti-viral and anti-inflammatory properties in laboratory studies. In the past 4 months, numerous, controlled clinical trials from multiple centers and countries worldwide are reporting consistent, large improvements in COVID-19 patient outcomes when treated with ivermectin.

Our comprehensive scientific review of these referenced trials on ivermectin can be found on www.flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/

For a quick overview, a One-page Summary of our review on ivermectin can be found on www.flccc.net/flccc-ivermectin-summary

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**Body weight conversion (kg/lb) for ivermectin dose in prevention and treatment of COVID-19**

<table>
<thead>
<tr>
<th>Body weight Conversion (1 kg ≈ 2.2 lbs)</th>
<th>Dose 0.2 mg/kg ≈ 0.09 mg/lb</th>
</tr>
</thead>
<tbody>
<tr>
<td>(doses calculated per upper end of weight range)</td>
<td>(Each tablet = 3 mg; doses rounded to nearest half tablet above)</td>
</tr>
<tr>
<td>70–90 lb</td>
<td>32–40 kg</td>
</tr>
<tr>
<td>91–110 lb</td>
<td>41–50 kg</td>
</tr>
<tr>
<td>111–130 lb</td>
<td>51–59 kg</td>
</tr>
<tr>
<td>131–150 lb</td>
<td>60–68 kg</td>
</tr>
<tr>
<td>151–170 lb</td>
<td>69–77 kg</td>
</tr>
<tr>
<td>171–190 lb</td>
<td>78–86 kg</td>
</tr>
<tr>
<td>191–210 lb</td>
<td>87–95 kg</td>
</tr>
<tr>
<td>211–230 lb</td>
<td>96–104 kg</td>
</tr>
<tr>
<td>231–250 lb</td>
<td>105–113 kg</td>
</tr>
<tr>
<td>251–270 lb</td>
<td>114–122 kg</td>
</tr>
<tr>
<td>271–290 lb</td>
<td>123–131 kg</td>
</tr>
<tr>
<td>291–310 lb</td>
<td>132–140 kg</td>
</tr>
</tbody>
</table>

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**Pulse Oximeter (usage instructions)**

In symptomatic patients, monitoring with home pulse oximetry is recommended (due to asymptomatic hypoxia). The limitations of home pulse oximeters should be recognized, and validated devices are preferred. Multiple readings should be taken over the course of the day, and a downward trend should be regarded as ominous. Baseline or ambulatory desaturation < 94% should prompt hospital admission. The following guidance is suggested:

- Use the index or middle finger; avoid the toes or ear lobe.
- Only accept values associated with a strong pulse signal.
- Observe readings for 30–60 seconds to identify the most common value.
- Remove nail polish from the finger on which measurements are made.
- Warm cold extremities prior to measurement.

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**DISCLAIMER**

The I-Mask+ Prevention & Early Outpatient Treatment Protocol for COVID-19 and the MATH+ Hospital Treatment Protocol for COVID-19 are solely for educational purposes regarding potentially beneficial therapies for COVID-19. Never disregard professional medical advice because of something you have read on our website and releases. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment in regards to any patient. Treatment for an individual patient should rely on the judgement of your physician or other qualified health provider. Always seek their advice with any questions you may have regarding your health or medical condition.

For an overview of the developments in prevention and treatment of COVID-19, please visit flccc.net/covid-19-protocols

Please check our homepage regularly for updates of our COVID-19 Protocols. New medications may be added and/or dose changes to existing medications may be made as further scientific studies emerge!