

THE GLOBAL WAR ON IVERMECTIN AND OTHER REPURPOSED DRUGS DURING COVID

Pierre Kory, MPA, MD

President, Chief Medical Officer

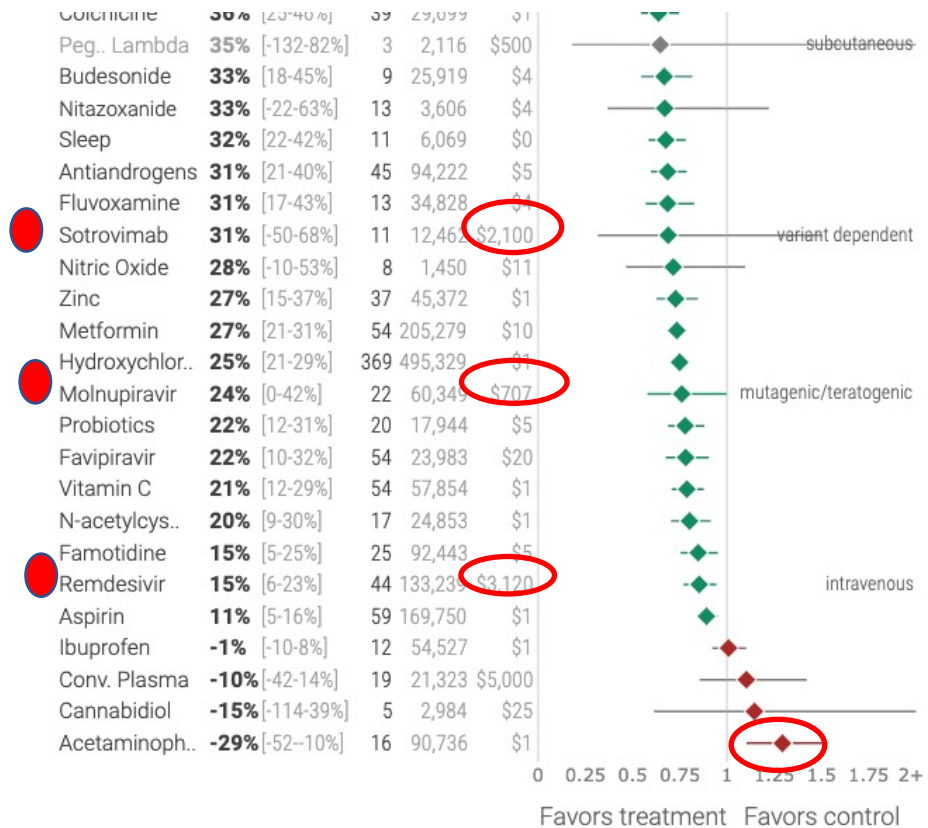
Front Line COVID-19 Critical Care Alliance

47 EFFECTIVE MEDICATIONS WITH CLINICAL TRIALS SHOWING EFFICACY IN COVID, ONLY ONE OF THE 33 REPURPOSED GENERICS ARE RECOMMENDED IN THE U.S (TYLENOL) – WHICH HARMS PATIENTS

○ = Medicines Approved For Use in the U.S

All studies (pooled effects, all stages) c19early.org Nov 12, 2022

Improvement	Studies	Patients	Cost	Relative Risk	Notes
Iota-carragee..	80% [11-96%]	1	394	\$1	very limited data
Proxalutamide	78% [70-83%]	4	1,953	\$500	limited data
Indomethacin	74% [-20-94%]	4	605	\$5	limited data
Quercetin	63% [27-81%]	9	1,279	\$5	
Ivermectin	62% [54-69%]	93	134,223	\$1	
Casirivimab/i..	56% [37-69%]	24	48,169	\$2,100	variant dependent
Bamlaniv../e..	55% [30-71%]	14	24,423	\$1,250	variant dependent
Nigella Sativa	53% [27-70%]	11	2,959	\$5	
Diet	52% [41-61%]	19	607,729	\$0	
Povidone-Iod..	52% [38-62%]	18	2,917	\$1	
Bromhexine	50% [-8-77%]	6	684	\$5	very limited data
Tixagev../c..	50% [29-64%]	7	25,339	\$855	variant dependent
Lactoferrin	48% [30-62%]	4	786	\$5	
Melatonin	47% [31-59%]	17	14,075	\$1	
Ensovibep	46% [-173-89%]	2	885	\$2,100	limited data
Ensitrelvir	45% [19-63%]	1	28	\$500	very limited data
Spirolactone	45% [18-63%]	10	3,137	\$5	
Bebtelovimab	44% [-827-97%]	2	1,134	\$1,200	intravenous
Paxlovid	40% [29-49%]	18	53,971	\$529	independent trial refused
Vitamin A	40% [-10-67%]	11	18,305	\$2	
Curcumin	39% [31-46%]	21	4,804	\$5	
Exercise	39% [30-46%]	46	1,616,059	\$0	
Vitamin D	37% [31-43%]	98	181,493	\$1	
Colchicine	36% [25-46%]	39	29,699	\$1	



Random effects meta-analysis of all studies (pooled effects, all stages). Treatments with ≤3 studies with distinct authors or with <50 control events are shown in grey. Pooled results across all stages and outcomes depend on the distribution of stages and outcomes tested - for example late stage treatment may be less effective and if the majority of studies are late stage this may obscure the efficacy of early treatment. Please see the specific stage and outcome analyses. Protocols typically combine multiple treatments which may be complementary and synergistic, and the SOC in studies often includes other treatments.

The Massive Financial Interests Threatened by Effective Repurposed Drugs for COVID (Ivermectin, HCQ & Others)

- **COVID VACCINE MANUFACTURERS AND THE GLOBAL VACCINE CAMPAIGN:**
 - No vaccine EUA can be issued if an effective treatment has been identified
 - Threat to a newly opened market with years of future sales (hundreds of billions)
 - Sovereign nation manufacturers (China/Russia) would also be threatened
- **COMPETING COVID PIPELINE DRUG MANUFACTURERS - Merck & Pfizer & Gilead & Abbvie etc.**
 - Paxlovid
 - Molnupiravir
 - Remdesivir
 - Monoclonal antibody demand/sales

MASSIVE EVIDENCE BASES SUPPORT IVM AND HCQ IN COVID

Ivermectin for COVID-19

99 studies from 1,089 scientists
137,255 patients in 28 countries

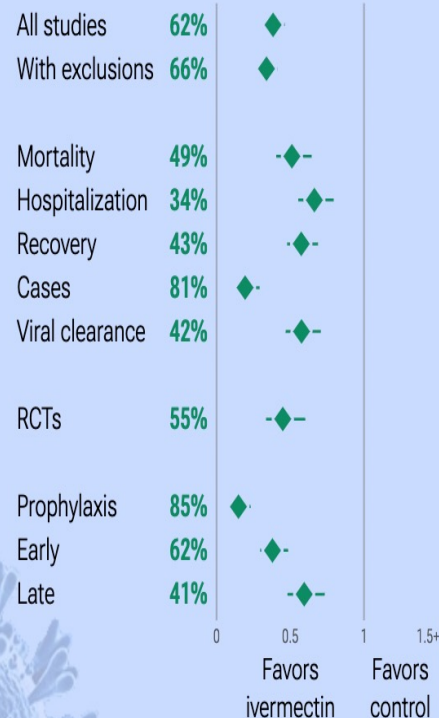
Statistically significant lower risk for **mortality**, **ventilation**, **ICU**, **hospitalization**, **recovery**, **cases**, and **viral clearance**.

85%, **62%**, **41%** lower risk for prophylaxis, early, and late treatment CI 77-90%, 51-70%, 27-52%

55% lower risk in **46 RCTs** CI 40-66%

49% lower **mortality** from **51** studies CI 35-60%

COVID-19 IVERMECTIN STUDIES. OCT 2023. C19IVM.ORG



HCQ for COVID-19

411 studies from 8,561 scientists
527,764 patients in 58 countries

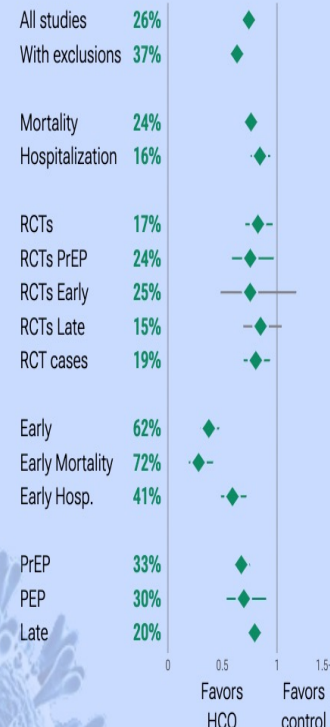
Statistically significant lower risk for **mortality**, **hospitalization**, **recovery**, **cases**, and **viral clearance**.

