

I-MASK+

PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

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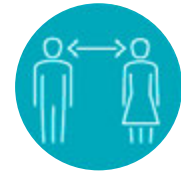
CONSULT HEALTH CARE PROVIDER

Discuss all protocol elements as well as the role of vaccination.⁷



WEAR MASKS

Wear a cloth, surgical, or N95 mask when in confined, poorly ventilated, crowded indoor spaces with non-household members.



KEEP DISTANCE

Until the end of the COVID-19 crisis, we recommend keeping a minimum distance of approx. 2m/6 feet in public from people who are not from your own household.



WASH HANDS

We recommend, after a stay during and after outings from home (shopping, subway etc.), a thorough hand cleaning (20–30 sec. with soap), or also to use a hand disinfectant in between.

PREVENTION PROTOCOL (for Delta variant)

Ivermectin ¹	Chronic Prevention 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 ² 0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours
Gargle mouthwash	2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™) or Listerine™ with essential oils
Vitamin D3	1,000–3,000 IU/day
Vitamin C	500–1,000 mg 2 x daily
Quercetin	250 mg/day
Zinc	30–40 mg/day (elemental zinc)
Melatonin	6 mg before bedtime (causes drowsiness)

EARLY TREATMENT PROTOCOL³ (for Delta variant)

Ivermectin ¹	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 if: 1) in regions with aggressive variants (e.g. Delta); 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors.
Nitazoxanide	500 mg 2 x daily for 5 days after meals. Combine with ivermectin (preferred) or substitute if ivermectin is not available. (Nitazoxanide is often unavailable or high-priced in the USA)
Antiviral mouthwash & iodine nasal spray	Mouthwash: Gargle 3 x daily (do not swallow; must contain chlorhexidine, povidone-iodine, or cetylpyridinium chloride). Nasal Spray: Use 1% povidone-iodine commercial product as per instructions 2–3 x daily. If 1%-product not available, <u>must first dilute</u> the more widely available 10%-solution ⁴ and apply 4–5 drops to each nostril every 4 hours. (No more than 5 days in pregnancy.)
Dual anti-androgen therapy	1. Dutasteride 2 mg on day 1, followed by 1 mg daily for 10 days. If dutasteride not available, use finasteride 10 mg daily for 10 days 2. Spironolactone 100 mg 2 x daily for ten days
Fluvoxamine ⁵	50 mg 2 x daily for 10 days In high risk patients meeting criteria 1, 2 or 3 above (see ivermectin) and if 1) nitazoxanide/ivermectin combination not used or unavailable or 2) anti-androgen therapies not used. Avoid if patient is already on an SSRI.
Monoclonal antibody therapy ⁶	Casirivimab/imdevimab: 600 mg each in a single subcutaneous injection Antibody therapy is for patients within 7 days of first symptoms <u>and</u> one or more risk factors as follows: Age > 65y; obesity; pregnancy; chronic lung, heart, or kidney disease; diabetes; immunosuppressed; developmental disability; chronic tracheostomy; or feeding tube.
Aspirin	325 mg/day (unless contraindicated)
Vitamin D	Vitamin D3 5,000 IU daily. <u>Preferred forms if available</u> : Calcitriol 0.5 mcg on day 1, then 0.25 mcg daily for 7 days – or Calcifediol 0.5 mg on day 1, then 0.2 mg on days 3+7, then 0.2 mg weekly until recovered.
Vitamin C	500–1,000 mg 2 x daily
Quercetin	250 mg 2 x daily
Zinc	100 mg/day (elemental zinc)
Melatonin	10 mg before bedtime (causes drowsiness)
Pulse oximeter	Monitoring of oxygen saturation is recommended (for instructions see page 2)

Please see Endnotes 1–7 on page 2.

Please regard our Disclaimer and further information on page 2 and 3 of this document.

