

THE GLOBAL WAR ON IVERMECTIN

Pierre Kory, MPA, MD

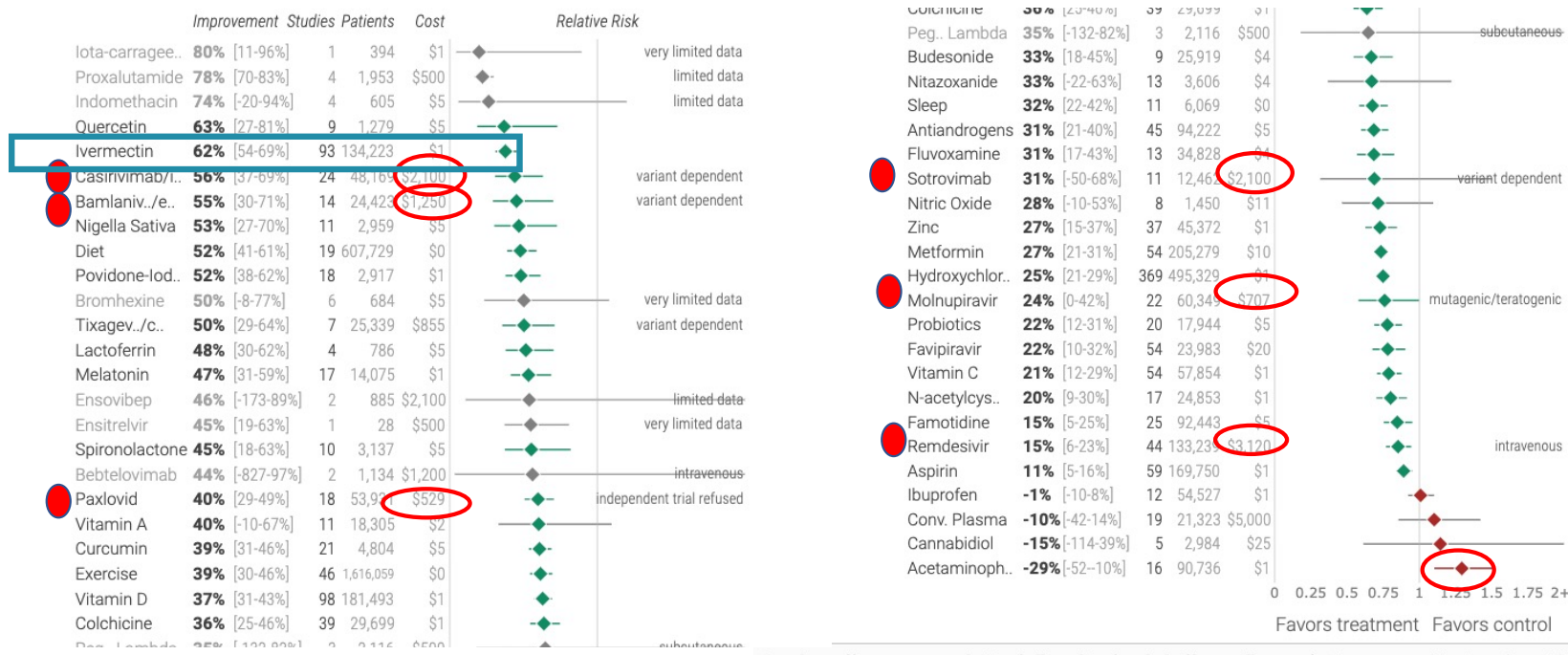
President, Chief Medical Officer

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



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)

- Multiple pharmaceutical companies with competing anti-viral medicines for COVID – Merck & Pfizer & Gilead
 - Paxlovid
 - Molnupiravir
 - Remdesivir
- VACCINES
 - Numerous vaccine companies with years of future sales (hundreds of billions)
 - Sovereign nation manufacturers (China/Russia) forming geopolitical ties
 - Threat to the EUA which vaccines have been given?
- Monoclonal antibody demand/sales
- Long-acting injectable antibody products