62%, **20%** lower risk for early and late treatment CI 53-70%, 16-24%; 38, 266 studies

25% lower risk in **9 early treatment RCTs** CI -18-52%

72% lower **mortality** in **16** early treatment trials CI 59-81%

COVID-19 HYDROXYCHLOROQUINE STUDIES. OCT 2023. C19HCQ.ORG



CORPORATE TACTICS TO COUNTER “SCIENCE INCONVENIENT TO THEIR INTERESTS”

REPORTS & MULTIMEDIA / FEATURE

The Disinformation Playbook

A "Disinformation Playbook" has been used for decades by corporations to delay government action on matters that would adversely affect their income and profit.

- 1. **The Fake** - Conduct counterfeit science and try to publish as legitimate research
- 2. **The Blitz** - Harass scientists who speak out with results or views inconvenient for industry.
- 3. **The Diversion** - Manufacture uncertainty about science where little or none exists.
- 4. **The Screen** - Buy credibility through alliances with academia or professional societies.
- 5. **The Fix** - Manipulate government officials or processes to influence policy inappropriately.
- New Plays: **Censorship**: Reject positive studies from high impact journals, avoid positive mention in high impact media, avoid recommending by agencies, disallow discussion or mention of effective, generic drugs on social media

**ATTACKS ON IVERMECTIN STARTED
WELL BEFORE THE “RIGOROUS
HIGH-QUALITY” TRIALS “PROVED”
IT WAS INEFFECTIVE**

Merck.. Does not want to Research Ivermectin in COVID

Reminder: Merck has explicitly refused request of Satoshi Omura to do a IVM clinical trial

You might have noticed this in the Kitasato University paper http://jja-contents.wdc-jp.com/pdf/JJA74/74-1-open/74-1_44-95.pdf depending on how closely you read it. I was reminded by the Whiteboard Doctors coverage and I think it's good to point this out explicitly. Merck has refused Satoshi Omura himself (and his colleagues) to investigate IVM for covid. A nice response to anyone making the Merck statement argument...

Kitasato University, based on the judgment that it is necessary to examine the clinical effect of ivermectin to prevent the spread of uncertain COVID-19, asked Merck & Co., Inc. to conduct clinical trials of ivermectin for COVID-19 in Japan. This company has priority to submit an application for an expansion of ivermectin's indications, since the original approval for the manufacture and sale of ivermectin was conferred to it.

However, the company said that it had no intention of conducting clinical trials.

MERCK WARNS AGAINST IVERMECTIN

Merck Warning Feb. 4, 2021



Media > Company statements > Company statement

Merck Statement on Ivermectin use During the COVID-19 Pandemic

- No scientific basis for a potential therapeutic effect against COVID-19 from pre-clinical studies;
- No meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease, and;
- A concerning lack of safety data in the majority of studies.

Clinical Trials Evidence as of Feb. 3, 2021

IVERMECTIN FOR COVID-19

36 TRIALS, 255 SCIENTISTS, 10,423 PATIENTS

18 RANDOMIZED CONTROLLED TRIALS

90% IMPROVEMENT IN 10 PROPHYLAXIS TRIALS RR 0.10 [0.05-0.23]

82% IMPROVEMENT IN 11 EARLY TREATMENT TRIALS RR 0.18 [0.10-0.34]

71% IMPROVEMENT IN 18 RANDOMIZED CONTROLLED TRIALS RR 0.29 [0.17-0.50]

78% IMPROVEMENT IN 14 MORTALITY RESULTS RR 0.22 [0.11-0.42]

POTENTIAL DAILY LIVES SAVED*: 9,460

* BASED ON DAILY DEATHS AND EFFECTIVENESS OF EARLY TREATMENT WHERE NOT USED. 02/03/21. IVMMETA.COM

SUMMARY OF THE EVIDENCE BASE SUPPORTING IVERMECTIN – ONE OF THE MOST “PROVEN” DRUGS IN HISTORY

Ivermectin for COVID-19
99 studies from 1,089 scientists
137,255 patients in 28 countries

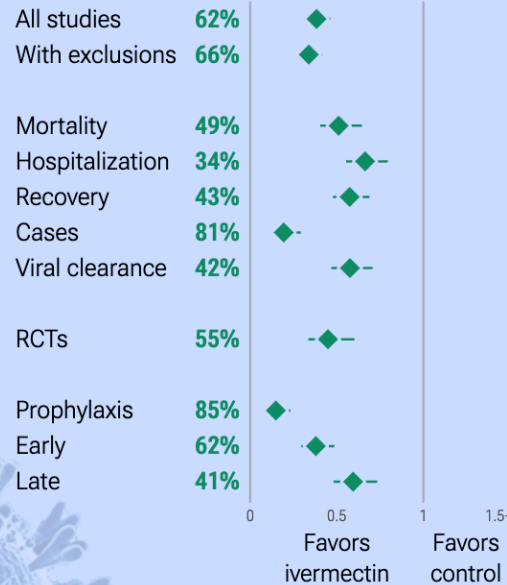
Statistically significant lower risk for **mortality, ventilation, ICU, hospitalization, recovery, cases, and viral clearance.**

85%, 62%, 41% lower risk for prophylaxis, early, and late treatment CI 77-90%, 51-70%, 27-52%

55% lower risk in **46 RCTs** CI 40-66%

49% lower **mortality** from **51 studies** CI 35-60%

COVID-19 IVERMECTIN STUDIES. OCT 2023. C19IVM.ORG



Ivermectin COVID-19 early treatment and prophylaxis studies ivmmeta.com Jul 2022

	Improvement, RR [CI]	Treatment	Control	Dose (4d)	
Chowdhury (RCT)	81% 0.19 [0.01-3.96]	hosp.	0/60	2/56	14mg
Espitia-Hernandez	70% 0.30 [0.16-0.55]	recov. time	28 (n)	7 (n)	12mg
Carvalho	85% 0.15 [0.02-1.28]	death	1/32	3/14	36mg
Mahmud (DB RCT)	86% 0.14 [0.01-2.75]	death	0/183	3/183	12mg
Szente Fonseca	-14% 1.14 [0.75-1.66]	hosp.	340 (n)	377 (n)	24mg
Cadegiani	78% 0.22 [0.01-4.48]	death	0/110	2/137	42mg
Ahmed (DB RCT)	85% 0.15 [0.01-2.70]	symptoms	0/17	3/19	48mg
Chaccour (DB RCT)	96% 0.04 [0.00-1.01]	symptoms	12 (n)	12 (n)	28mg
Ghauri	92% 0.08 [0.01-0.88]	no recov.	0/37	7/53	48mg
Babalola (DB RCT)	64% 0.36 [0.10-1.27]	viral+	40 (n)	20 (n)	24mg
Ravikirti (DB RCT)	89% 0.11 [0.01-2.05]	death	0/55	4/57	24mg
Bukhari (RCT)	82% 0.18 [0.07-0.46]	viral+	4/41	25/45	12mg
Mohan (DB RCT)	62% 0.38 [0.08-1.75]	no recov.	2/40	6/45	28mg
Biber (DB RCT)	70% 0.30 [0.03-2.76]	hosp.	1/47	3/42	36mg
Elalfy	87% 0.13 [0.06-0.27]	viral+	7/62	44/51	36mg
López-Me. (DB RCT)	67% 0.33 [0.01-8.11]	death	0/200	1/198	84mg
Roy	6% 0.94 [0.52-1.93]	recov. time	14 (n)	15 (n)	n/a
Chahla (CLUS. RCT)	87% 0.13 [0.03-0.54]	no disch.	2/110	20/144	24mg
Mourya	89% 0.11 [0.05-0.25]	viral+	5/50	47/50	48mg
Loue (QR)	70% 0.30 [0.04-2.20]	death	1/10	5/15	14mg
Merino (QR)	74% 0.26 [0.11-0.57]	hosp.	population-based cohort		24mg
Faisal (RCT)	68% 0.32 [0.14-0.72]	no recov.	6/50	19/50	48mg
Aref (RCT)	63% 0.37 [0.22-0.61]	recov. time	57 (n)	57 (n)	n/a
Krolewiecki (RCT)	-152% 2.52 [0.11-58.1]	ventilation	1/27	0/14	168mg
Vallejos (DB RCT)	-33% 1.33 [0.30-5.72]	death	4/250	3/251	24mg
Reis (DB RCT)	12% 0.88 [0.49-1.55]	death	21/679	24/679	84mg
Buonfrate (DB RCT)	-211% 3.11 [0.13-73.3]	hosp.	1/28	0/31	336mg
Mayer	55% 0.45 [0.32-0.63]	death	3,266 (n)	17,966 (n)	151mg
Borody	92% 0.08 [0.01-0.79]	death	0/600	6/600	96mg
Abbas (DB RCT)	-4% 1.04 [0.07-16.4]	death	1/99	1/103	84mg
de Jesús Ascenci..	59% 0.41 [0.36-0.47]	death/hosp.	7,898 (n)	20,150 (n)	12mg
Manomai. (DB RCT)	43% 0.57 [0.20-1.46]	no recov.	3/36	6/36	48mg
Rocha (DB RCT)	-187% 2.87 [0.12-67.5]	misc.	1/30	0/26	36mg
Rezai (DB RCT)	-5% 1.05 [0.07-16.7]	death	1/268	1/281	84mg
Mirahma. (DB RCT)	67% 0.33 [0.03-3.14]	ventilation	1/131	3/130	24mg
Early treatment	63% 0.37 [0.29-0.48]		63/14,907	238/41,914	