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Endnotes

- ¹ The dosing may be updated as further scientific studies emerge. The safety of ivermectin in pregnancy has not been definitively established. Use in the 1st trimester should be discussed with your doctor.
- ² To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask
- ³ For late phase — hospitalized patients — see the FLCCC's MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net
- ⁴ To make 1% povidone/iodine concentrated solution from 10% povidone/iodine solution, it must be diluted first.
One dilution method is as follows:
 - First pour 1½ tablespoons (25 ml) of 10% povidone/iodine solution into a nasal irrigation bottle of 250ml.
 - Then fill to top with distilled, sterile or previously boiled water.
 - Tilt head back, apply 4–5 drops to each nostril. Keep tilted for a few minutes, let drain.
- ⁵ Some individuals who are prescribed fluvoxamine experience acute anxiety which needs to be carefully monitored for and treated by the prescribing clinician to prevent rare escalation to suicidal or violent behavior.
- ⁶ This medication requires an infusion center. To find the nearest location in the U.S., visit www.infusioncenter.org or call for eligibility and location 1-877-332-6585 for English and 1-877-366-0310 for Spanish
- ⁷ The I-MASK+ protocol is a bridge to vaccines and a safety net for those who cannot or have not been vaccinated; or are vaccinated and have concerns regarding declining protection against emerging variants. Vaccines have shown efficacy in preventing the most severe outcomes of COVID-19 and are an important part of a multi-modal strategy that must also include early treatment. The decision to get a vaccine should be made in consultation with your health care provider.

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.

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. Please note our full disclaimer at: www.flccc.net/about/disclaimer

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!

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Additional information

Efficacy of Ivermectin

Ivermectin is a medication uniquely suited to treat COVID-19 given its now well-described, potent anti-viral and anti-inflammatory properties.

Efficacy is based on dozens of randomized and observational trials reporting large reductions in time to recovery, hospitalizations and death. Further, increasing numbers of health ministries have initiated mass treatment and/or distribution programs that have led to population-wide decreases in hospitalizations and death.

The FLCCC Alliance published a narrative review paper which summarizes the evidence base as of January 2021 in the American Journal of Therapeutics: journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx

The most up-to-date summary of the totality of the supportive evidence for ivermectin in COVID-19 can be found here: flccc.net/summary-of-the-evidence-base-final/

Calculation for ivermectin dose (0.2 mg per kg) in our I-MASK+ Protocol for prevention and early treatment of COVID-19

Body weight Conversion: 1kg ≈ 2.2 lbs (doses calculated per upper end of weight range)		Dose 0.2 mg/kg ≈ 0.09 mg/lb (Each tablet = 3 mg; doses rounded to nearest half tablet above)	
70–90 lb	32–40 kg	8 mg	(3 tablets = 9 mg)
91–110 lb	41–50 kg	10 mg	(3.5 tablets)
111–130 lb	51–59 kg	12 mg	(4 tablets)
131–150 lb	60–68 kg	13.5 mg	(4.5 tablets)
151–170 lb	69–77 kg	15 mg	(5 tablets)
171–190 lb	78–86 kg	16 mg	(5.5 tablets)
191–210 lb	87–95 kg	18 mg	(6 tablets)
211–230 lb	96–104 kg	20 mg	(7 tablets = 21 mg)
231–250 lb	105–113 kg	22 mg	(7.5 tablets = 22.5 mg)
251–270 lb	114–122 kg	24 mg	(8 tablets)
271–290 lb	123–131 kg	26 mg	(9 tablets = 27 mg)
291–310 lb	132–140 kg	28 mg	(9.5 tablets = 28.5 mg)

For higher doses used in our I-MASK+ Protocol please multiply the value found in the table for 0.2 mg/kg, e.g.:

- **0.4 mg/kg:** double the 0.2 mg/kg dose
- **0.6 mg/kg:** triple the 0.2 mg/kg dose

Tablets can be halved for more accurate dosing. Then round to nearest half tablet above.

Note that Ivermectin is available in different tablet strengths (e.g. with 3, 5 or 6 mg) and administration forms (tablets, drops) depending on the country (please refer to the package information).

In our table we calculate doses using 3 mg tablets (the most common dose per tablet in the U.S.).

If your tablets contain a different amount of ivermectin than 3 mg, you must calculate the number of tablets to equal the dose of ivermectin required.