CORPORATE TACTICS TO COUNTER “SCIENCE INCONVENIENT TO THEIR INTERESTS”

Union of
Concerned Scientists

TAKE ACTION Q DONATE + MEN

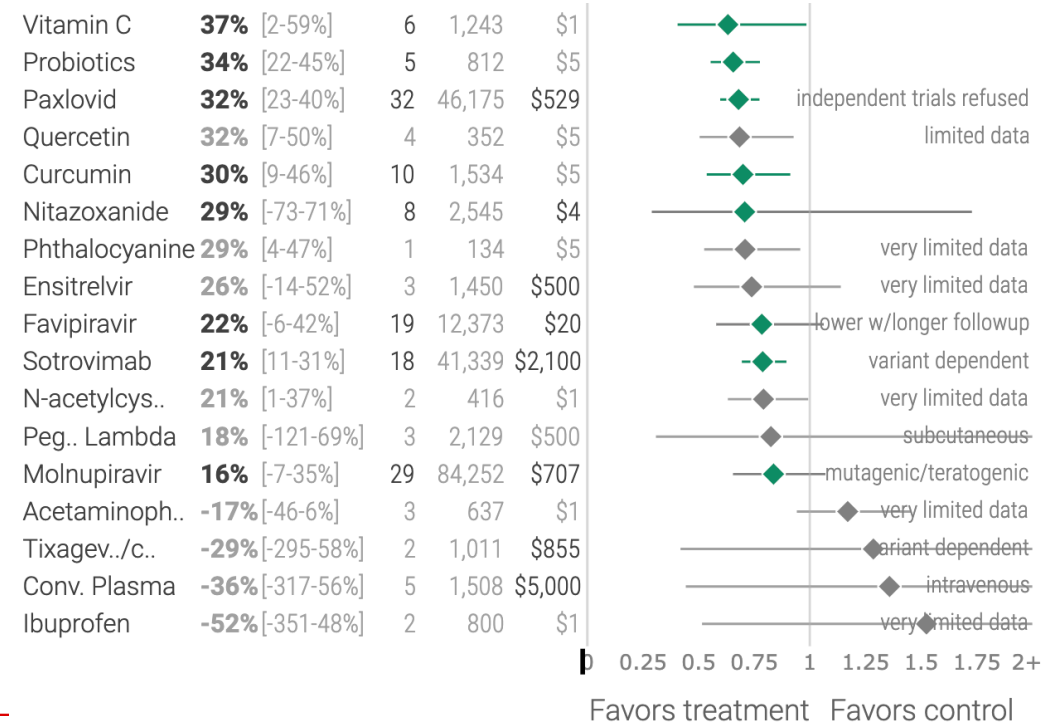
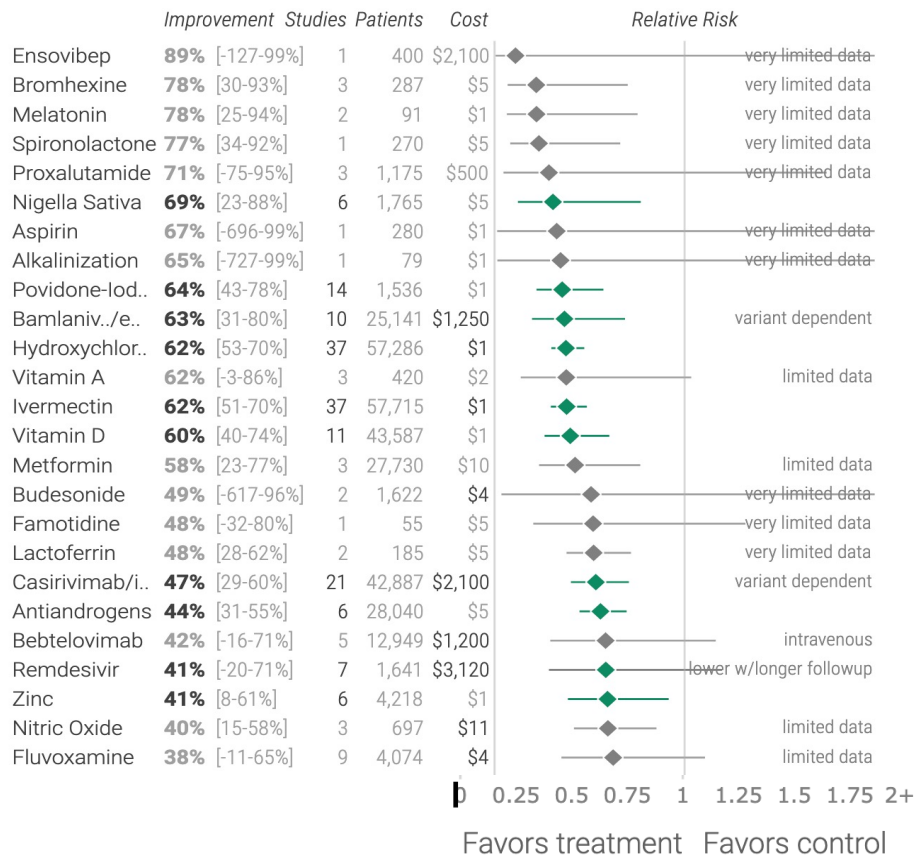
REPORTS & MULTIMEDIA / FEATURE The Disinformation Playbook