THE FAKE: ONLY TRIALS DESIGNED TO FIND A NEGATIVE RESULT WERE PUBLISHED IN THE HIGH-IMPACT JOURNALS

- The “world’s best trialists” did the following repeatedly:
 - Took very little care to exclude ivermectin from the control group
 - Gave as low a dose for as short a duration as possible
 - Employed completely invented “upper weight limits” to dosing
 - Enrolled patients as late into the disease as possible
 - Enrolled mildly, ill, generally healthy patients who did not go to hospital
 - All sample sizes were too small to detect differences in hospitalization
 - Despite the above, the studies concluded with language like this:
 - **“ivermectin has no role in the treatment of Covid”**

Original Investigation

March 4, 2021

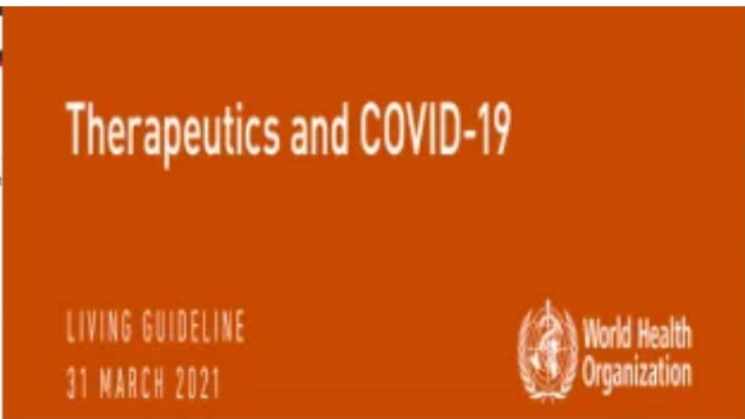
Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19

A Randomized Clinical Trial

Eduardo López-Molina, MD, MSc^{1,2,3}; Pío López, MD^{1,2}; Isabel C. Hurtado, MD^{4,5}; et al

> Author Affiliations

JAMA. 2021;325(14):1426-1435. doi:10.1001/jama.2021.3071



Research | Open Access | Published: 02 July 2021

Ivermectin to prevent hospitalizations in patients with COVID-19 (IVERCOR-COVID19) a randomized, double-blind, placebo-controlled trial

Julio Vallejos, Rodrigo Zoni, ... María Gabriela Aguirre [Show authors](#)

Original Investigation

February 18, 2022

Efficacy of Ivermectin Treatment on Disease Progression Among Adults With Mild to Moderate COVID-19 and Comorbidities

The I-TECH Randomized Clinical Trial

Steven Chee Loon Lim, MRCP¹; Chee Peng Hor, MSc^{2,3}; Kim Heng Tay, MRCP⁴; et al

> Author Affiliations | Article Information

JAMA Intern Med. 2022;182(4):426-435. doi:10.1001/jamainternmed.2022.0189

The NEW ENGLAND JOURNAL of MEDICINE

FREE ORIGINAL ARTICLE Embolic Protection (ascaphere) Avic- placement

Image Challenge What's the diagnosis?

ORIGINAL ARTICLE A Bivalent Omicron-Containing Boostrix Vaccine against Covid-19

IMAGES IN CLINICAL MEDICINE Giant Cell Arteritis

IMAGES IN CLINICAL MEDICINE Toxic Megacolon Due to Prolonged Clostridiales antibiotic treatment

Editor's Note: This article was published on March 30, 2022, at NEJM.org.

ORIGINAL ARTICLE

Effect of Early Treatment with Ivermectin among Patients with Covid-19

Gilmar Reis, M.D., Ph.D., Eduardo A.S.M. Silva, M.D., Ph.D., Daniela C.M. Silva, M.D., Ph.D., Lehana Thabane, Ph.D., Aline C. Miagres, R.N., Thiago S. Ferreira, M.D., Castilho V.Q. dos Santos, Vitoria H.S. Campos, Ana M.R. Nogueira, M.D., Ana P.F.G. de Almeida, M.D., Eduardo D. Callegari, M.D., Adhemar D.F. Neto, M.D., Ph.D., et al., for the TOGETHER Investigators*

Article Figures/Media Metrics May 5, 2022

National Institutes Of Health ACTIV-6 Trial Studying Ivermectin

Research

JAMA | **Original Investigation**

Effect of Ivermectin vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19 A Randomized Clinical Trial

Susanna Naggie, MD, MHS; David R. Boulware, MD, MPH; Christopher J. Lindsell, PhD; Thomas G. Stewart, PhD; Nina Gentile, MD; Sean Collins, MD, MSci; Matthew William McCarthy, MD; Dushyantha Jayaweera, MD; Mario Castro, MD, MPH; Mark Sulkowski, MD; Kathleen McTigue, MD, MPH, MS; Florence Thicklin; G. Michael Felker, MD, MHS; Adit A. Ginde, MD, MPH; Carolyn T. Bramante, MD, MPH; Alex J. Slandzicki, MD; Ahab Gabriel, MD; Nirav S. Shah, MD, MPH; Leslie A. Lenert, MD, MS; Sarah E. Dunsmore, PhD; Stacey J. Adam, PhD; Allison DeLong, BS; George Hanna, MD; April Remaly, BA; Rhonda Wilder, MS; Sybil Wilson, RN; Elizabeth Shenkman, PhD; Adrian F. Hernandez, MD, MHS; for the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV-6) Study Group and Investigators

ACTIV-6 – How Naggie et al Manipulated The Presentation of Data to Find Ivermectin Ineffective

Primary Outcome Measures:

1. Number of hospitalizations as measured by patient reports.
[Time Frame: Up to ~~14~~ 28 days]
2. Number of deaths as measured by patient reports
[Time Frame: Up to ~~14~~ 28 days]
3. Number of symptoms as measured by patient reports
[Time Frame: Up to ~~14~~ 28 days]

	OR (CrI) ^a	Posterior P(efficacy)
Day 7	0.76 (0.55, 1.00)	0.97
Day 14	0.73 (0.52, 0.98)	0.98
Day 28	0.90 (0.60, 1.21)	0.74

^aOR<1 favors ivermectin

HCQ Fraud: Same Private Investigator (Naggie), Same Tactics





International Journal of Infectious Diseases

Volume 129, April 2023, Pages 40-48



Hydroxychloroquine for pre-exposure prophylaxis of COVID-19 in health care workers: a randomized, multicenter, placebo-controlled trial Healthcare Worker Exposure Response and Outcomes of Hydroxychloroquine (HERO-HCQ)

Susanna Naggie¹  , Aaron Milstone², Mario Castro³, Sean P. Collins⁴, Seetha Lakshmi⁵, Deverick J. Anderson⁶, Lizbeth Cahuayme-Zuniga⁷, Kisha Batey Turner⁴, Lauren W. Cohen¹, Judith Currier⁸, Elizabeth Fraulo¹, Anne Friedland¹, Jyotsna Garg¹, Anoop George⁹, Hillary Mulder¹, Rachel E. Olson¹, Emily C. O'Brien¹, Russell L. Rothman⁴, Elizabeth Shenkman¹⁰, Jack Shostak¹...Adrian F. Hernandez¹

- **HCQ prophylaxis RCT reporting statistically significant lower cases **when pooling results with the COVID PREP RCT**, OR 0.74 [0.55-1.0] p = 0.046. There were no significant safety issues.**
- **Note that this result has been censored in the journal version, see [medrxiv.org](https://www.medrxiv.org) when they censored the data from the COVID PREP RCT**
- **Final, published version concludes: "The prophylactic use of HCQ by HCW was safe but not effective"**

