

I-PREVENTSM

COVID PROTECTION PROTOCOL

A Guide to the Prevention of COVID-19

The I-PREVENT protocol must be part of an overall strategy that includes common sense public health actions such as good hand hygiene, avoiding crowded public gatherings, adequate ventilation and other measures. The following protocol can be used for both chronic and post-exposure prevention.

Chronic prevention is especially recommended for healthcare workers, those over 60 years old with comorbidities, people who are morbidly obese, and residents of long-term care facilities. Follow **post-exposure prevention** if a household member is COVID-positive or if you have had prolonged exposure to COVID but have not developed symptoms. At the onset of any flu-like symptoms, please refer to the I-CARE Early Treatment Protocol.

CHRONIC PREVENTION

In order of priority; not all required.

- **Ivermectin:** 0.2 mg/kg – start treatment with one dose, take second dose 48 hours later, then 1 dose every 7 days (weekly).
Those at high risk of contracting COVID-19 can consider dosing twice a week. See Table 1 for help with calculating correct dose. Due to a possible interaction between quercetin and ivermectin, these drugs should be staggered throughout the day. For COVID treatment, ivermectin is best taken with a meal or just following a meal, for greater absorption.
- **Zinc:** 30-40 mg daily.
Zinc supplements come in various forms (e.g., zinc sulfate, zinc citrate and zinc gluconate).
- **Melatonin:** Begin with 1 mg and increase as tolerated to 6 mg before bedtime (causes drowsiness).
Slow- or extended-release formulations preferred.
- **Mouthwash:** three times a day.
Gargle three times a day (do not swallow) with an antiseptic-antimicrobial mouthwash containing chlorhexidine, cetylpyridinium chloride (e.g., Scope™, Act™, Crest™) or povidone-iodine.
- **Steam inhalation:** once a day.
Inhaled steam supplemented with antimicrobial essential oils (e.g., Vicks VapoRub™ inhalations) has been demonstrated to have virucidal activity. Antimicrobial essential oils include lavender, thyme, peppermint, cinnamon, eucalyptus and sage.
- **Vitamin D:** dosing varies (see tables below).
Vitamin D supplementation is likely a highly effective and cheap intervention to lessen the impact of this disease, particularly in vulnerable populations, (i.e., the elderly, obese, people of color, and those living in northern latitudes).
The greatest COVID protection benefit from Vitamin D supplementation will occur in individuals deficient in Vitamin D. Those individuals should take Vitamin D prophylactically on a longer-term basis. When a person with Vitamin D deficiency develops COVID-19, risks increase for developing complications, and Vitamin D supplementation subsequent to infection will have less of a response.
Dosing recommendations for Vitamin D supplementation vary widely. The optimal target is over 50 ng/ml; at this level the risk of dying from COVID-19 is extremely reduced. It may take many months or years to achieve optimal levels in patients who are extremely Vitamin D deficient.
It is therefore important that the optimal regimen for Vitamin D supplementation for the prophylaxis of COVID-19 is provided promptly, based on baseline Vitamin D levels (see Table 2). If baseline levels are unknown, the needed dose can be calculated from body weight or BMI (see Table 3).

About this Protocol

The information in this document is our recommended approach to COVID-19 based on the best (and most recent) literature.

It is provided as guidance to healthcare providers worldwide on the early treatment of COVID-19. Patients should always consult with their provider before starting any medical treatment.

New medications may be added and/or changes made to doses of existing medications as further evidence emerges. Please check our website at flccc.net to be sure you are using the latest version of this protocol.

For more information on nutritional therapeutics and how they can help with COVID-19, visit geni.us/COVID_nutrition

For additional information on COVID prevention, the rationale behind these medications, and other optional treatments, see 'A Guide to the Prevention of COVID-19'.

Early treatment is critical and the most important factor in managing this disease.

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CHRONIC PREVENTION

(continued from page 1)

- **Curcumin (turmeric):** 500 mg twice a day.
Curcumin has low solubility in water and is poorly absorbed by the body; consequently, it is traditionally taken with full fat milk and black pepper, which enhance its absorption.
 - **Nigella sativa (black cumin):** 80 mg/kg daily and **Honey** 1 g/kg daily.
Note: thymoquinone (the active ingredient of Nigella sativa) decreases the absorption of cyclosporine and phenytoin. Patients taking these drugs should therefore avoid taking Nigella sativa.
 - **Vitamin C:** 500-1000 mg twice a day.
 - **Quercetin (or a mixed flavonoid supplement):** 250-500 mg daily.
Due to a possible interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered at different times of day). As supplemental quercetin has poor solubility and low oral absorption, lecithin-based and nanoparticle formulations are preferred.
 - **Probiotics.**
Low levels of Bifidobacterium may predispose a person to COVID-19 and increase disease severity. Likewise, COVID-19 depletes the microbiome of Bifidobacterium, which may then increase the severity and duration of symptoms. Kefir (a fermented milk drink) is high in Bifidobacterium and other probiotics that have demonstrated health benefits. Suggested probiotic supplements include Megasporebiotic (Microbiome labs), TrueBifidoPro (US Enzymes) and yourgutplus+.
- NOTE:** Depending on the brand, these products can be very high in sugar, which promotes inflammation. Look for brands without added sugar or fruit jellies and choose products with more than one strain of lactobacillus and bifidobacteria. Try to choose probiotics that are also gluten free, casein free and soy free.