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

INCONVENIENT SCIENCE FOR BIG PHARMA

Early treatment studies (pooled effects) c19early.org Aug 2023



FRONT LINE COVID-19 CRITICAL CARE ALLIANCE · FLCCC.NEJ
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

**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 – 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.

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

Ivermectin for COVID-19

95 studies from 1,023 scientists
134,554 patients in 27 countries

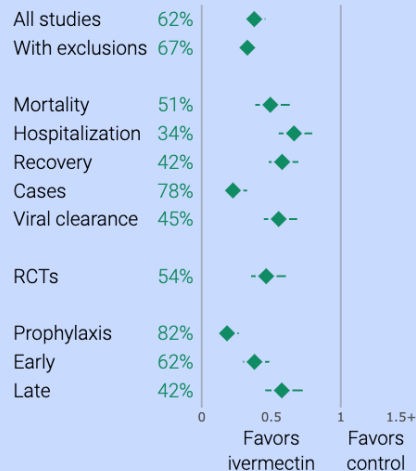
Statistically significant improvement for **mortality, ventilation, ICU, hospitalization, recovery, cases, and viral clearance.**

82%, 62%, 42% improvement for prophylaxis, early, and late treatment CI [73-88%], [51-70%], [27-54%]

54% improvement in **45 RCTs** CI [39-65%]

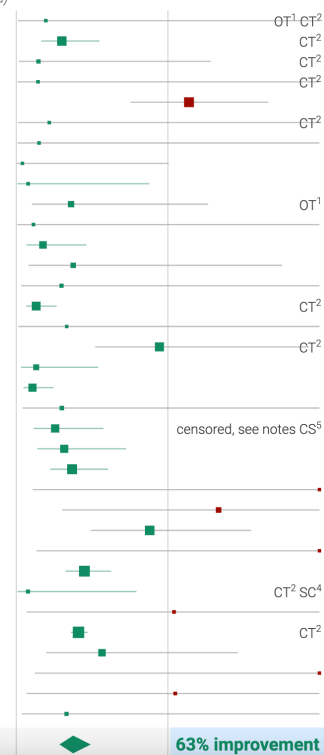
51% lower **mortality** from **48 studies** CI [37-62%]

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



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

Study	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
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)	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”**

JAMA

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This Issue Views 663,845 Citations 2 Altmetric 8665 Comments 14

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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-Medina, MD, MSc^{1,2,3}; Flo López, MD^{1,2}; Isabel C. Hurtado, MD^{1,2}; et al

> Author Affiliations

JAMA. 2021;325(11):1426-1435. doi:10.1001/jama.2021.3071

Therapeutics and COVID-19

LIVING GUIDELINE
31 MARCH 2021



BMC Infectious Diseases

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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](#)

JAMA

Search All Enter Search Term

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 transcatheter Aortic Placement

Image Challenge
What's the diagnosis?