OXFORD'S PRINCIPLE TRIAL: HOW TO DESIGN A TRIAL "TO FAIL"

PRINCIPLE Trial Ivermectin arm: unexplained delay and extension

PRINCIPLE (Preprint), *PRINCIPLE*, *ISRCTN86534580*

Oct 2022 [Source](#) [PDF](#) [Share](#) [All Studies](#) [Meta](#)

	<i>Molnupiravir</i>	<i>Ivermectin</i>
Trial	PANORAMIC	PRINCIPLE
Chief investigator	Prof. Chris Butler	Prof. Chris Butler
Randomization delay	Median 2 days, ≤5 days from onset	≤14 days from onset (median unknown)
Population	50+ or 18+ w/comorbidities	18+ (mid-trial change, prev. 18+ w/dyspnea or comorbidity, 65+)
Treatment	5 days, 2x per day	3 days, 1x per day, dosage below real-world protocols and recent trials
Patients randomized	25,783	est. 4,500
Enrollment period	Dec 8, 2021 - Apr 27, 2022	May 12, 2021 - Jul 8, 2022 (est.)
Cost	\$707	<\$1 (off patent)
Merck profit	\$5.4B sales to June 30, 2022 (2021, 2022). Estimated \$17.74 to produce.	~\$0 (potential, unlikely competitive with low cost manufacturers)
Mutagenic	Yes	No
Design better for showing efficacy		
Design worse for showing efficacy		

PRINCIPLE TRIAL.. RUNS OUT OF IVERMECTIN?

MAKE A DONATION

THE EPOCH TIMES

Politics China World Opinion Business & Markets Science Bright Mind & Body Arts

PREMIUM HEALTH NEWS

No Supply Issues With Ivermectin: Pharmaceutical Supplying PRINCIPLE Oxford Trial

By [Meiling Lee](#) | December 25, 2021 Updated: December 25, 2021

  Print

WHY HAVE THE RESULTS OF THE PRINCIPLE TRIAL NOT BEEN MADE PUBLIC?

<i>Treatment</i>	<i>Treatment patients</i>	<i>Duration</i>	<i>Results delay</i>
HCQ	n/a (523 trial total on Jun 16)	2 months	over 1,190 days <i>principletrial.org (B)</i>
Azithromycin <i>thelancet.com</i>	540	6 months	56 days <i>nihr.ac.uk</i>
Doxycycline <i>thelancet.com (B)</i>	780	5 months	42 days <i>nihr.ac.uk</i>
Budesonide <i>thelancet.com (C)</i>	1,073	4 months	12 days <i>principletrial.org (C)</i>
Colchicine <i>bjgp.org</i>	156	3 months	120 days <i>medrxiv.org</i>
Ivermectin	~2,250	14 months	over 440 days (over 660 days from ~1,000 per arm enrollment)
Favipiravir	~2,250	15 months	over 440 days (over 660 days from ~1,000 per arm enrollment)

*** PRINCIPLE stopped enrolling 14 months ago. Still no word on what they found.**

THE FOUNDATION OF THE ENTIRE CORRUPTION OF COVID SCIENCE IS AT THE **HIGH IMPACT** MEDICAL JOURNALS

- **REJECTION** OF HIGH QUALITY, POSITIVE STUDIES OF IVERMECTIN
 - Prof. Eli Schwartz, Israel – double blind RCT showing faster viral clearance via PCR and culture
 - Prof. Waheed Shouman, Egypt, Zagazig University – double blind RCT showing massive reduction in COVID with ivermectin prophylaxis - NEJM
 - Prof. Hector Carvallo, Argentina – large study demonstrating perfect protection against COVID with ivermectin prophylaxis – JAMA
- **RETRACTION** OF PEER-REVIEWED PUBLISHED POSITIVE STUDIES
 - The Lancet, Frontiers, Nature, BMJ, NEJM

THE DIVERSION - WIDESPREAD RETRACTIONS OF POSITIVE STUDIES ON IVERMECTIN

UK

The Lancet Respiratory Medicine
Ivermectin for prevention and treatment of COVID-19 infection: a systematic review and meta-analysis
--Manuscript Draft--

Manuscript Number:	0195831
Article Type:	Article (Original Research)
Keywords:	Ivermectin; prophylaxis; prevention; treatment; COVID-19; SARS CoV-2
Corresponding Author:	Andrew Bryant, MSc Newcastle, Newcastle upon Tyne UNITED KINGDOM
First Author:	Andrew Bryant, MSc
Order of Authors:	Andrew Bryant, MSc Theresa A Lawrie, PhD Therese Dowswell, PhD

JAPAN

<Review Article>

Global trends in clinical studies of ivermectin in COVID-19

Morimasa Yagisawa, Ph.D.^{1,2}, Patrick J. Foster, M.D.², Hideaki Hanaki, Ph.D.¹ and Satoshi Omura, Ph.D.¹

Review Article | Published: 15 June 2021

RETRACTED ARTICLE: The mechanisms of action of Ivermectin against SARS-CoV-2: An evidence-based clinical review article



frontiers US in Pharmacology

THERAPEUTIC ADVANCE

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19

Kory, Pierre MD^{1,2}; Meduri, Gianfranco Umberto MD²; Varon, Joseph MD³; Iglesias, Jose DO⁴; Marik, Paul E. MD⁵ [Author Information](#)

Clinical Research and Trials **SPAIN** 

Research Article ISSN: 2059-0377

Potential use of ivermectin for the treatment and profilaxis of SARS-CoV-2 infection: Efficacy of ivermectin for SARS-CoV-2

Cobos-Campos R¹, Apitaniz A^{1,2}, Parraza N¹, Escudero J¹, Bermúdez-Ampudia C¹, Cordeiro J¹, Sáez de Lafuente A¹, García S¹ and Orriente E¹
¹Bioaraba Health Research Institute, Epidemiology and Public Health Research Group, Vitoria-Gasteiz, Spain
²Osakidetza Basque Health Service, Araribakarra II Health Centre, Vitoria-Gasteiz, Spain
³Department of Preventive Medicine and Public Health, EHU/UPV, Vitoria-Gasteiz, Spain

EDITORIAL 

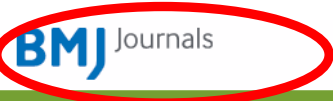
Crying wolf in time of Corona: the strange case of ivermectin and hydroxychloroquine. Is the fear of failure withholding potential life-saving treatment from clinical use?

Pasquale Nardelli¹, Alberto Zangrillo^{1,2}, Gabriele Sanchini¹, Valery V Likhvantsev^{3,4}, Andrey G Yavorovskiy⁴, Carolina Soledad Romero Garcia⁵, Giovanni Landoni^{1,2,*}

NUMEROUS REVIEWS PROVING EFFICACY OF IVERMECTIN

**** THREE MANUSCRIPTS WERE RETRACTED AFTER PASSING PEER REVIEW AT THREE SEPARATE HIGH IMPACT MEDICAL JOURNALS (OVER ALL THE AUTHOR AND PEER-REVIEWER OBJECTIONS IN EACH CASE)**

MORE JOURNAL INFLUENCE – “BIG SCIENCE” AT WORK WITH NEGATIVE EDITORIALS



BMJ Evidence-Based Medicine

EBM opinion and debate

Misleading clinical evidence and systematic reviews on ivermectin for COVID-19 **FREE**

Luis Ignacio Garegnani¹, Eva Madrid², Nicolás Meza³

Correspondence to Nicolás Meza, CIESAL, Universidad de Valparaíso, Viña del Mar, Chile; nicolas.meza@uv.cl

Citation
Garegnani LI, Madrid E, Meza N. Misleading clinical evidence and systematic reviews on ivermectin for COVID-19. *BMJ Evidence-Based Medicine* Published Online First: 22 April 2021. doi: 10.1136/bmjebm-2021-111678

Concluding, research related to ivermectin in COVID-19 has serious methodological limitations resulting in very low certainty of the evidence, and continues to grow.³⁷⁻³⁹ The use of ivermectin, among others repurposed drugs for prophylaxis or treatment for COVID-19, should be done based on trustable evidence, without conflicts of interest, with proven safety and efficacy in patient-consented, ethically approved, randomised clinical trials.

NEJM Journal Watch

FEBRUARY 12TH, 2022

The Rise and Fall of Ivermectin — 1 Year Later

Here’s a confession few board-certified ID doctors will make — there was a brief period when I thought ivermectin could very well be an effective treatment for COVID-19.

It wasn’t when the in vitro data first came out. Therapeutic concentrations were not achievable in humans.

