Prevention and early treatment of COVID-19
• March 2020
• FLCCC formed by leading Critical Care specialists
• Non-profit
• Mission: Develop effective COVID-19 treatment protocols
• Prevent COVID-19 transmission
• Improve patient outcomes

FOUNDING MEMBERS
Hospital protocol created by the FLCCC in March 2020

**MATH+**

Hospital Treatment Protocol for COVID-19

- Intravenous Methylprednisolone
- High Dose Intravenous Ascorbic Acid (Vitamin C)
- Thiamine (Vitamin B1)
- Low Molecular Weight Heparin
- Statin
- Zinc
- Vitamin D
- Famotidine
- Melatonin
- Magnesium
December 4, 2020

A CALL-TO-ACTION IN A TIME OF A NATIONAL AND GLOBAL HEALTH CRISIS
NATIONAL CALL-TO-ACTION

Vaccines are coming, but they are only part of the solution.
Electronic Press Kit:

flccc.net
COVID-19 CRITICAL CARE ALLIANCE
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

Pre-Exposure Prophylaxis
regularly take medication in advance to prevent or minimize infections

Post-Exposure Prophylaxis
treat shortly after exposure to minimize infection

Early Treatment
treat immediately on symptoms or shortly thereafter

Late Treatment
late stage after disease has progressed
**PROPHYLAXIS & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19**

**PROPHYLAXIS PROTOCOL**

- **Ivermectin**
  - Prophylaxis for high risk individuals
  - 0.2 mg/kg* – one dose on day 1 and day 3, then take one dose every 4 weeks
  - Post COVID-19 exposure prophylaxis**
    - 0.2 mg/kg* – one dose on day 1 and day 3
  
- **Vitamin D3**
  - 1,000-3,000 IU/day

- **Vitamin C**
  - 1,000 mg twice a day

- **Quercetin**
  - 250 mg/day

- **Zinc**
  - 50 mg/day

- **Melatonin**
  - 6 mg before bedtime (causes drowsiness)

**EARLY OUTPATIENT PROTOCOL***

- **Ivermectin**
  - 0.2 mg/kg* – one dose on day 1 and day 3

- **Vitamin D3**
  - 4,000 IU/day

- **Vitamin C**
  - 2,000 mg 2–3 times daily

- **Quercetin**
  - 250 mg twice a day

- **Zinc**
  - 100 mg/day

- **Melatonin**
  - 10 mg before bedtime

- **Aspirin**
  - 325 mg/day (unless contraindicated)

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*For late phase – hospitalized patients – see the FLCCC’s MATH+ Hospital Treatment.

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www.flccc.net
IVERMECTIN

- 40-year-old anti-parasitic drug
- Discovery awarded Nobel Prize in 2015
- On the W.H.O.’s list of “essential medicines.”
IVERMECTIN
Used safely by 3.7 billion people worldwide.
IVERMECTIN

High activity against COVID19
• Pre-Exposure
• Post-Exposure
• Early Symptoms
• Late Stage Disease
New and compelling data has emerged since August—the last time the N.I.H. updated their recommendations.
Electronic Press Kit:
flccc.net
Studies show consistent, reproducible efficacy of Ivermectin.
Use of Ivermectin Is Associated With Lower Mortality in Hospitalized Patients With Coronavirus Disease 2019

The ICON Study

Juliana Cepelowicz Rajter, MD; Michael S. Sherman, MD, FCCP; Naaz Fatteh, MD; Fabio Vogel... Jamie Sacks, PharmD; and Jean-Jacques Rajter, MD
IVERMECTIN

Prophylaxis Trials of > 1,100 patients
• 3 Randomized Controlled Trials
• 1 Observational Trial
Prophylaxis of household contacts of COVID-19 patients
Randomized, Controlled Trial
Zagazig University, Egypt

Percentage of household contacts with COVID-19 symptoms

Ivermectin Prophylaxis, N=228  No Prophylaxis, N=112

7.4%  58.4%

p < .05

Shouman W. NCT04422561
Prophylaxis of health care workers study
Observational Controlled Trial
All India Institute of Medical Sciences

