

# THE GLOBAL WAR ON IVERMECTIN

**Pierre Kory, MPA, MD**

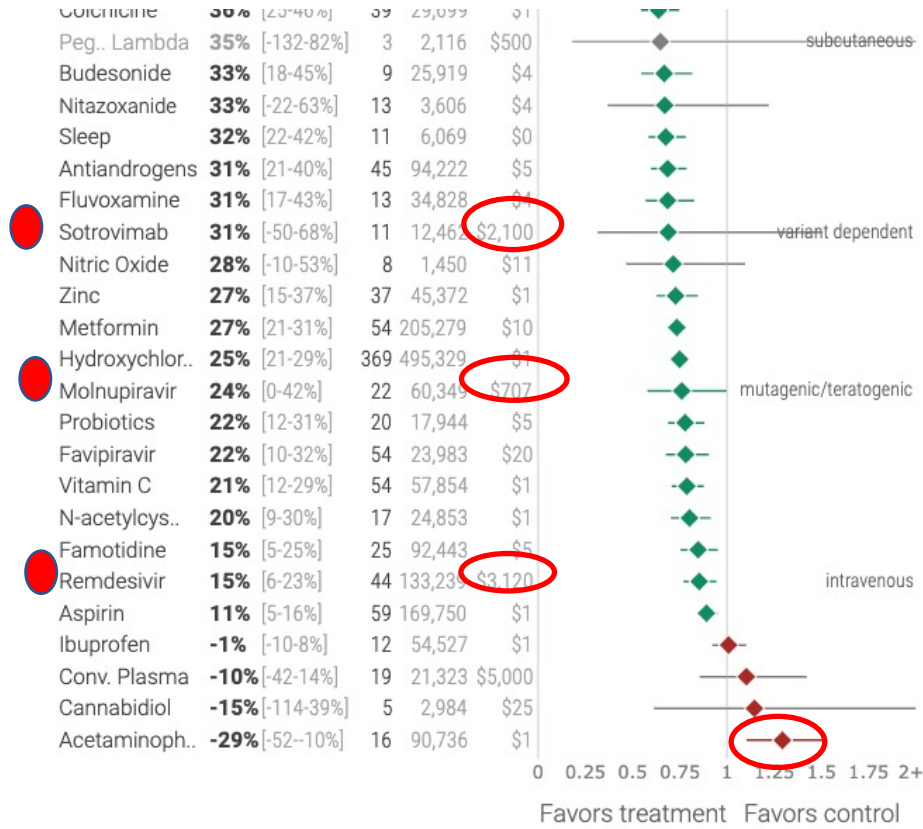
**President, Chief Medical Officer**

**Front Line COVID-19 Critical Care Alliance**

# 43 EFFECTIVE MEDICATIONS WITH CLINICAL TRIALS SHOWING EFFICACY IN COVID, ONLY ONE OF THE 33 REPURPOSED GENERICS ARE RECOMMENDED IN THE U.S (TYLENOL)

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

	Improvement	Studies	Patients	Cost	Relative Risk	
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
Spiro lactone	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)

- 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”

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](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

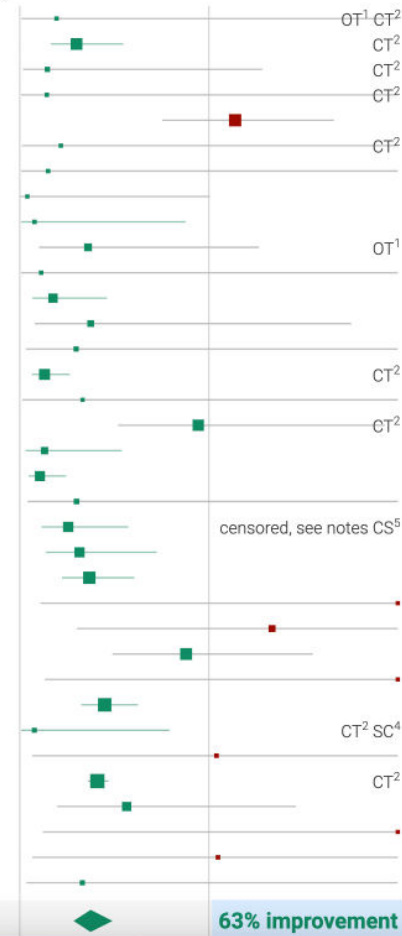
## Merck Statement on Ivermectin use During the COVID-19 Pandemic