ORIGINAL ARTICLE
A Bivalent Oncores-Containing Booster Vaccine against Covid-19

IMAGES IN CLINICAL MEDICINE
Giant Cell Arteritis

IMAGES IN CLINICAL MEDICINE
Toxic Megacolon Due to Prolonged Clostridioides difficile Infection

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. Milagres, R.N., Thiago S. Ferreira, M.D., Castillo 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 They 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

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 1,075 days [principletrial.org (B)]
Azithromycin [thelancet.com]	540	6 months	56 days [nhr.ac.uk]
Doxycycline [thelancet.com (B)]	780	5 months	42 days [nhr.ac.uk]
Budesonide [thelancet.com (C)]	1,073	4 months	12 days [principletrial.org (C)]
Colchicine [bjgp.org]	156	3 months	120 days [medrxiv.org]
Ivermectin	~2,250	14 months	over 298 days (over 516 days from ~1,000 per arm enrollment)
Favipiravir	~2,250	15 months	over 298 days (over 516 days from ~1,000 per arm enrollment)

*** PRINCIPLE stopped enrolling 10 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:	ihlancetrm-D-21-00195R1
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

44 (44) THE JAPANESE JOURNAL OF ANTIBIOTICS 74-1 Mar. 2021

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

The Journal of Antibiotics

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nature > the journal of antibiotics > review articles > article

Review Article | Published: 15 June 2021

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

Clinical Research and Trials **SPAIN**

Research Article ISSN: 2059-0377

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

Cobos-Campos R¹, Apilantaz A¹, Parraza N¹, Escudero J¹, Bermúdez-Ampudia C¹, Cordero J¹, Sáez de Lafuente A¹, García S¹ and Ortuño E¹

NUMEROUS REVIEWS PROVING EFFICACY OF IVERMECTIN

frontiers **US**
 in Pharmacology

THE THERAPEUTIC ADVANCE

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

Kory, Pierre MD^{1*}; Meduri, Gianfranco Umberto MD²; Varon, Joseph MD³; Iglesias, Jose DO⁴; Marik, Paul E. MD⁵ **Author Information**

**** 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)**

Submitted: 26 February, 2021 Accepted: 01 March, 2021 Published: 12 March, 2021

ITALY

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 García⁵, Giovanni Landoni^{1,2,*}

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 PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

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



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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](#) ▾

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JOURNAL ARTICLE EDITOR'S CHOICE