Percentage of health care workers who contracted COVID-19

Ivermectin Prophylaxis, N=91  No Prophylaxis, N=281

Prophylaxis of household and health care worker contacts of COVID-19 patients

Randomized Controlled Trial

Percentage of health care and household contacts who contracted COVID-19

- **Ivermecin Prophylaxis, N=100**
- 2.0%

- **No Prophylaxis, N=100**
- 10.0%

Prophylaxis of 229 Healthy Citizens
Randomized Controlled Trial – Argentina

Percentage of healthy citizens who contracted COVID-19 after 28 days

- Ivermectin Prophylaxis, N=131
  - 0.0%
- No Ivermectin Prophylaxis, N=98
  - 11.2%
WITH IVERMECTIN
1/69 = 1.4% infection

WITHOUT IVERMECTIN
22/100 = 22% infection

Long Term Care Facility A

Long Term Care Facility B+C+D
IVERMECTIN

Outpatient Trials – 500 Patients
• 3 Randomized Controlled Trials
• Large Case Series
IVERMECTIN

Hospitalized Patient Trials
4 Randomized Controlled Trials > 800 patients
4 Observational Controlled Trials > 2000 patients
All available clinical trial results show major benefits of Ivermectin in prevention and treatment.
Deaths in patients over 60 among 8 Peruvian states after deploying mass ivermectin treatment
Decreases in COVID-19 Case Fatality Rates in Peruvian patients over 60
Total deaths, case incidence and case fatality for COVID-19 in populations older than 60 years old for eight states deploying early mass ivermectin treatments vs Lima in Peru.

A. Total Deaths

B. Case Fatalities for COVID-19

C. Case Incidence for COVID-19

Data Analyst: Juan Charmie juanjcharmie@gmail.com
Sources: Total Deaths: cloud.minsa.gob.pe/a/NetBtnHXDncqWAg/download; datosabiertos.gob.pe/group/datos-abiertos-de-covid-19
COVID-19 in MEXICO

Deaths per 100,000 people before August 1st 2020

Deaths per 100,000 people after August 1st 2020

Chiapas is the only state distributing ivermectin to treat COVID-19. The distribution started on July 2020.

Source: https://www.gob.mx/salud/documentos/datos-abiertos-152127?Questions?
Analyst: Juan Chamie juanjchamie@gmail.com

Updated 12/2/20
Electronic Press Kit: flccc.net
NATIONAL CALL-TO-ACTION

National & Global Health Authorities:

Review Recent Clinical Trials Evidence Demonstrating Clinical Benefits of IVERMECTIN
## Failed and successful Rx for COVID-19 by phase of illness*

<table>
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<tr>
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<th>Pre-exposure/Post-Exposure/Incubation</th>
<th>Symptomatic Phase</th>
<th>Pulmonary/inflammatory phase</th>
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<tbody>
<tr>
<td>Hydroxychloroquine</td>
<td>Unclear benefit</td>
<td>No benefit</td>
<td>? Trend to harm</td>
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<tr>
<td>Remdesivir</td>
<td>n/a</td>
<td>?? Reduced time to recovery</td>
<td>No benefit</td>
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<td></td>
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<td>No mortality benefit</td>
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<td>Lopinavir-Ritonavir</td>
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<td>? Trend harm</td>
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<td>Ivermectin</td>
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</table>

* Based on Randomized Controlled Trials
The I-MASK+ protocol will revolutionize the treatment of COVID-19

Dr. Paul Marik (Oct. 30, 2020)

The Front Line Covid-19 Critical Care Alliance has now developed a prophylactic and early outpatient combination treatment protocol for COVID-19 called I-MASK+. This protocol is centered around the use of Ivermectin, a well-known anti-parasite drug with recently discovered anti-viral and anti-inflammatory properties and a rapidly growing published medical evidence base demonstrating its unique and highly potent ability to inhibit SARS-CoV-2 replication.

Please visit these links to get the full picture:

- I-MASK+ Prophylaxis & Early Outpatient Treatment Protocol for COVID-19 (PDF)
- Our comprehensive review of the emerging evidence for Ivermectin use in our I-MASK+ protocol (PDF, continuously updated)
- A concise summary of the scientific review on Ivermectin above (PDF, continuously updated)
- Dr. Paul Marik’s comprehensive meta-analysis of COVID-19 therapeutics (PDF)

The FLCCC Alliance

As a group of colleagues with over 200 years of combined experience in Critical Care and Emergency Medicine, as well as long-standing shared interests in developing effective treatments for critical illnesses including sepsis, we, the FLCCC Alliance, formed a working group devoted to creating a
NATIONAL CALL-TO-ACTION

Following swift validation of evidence, health authorities are urged to issue guidelines for health care providers to prescribe IVERMECTIN
I-MASK+ will change the face of this disease worldwide.
Electronic Press Kit: flccc.net