- 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 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
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
<b>Early treatment</b>	<b>63% 0.37 [0.29-0.48]</b>		63/14,907	238/41,914	



**Ivermectin for COVID-19**  
**95 studies from 1,023 scientists**  
**134,554 patients in 27 countries**

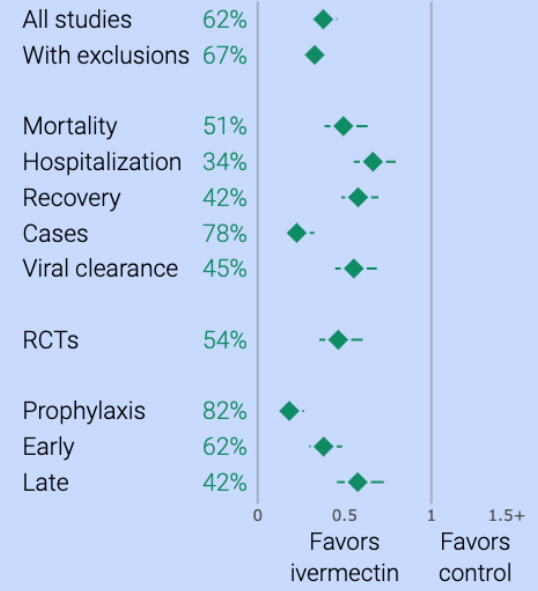
Statistically significant improvement for **mortality, ventilation, ICU, hospitalization, recovery, cases, and viral clearance.**

**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





# 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

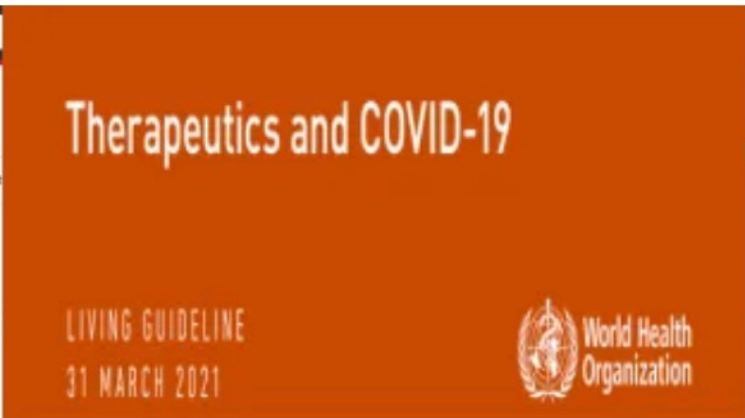
# Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19

## A Randomized Clinical Trial

Eduardo López-Molina, MD, MSc<sup>1,2,3</sup>; Pío López, MD<sup>1,2</sup>; Isabel C. Hurtado, MD<sup>4,5</sup>; et al

> Author Affiliations

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



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](#)

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, MRCP<sup>1</sup>; Chee Peng Hor, MSc<sup>2,3</sup>; Kim Heng Tay, MRCP<sup>4</sup>; 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 Pulmonary 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. 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 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) <sup>a</sup>	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

