

FLCCC Responds to Results of ACTIV-6 Trial

The authors of the recent preprint, [‘Ivermectin for Treatment of Mild-to-Moderate COVID-19 in the Outpatient Setting: A Decentralized, Placebo-controlled, Randomized, Platform Clinical Trial’](#), reported they did not find a “clinically relevant effect” for treatment of early COVID-19 with ivermectin.

In public statements, the study's authors and the mass media have positioned the trial (known as ACTIV-6) as demonstrating a negative outcome for ivermectin, whereas the trial proved the opposite.

ACTIV-6 severely limited the use of ivermectin, administering a dose below what is known to be effective on the variants at the time and received too late (6 days on average) after the onset of symptoms. Despite these obvious shortfalls, there was a statistically significant, albeit modest, impact on time to clinical recovery for patients using ivermectin to treat COVID-19. This effect was prominently seen in the more severe patients in the trial, whose symptoms were reduced by an average of three days with ivermectin.

We believe positive outcomes in the ACTIV-6 add to the existing evidence of efficacy for ivermectin. With over 85 controlled trials showing large, statistically significant reductions in hospitalization, death, time to clinical recovery, and time to viral clearance, the discussion on ivermectin and COVID-19 should be focused on strategies to optimize its use, in combination with other effective therapies, to prevent and treat the virus.