Nor when the anecdotal reports started pouring in, and sometimes making news. A former colleague of mine, a smart and clinically active person practicing in the Midwest, contacted me in late 2020 telling me that



REPORTS & MULTIMEDIA / FEATURE

The Disinformation Playbook

THE FIX: Manipulate officials or to influence policy
inappropriately


Dr. Andrew Hill, leading ivermectin researcher for
the WHO and Unitaid... gets captured

Andrew Hill Retracts His Own Paper

OXFORD ACADEMIC Journals Books

Open Forum Infectious Diseases

JOURNAL ARTICLE

Retracted: Meta-analysis of Randomized Trials of Ivermectin to Treat SARS-CoV-2 Infection 

Andrew Hill, Anna Garratt, Jacob Levi ✉, Jonathan Falconer, Leah Ellis, Kaitlyn McVictoria Pilkington, Ambar Qavi, Junzheng Wang, Hannah Wentzel

Open Forum Infectious Diseases, Volume 8, Issue 11, November 2021, ofab358, <https://doi.org/10.1093/ofid/ofab358>

Published: 06 July 2021 Article history ▾

OXFORD ACADEMIC Journals Books

Open Forum Infectious Diseases 

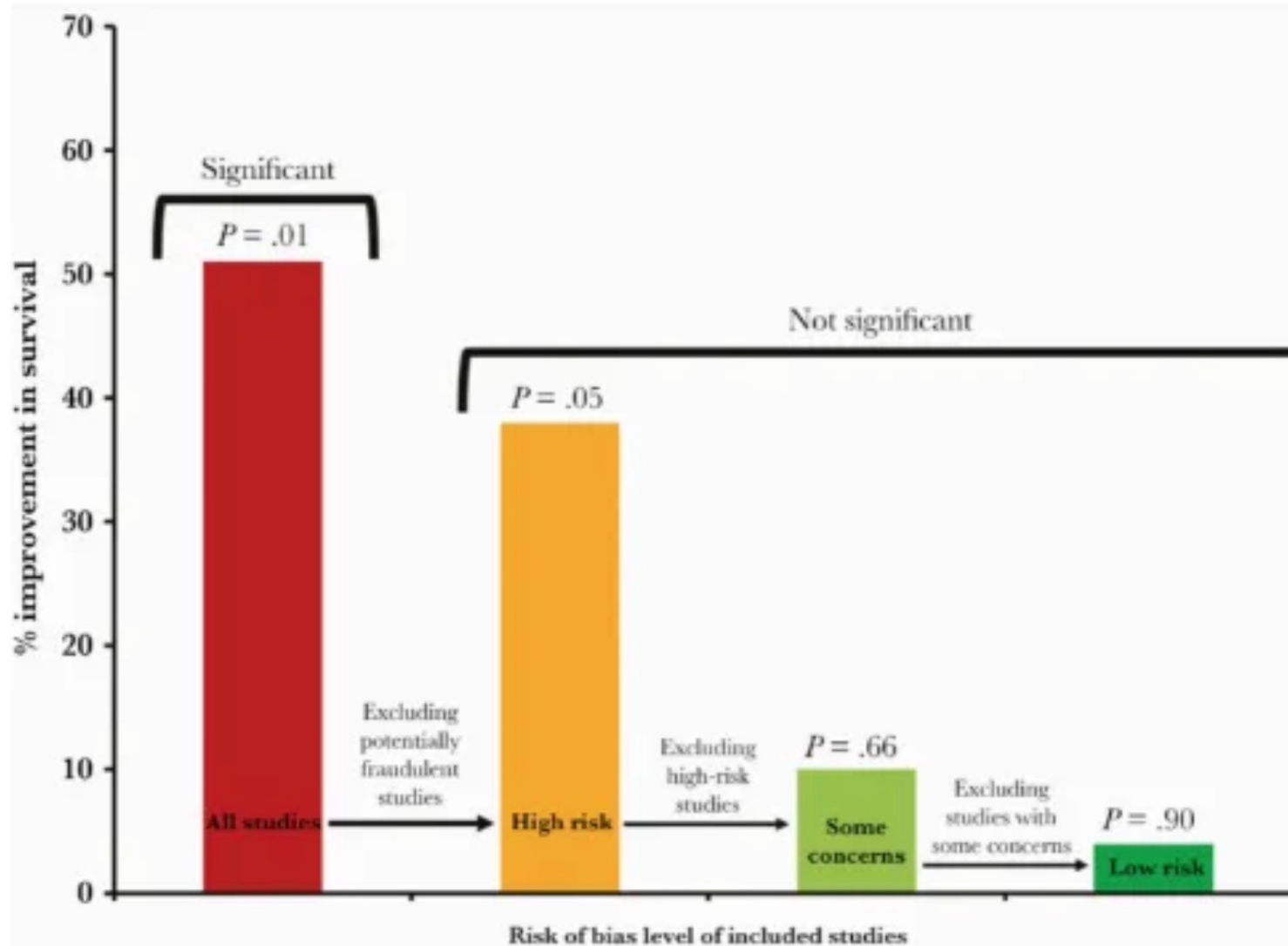
JOURNAL ARTICLE EDITOR'S CHOICE

Ivermectin for COVID-19: Addressing Potential Bias and Medical Fraud 

Andrew Hill, Manya Mirchandani ✉, Victoria Pilkington

Open Forum Infectious Diseases, Volume 9, Issue 2, February 2022, ofab645

Hill Whittles Down The Evidence Base.. To nothing... Published in the NEJM



REPORTS & MULTIMEDIA / FEATURE

The Disinformation Playbook

THE FIX: Manipulate agencies
to influence policy
inappropriately.

DISINFORMATION TACTIC: “THE DIVERSION”

Therapeutics and COVID-19

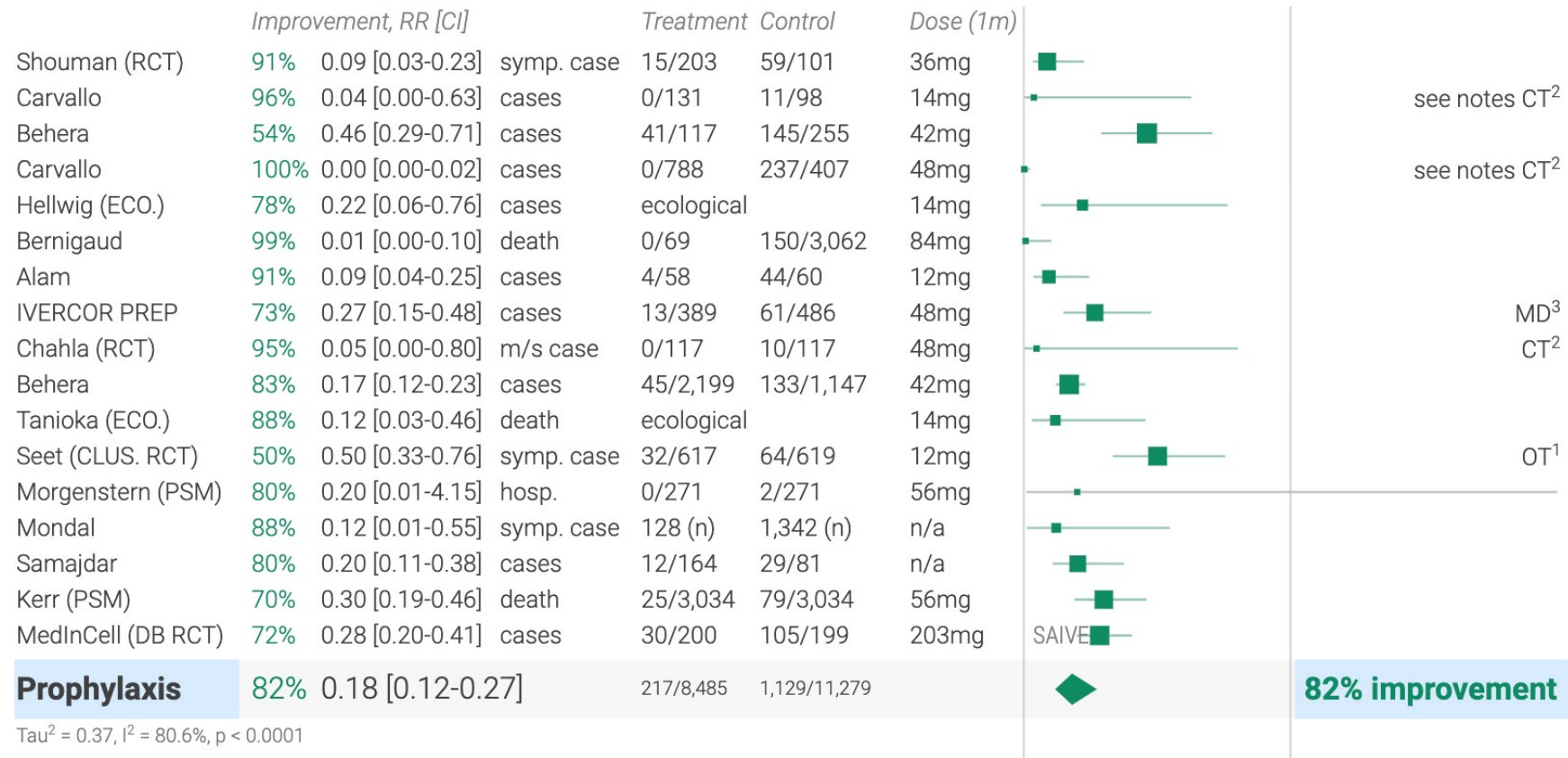
LIVING GUIDELINE
31 MARCH 2021



- “We do not recommend Ivermectin be used outside of a clinical trial”