<sup>a</sup>OR<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 [ <a href="https://principletrial.org">principletrial.org</a> (B)]
Azithromycin [ <a href="https://www.thelancet.com">thelancet.com</a> ]	540	6 months	56 days [ <a href="https://www.nih.ac.uk">nih.ac.uk</a> ]
Doxycycline [ <a href="https://www.thelancet.com">thelancet.com</a> (B)]	780	5 months	42 days [ <a href="https://www.nih.ac.uk">nih.ac.uk</a> ]
Budesonide [ <a href="https://www.thelancet.com">thelancet.com</a> (C)]	1,073	4 months	12 days [ <a href="https://principletrial.org">principletrial.org</a> (C)]
Colchicine [ <a href="https://www.bjgp.org">bjgp.org</a> ]	156	3 months	120 days [ <a href="https://www.medrxiv.org">medrxiv.org</a> ]
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 Carvalho, 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

**Global trends in clinical studies of ivermectin in COVID-19**

Morimasa Yagisawa, Ph.D.<sup>1,2</sup>, Patrick J. Foster, M.D.<sup>2</sup>, Hideaki Hanaki, Ph.D.<sup>1</sup> and Satoshi Omura, Ph.D.<sup>1</sup>

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**

**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<sup>1,2</sup>; Meduri, Gianfranco Umberto MD<sup>2</sup>; Varon, Joseph MD<sup>3</sup>; Iglesias, Jose DO<sup>4</sup>; Marik, Paul E. MD<sup>5</sup> [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 R<sup>1</sup>, Apitaniz A<sup>1,2</sup>, Parraza N<sup>1</sup>, Escudero J<sup>1</sup>, Bermúdez-Ampudia C<sup>1</sup>, Corleto J<sup>1</sup>, Sáez de Lafuente A<sup>1</sup>, García S<sup>1</sup> and Orriente E<sup>1</sup>

<sup>1</sup>Bioaraba Health Research Institute, Epidemiology and Public Health Research Group, Vitoria-Gasteiz, Spain  
<sup>2</sup>Ospidaleña Basque Health Service, Aranzakura II Health Centre, Vitoria-Gasteiz, Spain  
<sup>3</sup>Department of Preventive Medicine and Public Health, EHU/UPV, Vitoria-Gasteiz, Spain

## 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)**

**ITALY**

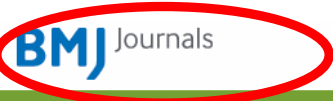
Submitted: 26 February, 2021 Accepted: 01 March, 2021 Published: 12 March, 2021 DOI:10.22514/av.2021.043

EDITORIAL [Open Access](#) [Signa Vitae](#)

**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 Nardelli<sup>1</sup>, Alberto Zangrillo<sup>1,2</sup>, Gabriele Sanchini<sup>1</sup>, Valery V Likhvantsev<sup>3,4</sup>, Andrey G Yavorovskiy<sup>4</sup>, Carolina Soledad Romero Garcia<sup>5</sup>, Giovanni Landoni<sup>1,2,\*</sup>

# 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 Garegnani<sup>1</sup>, Eva Madrid<sup>2</sup>, Nicolás Meza<sup>3</sup>

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.<sup>37-39</sup> 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 