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

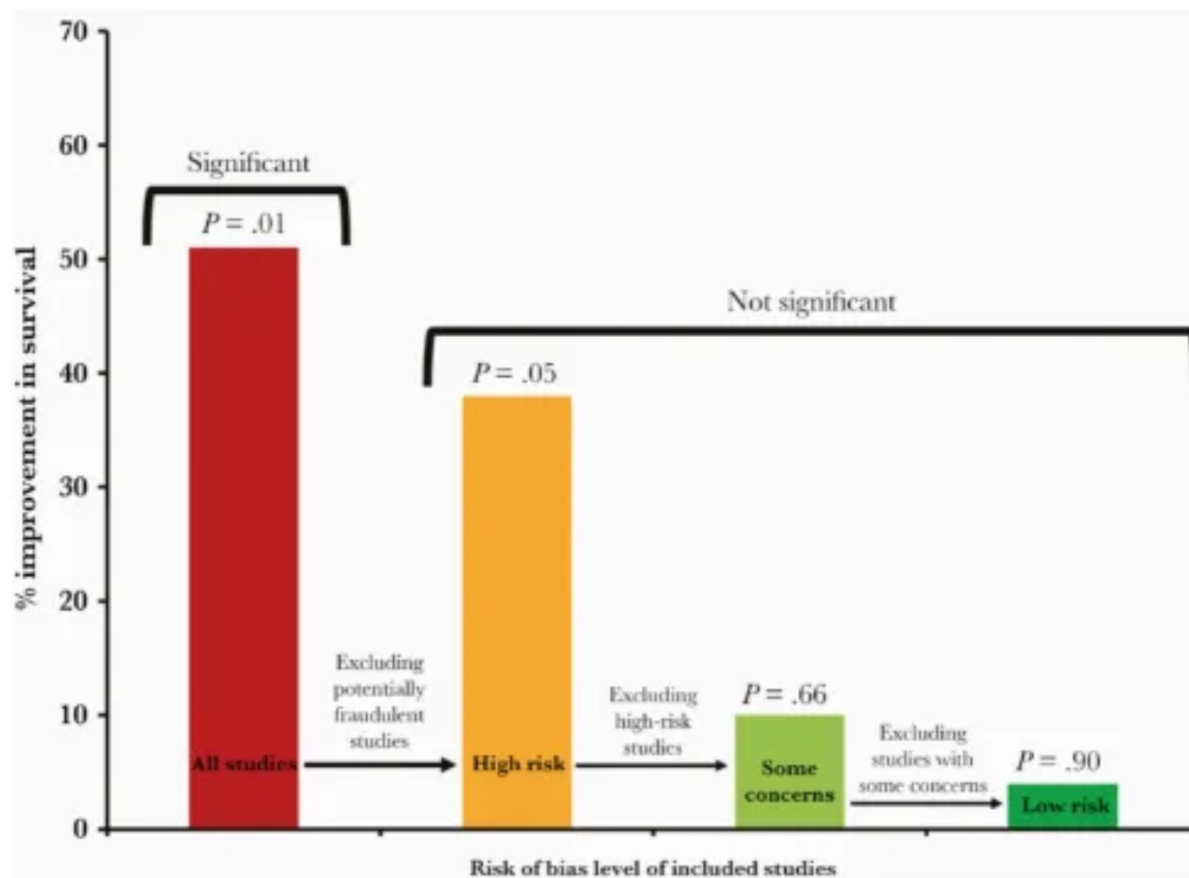
Andrew Hill, Manya Mirchandani , Victoria Pilkington

Open Forum Infectious Diseases, Volume 9, Issue 2, February 2022, ofah645

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PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

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”