FLCCC Alliance Statement on the Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign Against Ivermectin

IVERMECTIN IN PREVENTION OF COVID – IGNORED AND NOT REVIEWED BY THE WHO



3.1 What triggered this version of the guideline?

This fourth version of the WHO living guideline addresses the use of ivermectin in patients with COVID-19. It follows the increased international attention on ivermectin as a potential therapeutic option. While ivermectin is also being investigated for prophylaxis, this guideline only addresses its role in the treatment of COVID-19. Ivermectin is relatively inexpensive and accessible, and some countries have already witnessed its widespread use in the treatment of COVID-19; in other countries, there is increasing pressure to do so (14).

WHAT THE WHO DID TO THE EVIDENCE BASE OF IVERMECTIN IN THE TREATMENT OF COVID

- Single person served as Chair of Guidance Support, & member of Methods Committee, and Systematic Review Team
- Failed to publish a pre-established protocol for data exclusion
- Excluded trials.. that were included in their original Unitaid search protocol
- Excluded two “quasi-randomized” RCT’s finding statistically significant lower mortality
- Excluded two RCT’s compared to/given with other medications, finding statistically significant lower mortality
- Excluded up to seven or more other available ivermectin RCT results
- Excluded all RCT’s and OCT’s investigating ivermectin in the prevention of COVID-19
- Excluded 13 OCT’s with over 5,500 patients, overall large reductions in mortality found
- Excluded numerous published and pre-print epidemiologic studies finding population wide mortality decreases
- Included only 3 studies such that this limited dataset allowed them to “suggest” increased harms of IVM
- Graded the JAMA study as “low risk of bias” yet all independent expert reviewers have graded as high risk of bias
- Downgraded the quality of evidence on mortality due to “imprecision” despite displaying a precise estimate

DESPITE THE CHERRY-PICKING OF TRIALS, THE WHO FOUND IVM REDUCED MORTALITY BY 81%

Outcome Timeframe	Study results and measurements	Comparator Standard care	Intervention Ivermectin	Certainty of the Evidence (Quality of evidence)	Plain language summary
Mortality	Odds ratio 0.19 (CI 95% 0.09 – 0.36) Based on data from 1419 participants in 7 studies. ¹ (Randomized controlled)	70 per 1000 Difference:	14 per 1000 56 fewer per 1000 (CI 95% 63 fewer – 44 fewer)	Very low Due to serious risk of bias and very serious imprecision ²	The effect of ivermectin on mortality is uncertain.

SO WHY DID THE WHO NOT RECOMMEND IVERMECTIN WORLDWIDE?

Values and preferences

Applying the agreed values and preferences (see Section 7), the GDG inferred that almost all well-informed patients would want to receive ivermectin only in the context of a randomized trial, given that the evidence left a very high degree of uncertainty in effect on mortality, need for mechanical ventilation, need for hospitalization and other critical outcomes of interest and there was a possibility of harms, such as treatment-associated SAEs. The panel anticipated little variation in values and preferences between patients when it came to this intervention.

REPORTS & MULTIMEDIA / FEATURE

The Disinformation Playbook

-MASS COORDINATED CENSORSHIP OF POSITIVE DATA

**-MASS COORDINATED PUBLICATION OF ANTI-
IVERMECTIN NARRATIVES**

SO HOW DID “THEY” GET MUCH OF THE WORLD TO BELIEVE THAT IVERMECTIN WAS INEFFECTIVE?



Trusted News Initiative (TNI) to combat spread of harmful vaccine disinformation and announces major research project

At a recent summit chaired by the BBC's new Director General, Tim Davie, the Trusted News Initiative (TNI) agreed to focus on combatting the spread of harmful vaccine disinformation.

- The partners currently within the TNI are: AP, AFP; BBC, CBC/Radio-Canada, European Broadcasting Union (EBU), Facebook, Financial Times, First Draft, Google/YouTube, The Hindu, Microsoft, Reuters, Reuters Institute for the Study of Journalism, Twitter, The Washington Post.

U.S Gov't Paid 1 Billion to Media to Promote Positive Vaccine Coverage

Feds Secretly Paid Media to Promote COVID Shots

The Biden administration made direct payments to nearly all major corporate media outlets to deploy a \$1 billion taxpayer-funded outreach campaign designed to push only positive coverage about COVID-19 vaccines and to censor any negative coverage, according to documents obtained by The Blaze.

By [Megan Redshaw](#)

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SOCIAL MEDIA CENSORS DISCUSSION OF IVERMECTIN OR HYDROXYCHLOROQUINE - TWITTER/YOUTUBE/FACEBOOK



Youtube community policy specifically prohibits mention of ivermectin for the treatment of COVID-19

Facebook Group, “Ivermectin MD Team” with over 10,000 members shut down for months

I DISCOVERED THE “TWO CLICKS TO BILL GATES RULE”



Documents show Bill Gates has given \$319 million to media outlets to promote his global agenda

ALAN MACLEOD · NOVEMBER 21, 2021

Awards Directly to Media Outlets:

- NPR- \$24,663,066
- The Guardian (including [TheGuardian.org](https://www.theguardian.com))- \$12,951,391
- Cascade Public Media – \$10,895,016
- Public Radio International (PRI.org/TheWorld.org)- \$7,719,113
- The Conversation- \$6,664,271
- Univision- \$5,924,043
- Der Spiegel (Germany)- \$5,437,294
- Project Syndicate- \$5,280,186
- Education Week – \$4,898,240
- WETA- \$4,529,400
- NBCUniversal Media- \$4,373,500
- Nation Media Group (Kenya) – \$4,073,194
- Le Monde (France)- \$4,014,512

MEDIA “NARRATIVES” AGAINST IVERMECTIN CIRCULATE AND COMPOUND

- “Effective concentrations of ivermectin could never be achieved with standard dosing ”
- “All the studies on Ivermectin were small”
- “All the studies on Ivermectin were low quality”
- “All the positive studies were of an observational design”
- “All the positive studies were in countries with parasites/worms”
- “Ivermectin advocates promote it with a religious fervor”
- “The larger and more rigorously done studies were negative”
- “Ivermectin advocates see their “political stars” rise

REPORTS & MULTIMEDIA / FEATURE

The Disinformation Playbook

-THE “BLITZ” – Harass scientists who speak out with results or views inconvenient for industry

FLCCC MEMBERS HAVE THEIR CAREERS THREATENED/ENDED

Founding members / MATH+ and I-MASK+ developers



Paul E. Marik, M.D., FCCM, FCCP

- Endowed Professor of Medicine
- Chief, Div. of Pulmonary & Critical Care Medicine
- Eastern Virginia Medical School Norfolk, Virginia
- [Curriculum Vitae – Dr. Paul E. Marik](#)

False Accusations,
Forced to Retire
Board Certification to be
Revoked



Pierre Kory, M.D., M.P.A.

- Pulmonary and Critical Care Specialist
- President, Frontline COVID-19 Critical Care Network (FLCCC)
- [Curriculum Vitae – Dr. Pierre Kory](#)
- Twitter: [@PierreKory](#)

Lost Three Jobs
Fired from last by false accusation
11 Medical Board Complaints
Board Certification To Be Revoked



Flávio A. Cadegiani, MD, MSc, Ph.D.

- Endocrinologist & Visiting Professor, Faculty of Medicine, UNICAMP
- Founder, President & Medical Director – Corpopmetria Institute, Brazil
- Ad hoc consultant for the Brazilian Health Regulatory Agency (Anvisa)
- Consultant for Nat'l. Commission for Incorporation of New Technologies, Devices and Drug Health System (SUS)
- [Curriculum Vitae – Flávio A. Cadegiani](#)

Widespread Media Attacks
False Accusations
Accused of Crimes Against Humanity
at the ICC



Joseph Varon, M.D., FCCP, FCCM

- Professor of Acute & Continuing Care
- Chief of Staff & Chief of Critical Care
- United Memorial Medical Center, Houston, Texas
- [Curriculum Vitae – Dr. Joseph Varon](#)

Investigated
Hospital now closed



G. Umberto Meduri, M.D.

- Professor of Medicine
- University of Tennessee Health Science Center
- Pulmonary, Critical Care & Sleep Medicine and Research Services
- Memphis V.A. Medical Center

False Accusations,
Forced to Retire



Jose Iglesias, D.O.