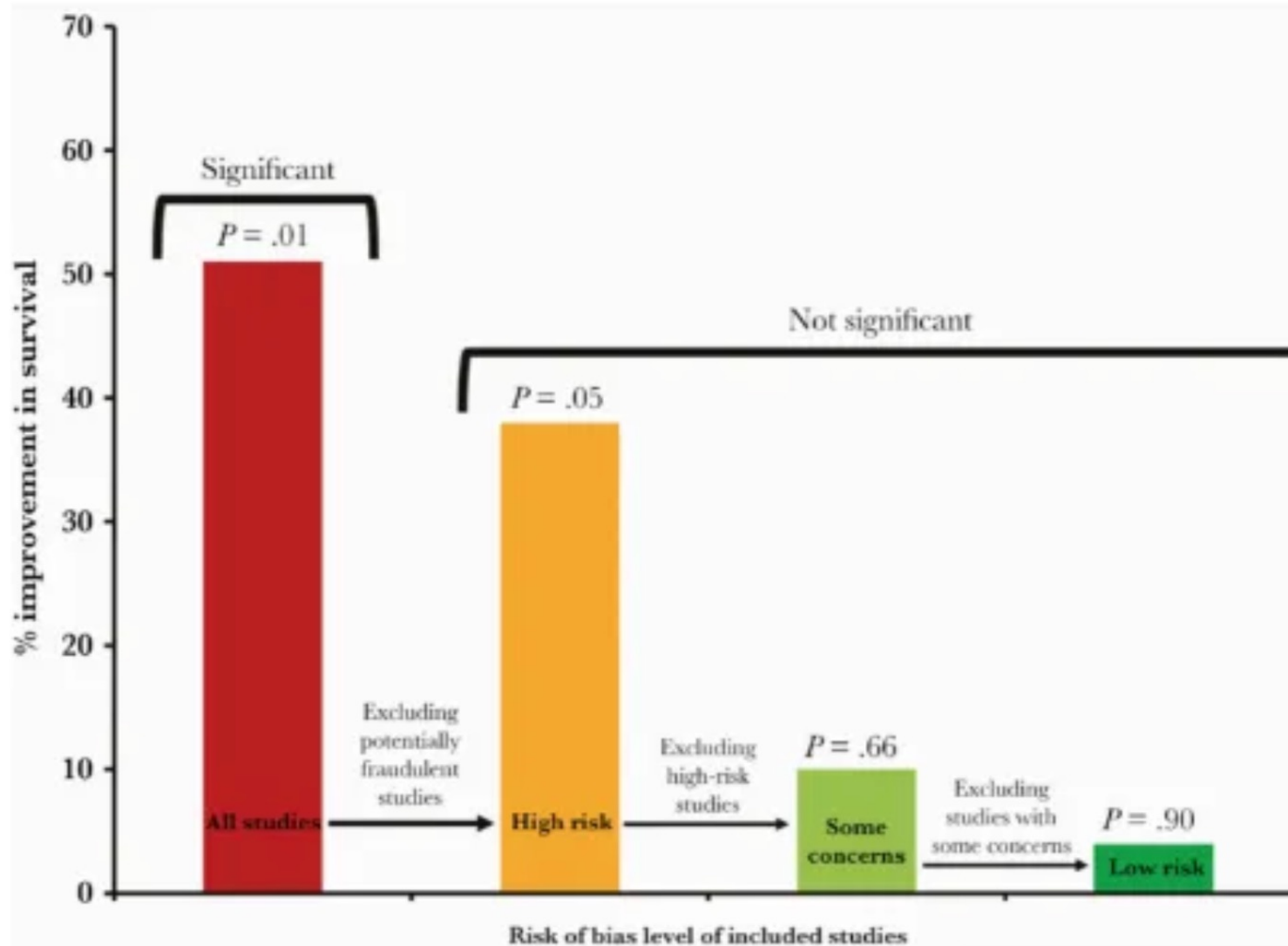
JOURNAL ARTICLE EDITOR'S CHOICE

**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”

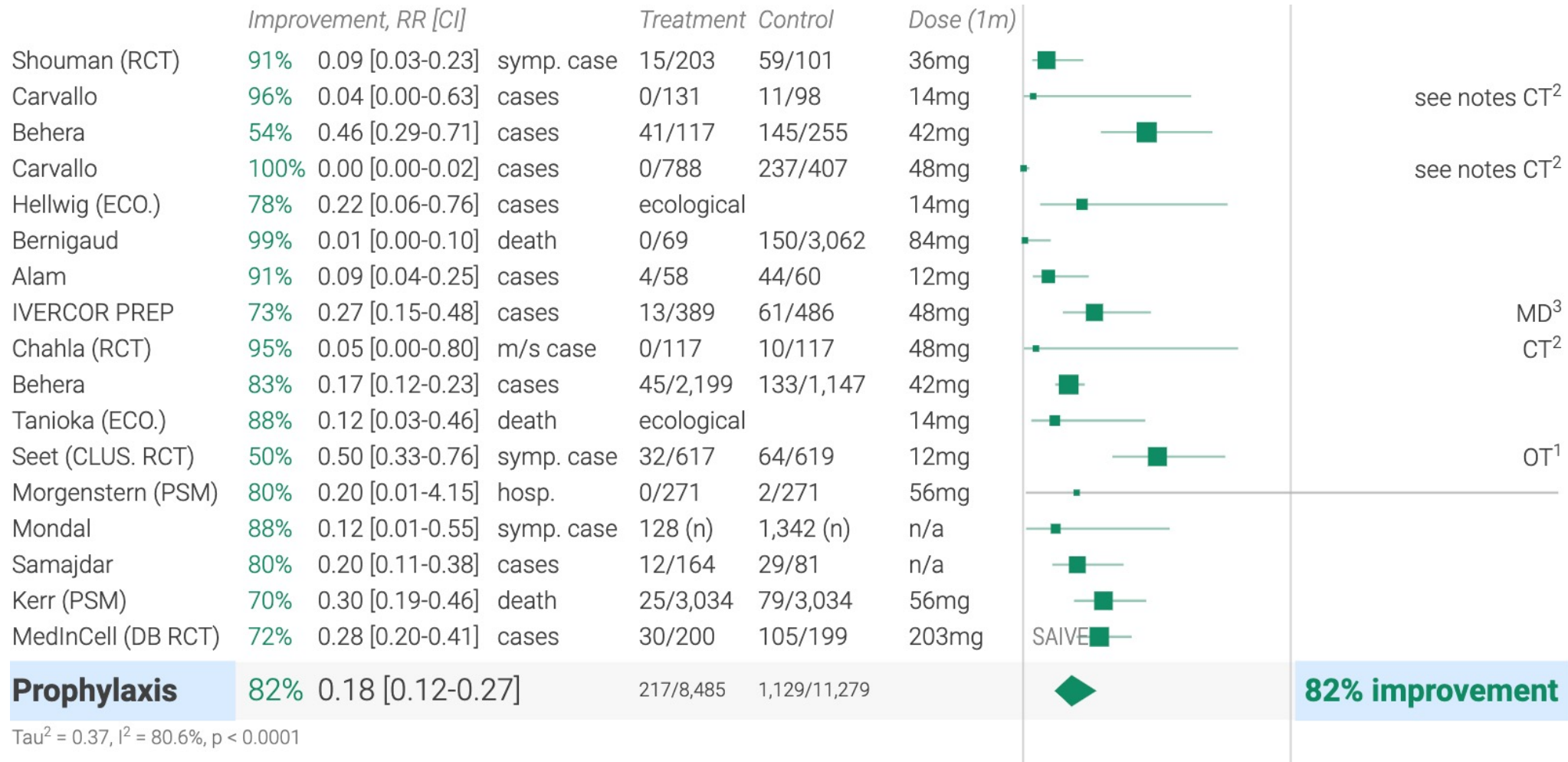
FLCCC Alliance Statement on the Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign Against Ivermectin

# 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