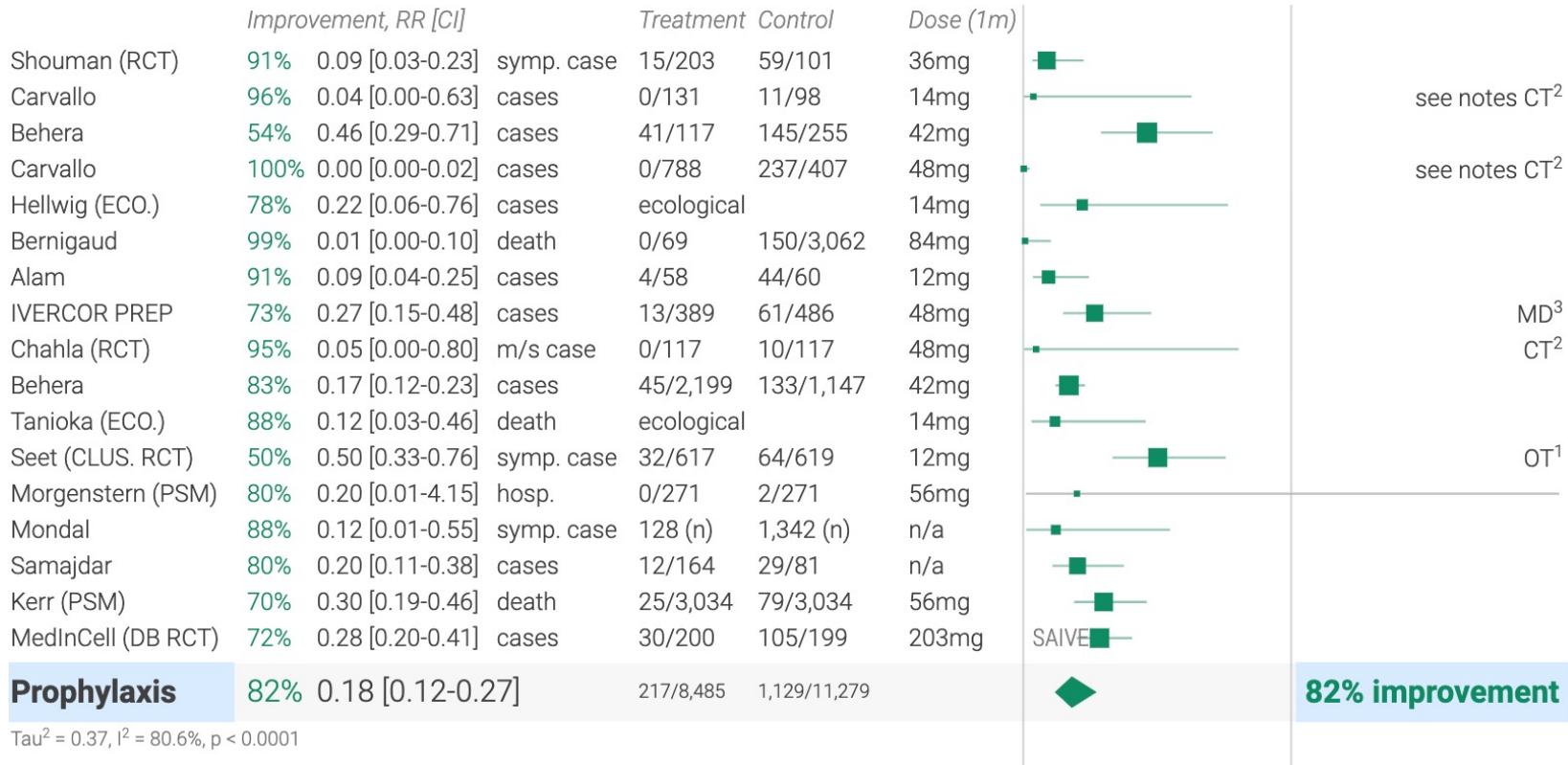
FLCCC Alliance Statement on the Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign Against Ivermectin



FOR IMMEDIATE RELEASE
May 12, 2021



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



WHO: This guideline does not include studies of ivermectin in the prevention of Covid

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

LETS COMPARE THE APPROVAL OF IVERMECTIN IN THE TREATMENT OF SCABIES TO THE APPROVAL IN THE TREATMENT IN COVID

- Marked differences in the evidence bases used to support prior guideline recommendations for ivermectin;
 - WHO: Approved ivermectin in the treatment of scabies **based on ten RCT's including only 852 patients**, despite it being inferior to then standard of care
 - WHO: Approved ivermectin in the treatment of strongyloidiasis **based on 5 RCT's including only 591 patients**
 - Current Ivermectin Evidence Base: **95 controlled trials, 38 randomized, 16 double-blind randomized controlled trials, numerous meta-analyses, Bayesian meta-analyses finding major impacts on mortality.**
 - BIRD Group: Approved ivermectin in March, 2021 for the prevention and treatment of COVID-19 based on **21 RCT's and 2,741 patients**

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?

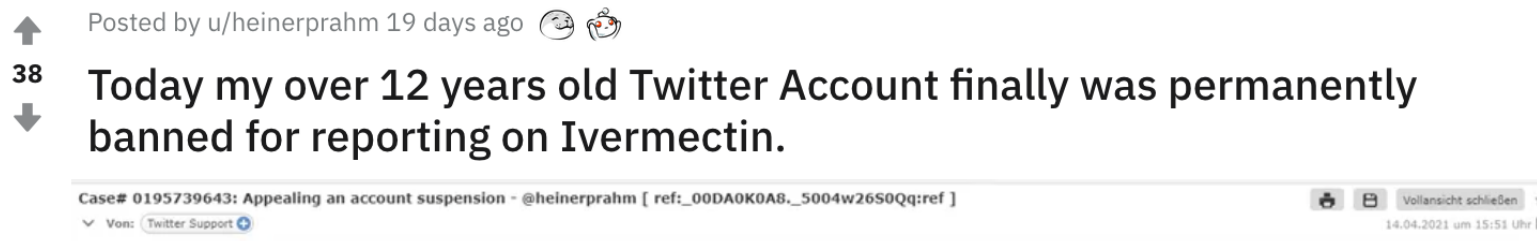


Trusted News Initiative (TNI) to combat spread of harmful vaccine disinformation and announces major research project

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.