- Assoc. Prof., Hackensack Meridian School of Medicine at Seton Hall
- Dept. of Nephrology & Critical Care / Community Medical Center
- Dept. of Nephrology, Jersey Shore University Medical Center
- Neptune, New Jersey
- [Curriculum Vitae – Dr. Jose Iglesias](#)

REPORTS & MULTIMEDIA / FEATURE

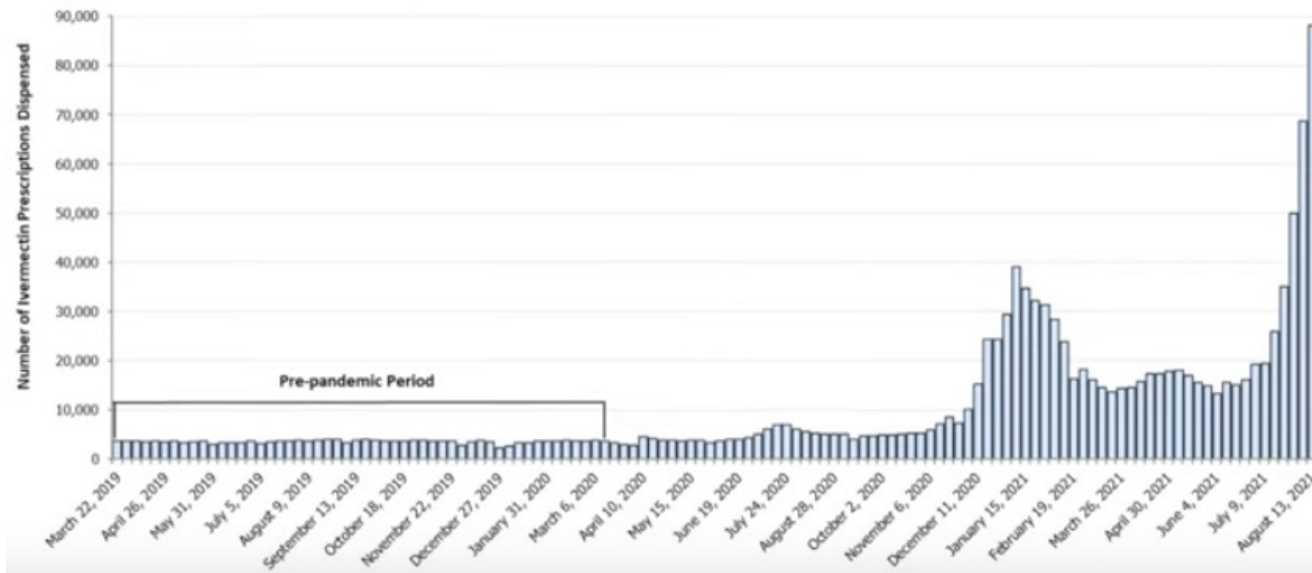
The Disinformation Playbook

**The Screen - Buy credibility through alliances
with academia or professional societies**

**The Fix - Manipulate government officials or
processes to influence policy inappropriately**

UNITED STATES: “THE GUNS OF AUGUST”- PHARMAGEDDON BEGINS 8/29/2021

- Entirely focused on Ivermectin, a highly effective, repurposed drug
 - N.B. Repurposed drugs are the singular enemy of the pharmaceutical industry, and have been for decades
- Triggered by.. **the meteoric rise** in U.S ivermectin prescriptions



Public Relation Bombs start to fall...

This is an official
CDC HEALTH ADVISORY

9/1/2021
Press Release

AMA, APhA, ASHP Call for Immediate End to Prescribing, Dispensing, and Use of Ivermectin to Prevent or Treat COVID-19 Outside Clinical Trials

Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19

Distributed via the CDC Health Alert Network
August 26, 2021, 11:40 AM ET
CDCHAN-00449

Summary

[Home](#) / [Advocacy](#) / [News Releases](#)
/ FSMB: Spreading COVID-19 Vaccine Misinformation May Put Medical License at Risk

FSMB: SPREADING COVID-19 VACCINE MISINFORMATION MAY PUT MEDICAL LICENSE AT RISK

WASHINGTON, D.C. (July 29, 2021) – The Federation of State Medical Boards’ Board of Directors released the following statement in response to a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals on social media platforms, online and in the media:



FDA U.S. FDA @US_FDA

You are not a horse. You are not a cow. Seriously, y'all. Stop it.

Why You Should Not Use Ivermectin to Treat or Prevent COVID-19
Using the Drug ivermectin to treat COVID-19 can be dangerous and even lethal. The FDA has not approved the drug for that purpose.
fda.gov

FDA makes fun of ivermectin, tweet goes “viral”

U.S Doctors get scared & stop prescribing, U.S pharmacists get scared and stop filling prescriptions

AP

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AMA, APhA, ASHP Call for Immediate End to Prescribing, Dispensing, and Use of Ivermectin to Prevent or Treat COVID-19 Outside Clinical Trials

September 2, 2021

HORSE DEWORMER PUBLIC RELATIONS CAMPAIGN KICKS OFF – AUGUST/SEPTEMBER 2021

yahoo/news
Why are US anti-vaxxers touting a horse dewormer as a cure for Covid?

THE WEEK
LATE NIGHT
Late night hosts are baffled anyone chooses horse dewormer over COVID-19 vaccines

The New York Times
What to Watch: 'Eurovision', 'White Noise', 'Glee: The Musical', 'The Mindy Project', 'The Sandlot' | **Best of Late Night**
Jimmy Kimmel Skewers 'Pandimwits' Taking Horse Dewormer
"Meanwhile, these poor horses are like: 'Hey, I have worms — I need that stuff. There are worms in my butt, do you understand?'" Kimmel said.

The Hollywood Reporter
NEWS FILM TV AWARDS LIFESTYLE BUSINESS GLOBAL VIDEO PODCASTS
HOME > NEWS > GENERAL NEWS
Joe Rogan Says He Tested Positive for COVID-19, Takes Unproven Horse Dewormer
Ivermectin has been falsely touted by some anti-vaxxers as an alternative to getting vaccinated.
BY RYAN PARKER | SEPTEMBER 1, 2021 2:16PM

Stephen Colbert Reveals The Grossest Part Of The Anti-Vaxxer/Deworming Drug Trend
The "Late Show" host takes on the nastiest part of the ivermectin fed among anti-vaxxers.

Rachel Maddow Rips Fox News For Pushing 'Horse Dewormer' For COVID Treatment
The late-night host rips Fox News for pushing the deworming drug to treat COVID-19 that the FDA says is unsafe for humans.

Mary Papenfuss
August 28, 2021 · 3 likes

PUBLIC RELATIONS CAMPAIGN GOES VIRAL



RollingStone

HOME / POLITICS

/ POLITICS NEWS

SEPTEMBER 3, 2021 6:33PM EDT

Gunshot Victims Left Waiting as Horse Dewormer Overdoses Overwhelm Oklahoma Hospitals, Doctor Says

“The ERs are so backed up that gunshot victims were having hard times getting to facilities where they can get definitive care and be treated,” Dr. Jason McElyea said

DR. ANTHONY FAUCI, NATIONAL TV, CNN 8/29/21 – WARNING COUNTRY AGAINST USING IVERMECTIN



“Don’t do it, there’s no evidence whatsoever that that works”

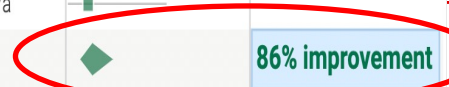
“There’s no clinical evidence that indicates that this works”