# 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**

# 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?

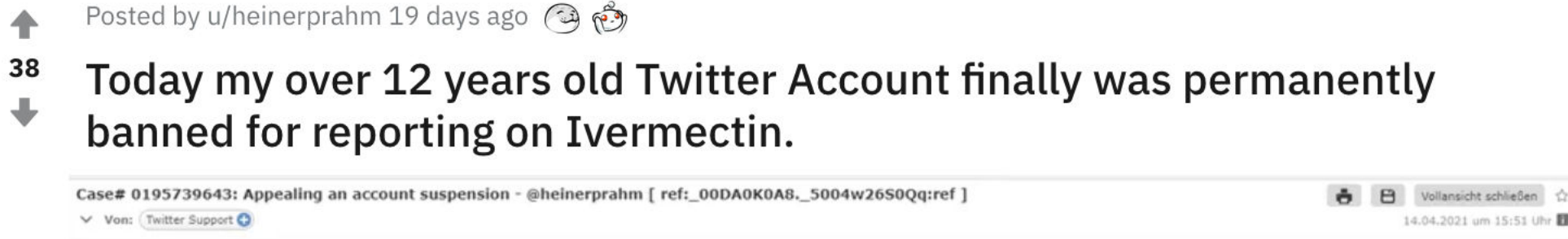


## Trusted News Initiative (TNI) to combat spread of harmful vaccine disinformation and announces major research project

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](#)