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

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**

67 [f](#) [t](#) [✉](#) [🔗](#) [🖨](#)



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

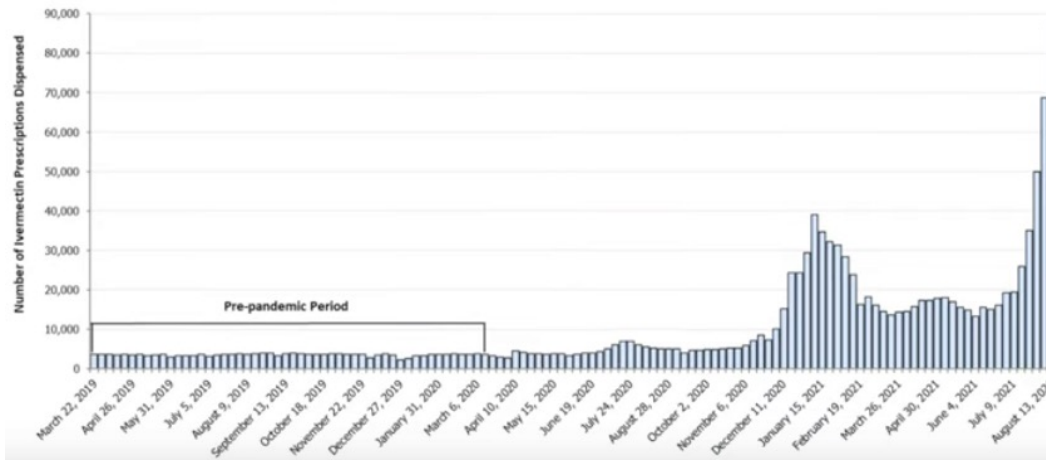
The Disinformation Playbook

**The 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

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

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

Summary

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/ [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:

FLCCC
ALLIANCE

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



U.S. FDA
@US_FDA

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



FDA makes fun of ivermectin, tweet goes "viral"

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](#)

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE · **FLCCC.NET**
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

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

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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

FLCCC
ALLIANCE

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE · **FLCCC.NET**
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

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

Seth Meyers is afraid of whatever coronavirus 'cure' comes after the horse dewormer trend
Liam Matthews • TV • August 27, 2021 5:50AM

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.

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.

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 fad among anti-vaxxers.

Rachel Maddow Rips Fox News For Pushing 'Horse Dewormer' For COVID Treatment

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.

Jimmy Kimmel Returns Only to Find Americans Taking Horse Dewormer
Right-wing media pushed a deworming drug to treat Covid-19 that the FDA says is unsafe for humans

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 fad among anti-vaxxers.

PUBLIC RELATIONS CAMPAIGN GOES VIRAL



MISINFORMATION- DISINFORMATION



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HOME > POLITICS > POLITICS NEWS

SEPTEMBER 5, 2021 8:55PM ET

One Hospital Denies Oklahoma Doctor's Story of Ivermectin Overdoses Causing ER Delays for Gunshot Victims

The hospital says it hasn't experienced any care backlog due to patients overdosing on a drug that's been falsely peddled as a covid cure

BBC – October 6, 2021

Economist - Nov. 18th

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NEWS

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The Economist | Menu | Weekly edition | Search

Ivermectin: How false science created a Covid 'miracle' drug

By Rachel Schraer & Jack Goodman
BBC Reality Check

6 October

Daily chart

Ivermectin may help covid-19 patients, but only those with worms

An anti-parasite drug's benefit is limited to places with lots of parasites

DR. ANTHONY FAUCI, NATIONAL TV, CNN 8/29/21



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

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

October 1st, 2021



MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV W

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

SHARE    

- 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