IVERMECTIN CLINICAL EVIDENCE BASE 8-29-21

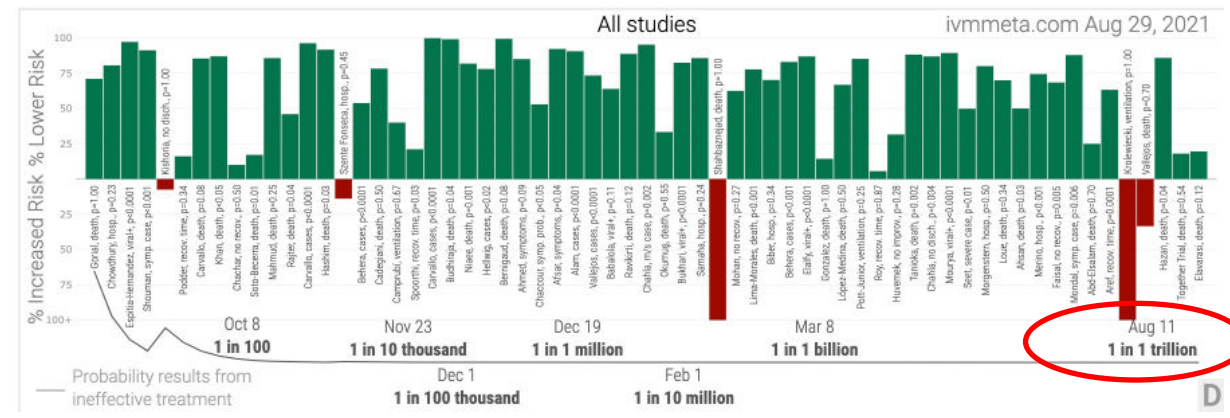
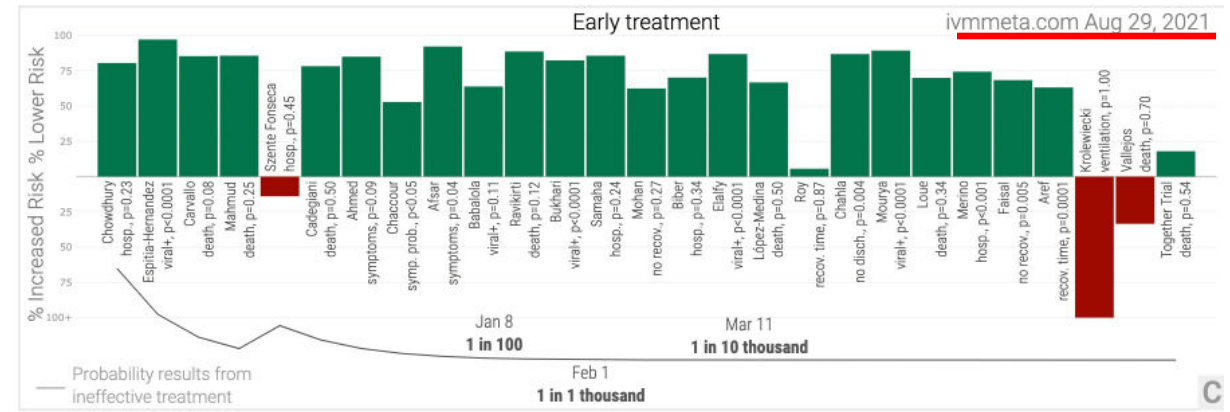
	Improvement, RR [CI]	Treatment	Control	Dose (4d)	
Chowdhury (RCT)	81% 0.19 [0.01-3.96]	hosp.	0/60	2/56	14mg
Espitia-Hernandez	97% 0.03 [0.01-0.11]	viral+	0/28	7/7	12mg
Carvallo	85% 0.15 [0.02-1.28]	death	1/32	3/14	36mg
Mahmud (DB RCT)	86% 0.14 [0.01-2.75]	death	0/183	3/183	12mg
Szente Fonseca	-14% 1.14 [0.75-1.66]	hosp.	340 (n)	377 (n)	24mg
Cadegiani	78% 0.22 [0.01-4.48]	death	0/110	2/137	42mg
Ahmed (DB RCT)	85% 0.15 [0.01-2.70]	symptoms	0/17	3/19	48mg
Chaccour (DB RCT)	53% 0.47 [0.19-1.16]	symp. prob.	12 (n)	12 (n)	28mg
Afsar	92% 0.08 [0.00-3.32]	symptoms	0/37	7/53	48mg
Babalola (DB RCT)	64% 0.36 [0.10-1.27]	viral+	40 (n)	20 (n)	24mg
Ravikirti (DB RCT)	89% 0.11 [0.01-2.05]	death	0/55	4/57	24mg
Bukhari (RCT)	82% 0.18 [0.07-0.46]	viral+	4/41	25/45	12mg
Samaha (RCT)	86% 0.14 [0.01-2.70]	hosp.	0/50	3/50	12mg
Mohan (DB RCT)	62% 0.38 [0.08-1.75]	no recov.	2/40	6/45	28mg
Biber (DB RCT)	70% 0.30 [0.03-2.76]	hosp.	1/47	3/42	36mg
Elalfy	87% 0.13 [0.06-0.27]	viral+	7/62	44/51	36mg
López-Me... (DB RCT)	67% 0.33 [0.01-8.11]	death	0/200	1/198	84mg
Roy	6% 0.94 [0.52-1.93]	recov. time	14 (n)	15 (n)	n/a
Chahla (CLUS. RCT)	87% 0.13 [0.03-0.54]	no disch.	2/110	20/144	24mg
Mourya	89% 0.11 [0.05-0.25]	viral+	5/50	47/50	48mg
Loue (QR)	70% 0.30 [0.04-2.20]	death	1/10	5/15	14mg
Merino (QR)	74% 0.26 [0.11-0.61]	hosp.	population-based cohort		24mg
Faisal (RCT)	68% 0.32 [0.14-0.72]	no recov.	6/50	19/50	48mg
Aref (RCT)	63% 0.37 [0.22-0.62]	recov. time	57 (n)	57 (n)	
Krolewiecki (RCT)	-152% 2.52 [0.11-58.1]	ventilation	1/27	0/14	168mg
Vallejos (DB RCT)	-33% 1.33 [0.30-5.72]	death	4/250	3/251	24mg
Together... (DB RCT)	18% 0.82 [0.44-1.52]	death	18/677	22/678	84mg
Early treatment	72% 0.28 [0.18-0.45]		52/2,599	229/2,640	



	Improvement, RR [CI]	Treatment	Control	Dose (1m)	
Shouman (RCT)	91% 0.09 [0.03-0.23]	symp. case	15/203	59/101	36mg
Carvallo	96% 0.04 [0.00-0.63]	cases	0/131	11/98	14mg
Behera	54% 0.46 [0.29-0.71]	cases	41/117	145/255	42mg
Carvallo	100% 0.00 [0.00-0.02]	cases	0/788	237/407	48mg
Hellwig (ECO)	78% 0.22 [0.05-0.89]	cases	ecological		14mg
Bernigaud	99% 0.01 [0.00-0.10]	death	0/69	150/3,062	84mg
Alam	91% 0.09 [0.04-0.25]	cases	4/58	44/60	12mg
Vallejos	73% 0.27 [0.15-0.48]	cases	13/389	61/486	48mg
Chahla (RCT)	95% 0.05 [0.00-0.80]	m/s case	0/117	10/117	48mg
Behera	83% 0.17 [0.12-0.23]	cases	45/2,199	133/1,147	42mg
Tanioka (ECO)	88% 0.12 [0.03-0.51]	death	ecological		14mg
Seet (CLUS. RCT)	50% 0.50 [0.33-0.76]	severe case	32/617	64/619	12mg
Morgenstern (PSM)	80% 0.20 [0.01-4.15]	hosp.	0/271	2/271	56mg
Mondal	88% 0.12 [0.01-0.55]	symp. case	128 (n)	1,342 (n)	n/a
Prophylaxis	86% 0.14 [0.08-0.25]		150/5,087	916/7,965	



Tau² = 0.59; I² = 83.9%



63 Controlled Trials (31 Randomized, 32 Observational)
44 Peer-Reviewed and Published Trials

October 1st, 2021

PipelineReview.com

By La Merie ●●●● Business Intelligence Center

NOV. 5th, 2021



MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV

Pfizer's Novel COVID-19 Oral Antiviral Treatment Candidate Reduced Risk of Hospitalization or Death by 89% in Interim Analysis of Phase 2/3 EPIC-HR Study

HEALTH AND SCIENCE

Merck says its new Covid pill reduces the risk of hospitalization, death by half for some patients

PUBLISHED FRI, OCT 1 2021 6:01 AM EDT | UPDATED FRI, OCT 1 2021 1:59 PM EDT

Chloe Taylor
@CHLOETAYLOR141

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- PAXLOVID™ (PF-07321332; ritonavir) was found to reduce the risk of hospitalization or death by 89% compared to placebo in non-hospitalized high-risk adults with COVID-19
- In the overall study population through Day 28, no deaths were reported in patients who received PAXLOVID™ as compared to 10 deaths in patients who received placebo
- Pfizer plans to submit the data as part of its ongoing rolling submission to the U.S. FDA for Emergency Use Authorization (EUA) as soon as possible