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# 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

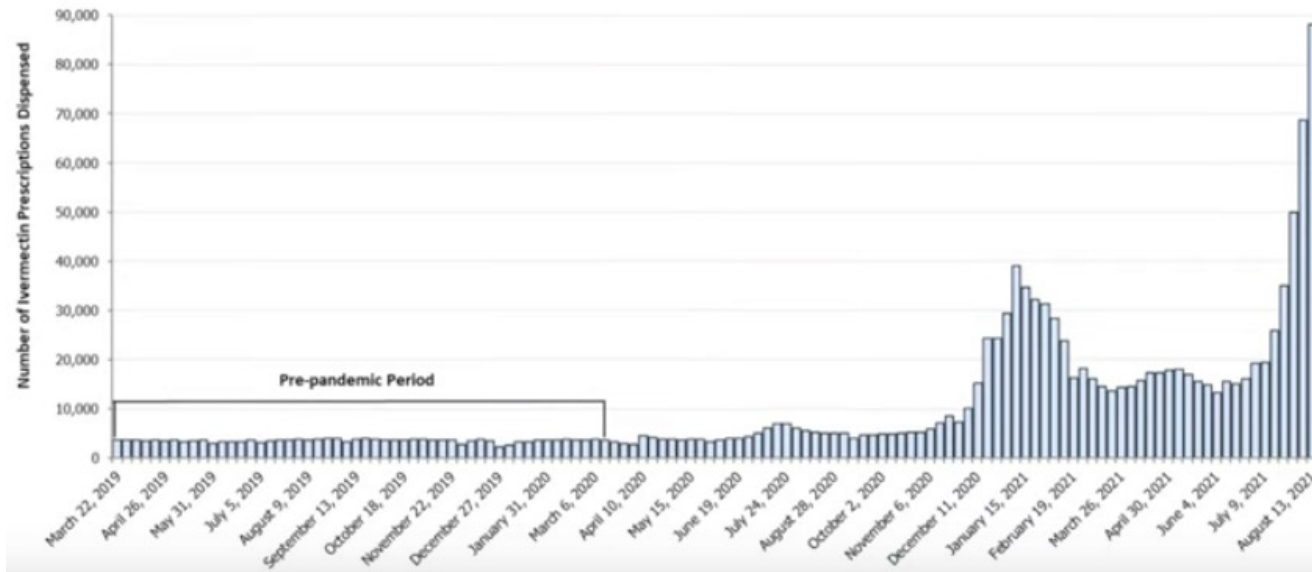
# The Disinformation Playbook

**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**

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

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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:



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

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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 New 30', 'The Menu', 'She Said', 'Wonders of the Deep' | **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 fad among anti-vaxxers.  
By Ed Mozza  
Sep 8, 2021, 04:28 AM EDT

**Rachel Maddow Rips Fox News For Pushing 'Horse Dewormer' For COVID Treatment**  
Mary Papenfuss  
August 28, 2021 - 3:16 PM

**Right-wing media pushed a deworming drug to treat Covid-19 that the FDA says is unsafe for humans**  
The late-night host skewered worm medication.  
Willow Palocz

# 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

# MISINFORMATION- DISINFORMATION



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# Rolling Stone

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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

BBC

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The Economist

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Weekly edition

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# 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

FLCCC  
ALLIANCE

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



# 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 1<sup>st</sup>, 2021

PipelineReview.com

By La Merie ●●●● Business Intelligence Center

NOV. 5<sup>th</sup>, 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

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