POST-EXPOSURE PREVENTION

If symptoms develop, treat promptly with I-CARE protocol. If symptoms do not develop, resume chronic prevention after one week.

- **Ivermectin:** 0.4 mg/kg immediately, then repeat second dose in 48 hours.
See Table 1 for help calculating dose.
- **Hydroxychloroquine (HCQ):** 200 mg twice a day for 5 days.
- **Zinc:** 75-100 mg daily.
- **Melatonin:** 6 mg daily, at bedtime.
- **Mouthwash:** three times a day.
- **Nasal spray with 1% povidone-iodine:** two to three times a day.
Sprays such as Immune Mist™, CoFix™ or IoNovo™ administered 2-3 times per day are recommended in post-exposure prophylaxis and in the early phase of COVID-19 infection. Due to low level systemic absorption, povidone-iodine nasal spray should not be used for longer than 5-7 days in pregnant women. IoNovo™ contains iodine in an amount equivalent to the daily dietary requirement and hence is safe to ingest.
- **Curcumin (turmeric):** 500 mg twice a day for 1 week.
- **Nigella sativa:** 80 mg/kg daily for 1 week.
- **Vitamin C:** 1000 mg twice daily for 1 week.
- **Quercetin:** 500 mg twice daily for 1 week.
- **Probiotics.**
- **B complex vitamins.**

About Ivermectin

Ivermectin is a well-known, FDA-approved drug that has been used successfully around the world for more than four decades. One of the safest drugs known, it is on the WHO's list of essential medicines, has been given over 3.7 billion times, and won the Nobel Prize for its global and historic impacts in eradicating endemic parasitic infections in many parts of the world.

To review the totality of supporting evidence for ivermectin in COVID-19, visit geni.us/IVMinCOVID.

Ivermectin is a remarkably safe drug with minimal adverse reactions (almost all minor), however its safety in pregnancy has not been definitively established. Talk to your doctor about use in pregnancy, particularly in the first trimester.

Potential drug-drug interactions should be reviewed before prescribing ivermectin (see 'A Guide to Early Treatment of COVID-19' for more information).

The evidence supporting the use of ivermectin for the prophylaxis of COVID-19 is provided by the comprehensive review by Kory et al.

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Table 1. How to calculate ivermectin dose for chronic prevention

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Note that ivermectin is available in different strengths (e.g., 3, 6, or 12 mg) and forms (e.g., tablets, drops). Tablets can be halved for more accurate dosing. Doses below are calculated for the upper end of the weight ranges listed.

How much do I weigh?		Chronic prevention	Post-exposure prevention
70–90 lb	32–40 kg	8 mg	16 mg
91–110 lb	41–50 kg	10 mg	20 mg
111–130 lb	51–59 kg	12 mg	24 mg
131–150 lb	60–68 kg	13.5 mg	27 mg
151–170 lb	69–77 kg	15 mg	30 mg
171–190 lb	78–86 kg	16 mg	32 mg
191–210 lb	87–95 kg	18 mg	36 mg
211–230 lb	96–104 kg	20 mg	40 mg
231–250 lb	105–113 kg	22 mg	44 mg
251–270 lb	114–122 kg	24 mg	48 mg
271–290 lb	123–131 kg	26 mg	52 mg
291–310 lb	132–140 kg	28 mg	56 mg

Table 2. How to replenish Vitamin D levels based on baseline levels

Achieving serum 25(OH)D concentrations above 50 ng/mL based on baseline concentration in non-emergency situations in a 70 kg adult.*#

Baseline vitamin D (ng/mL)**	Vitamin D dose, 50,000 IU capsules: Initial and weekly †		Duration (weeks)	Total amount for deficit correction (IU, in millions)
	Initial Dose (IU)	Weekly dose (50,000 IU caps)		
< 10	300,000	x 3	8 – 10	1.5 – 1.8
11–15	200,000	x 2	8 – 10	1.0 – 1.2
16–20	200,000	x 2	6 – 8	0.8 – 1.0
21–30	100,000	x 2	4 – 6	0.5 – 0.7
31–40	100,000	x 2	2 – 4	0.3 – 0.5
41–50	100,000	x 1	2 – 4	0.2 – 0.3

* Example of daily or once weekly dose ranges for adults with specific body types (based on body weight or BMI). Appropriate dose reductions are necessary for children. A suitable daily or weekly maintenance dose should start after completing the schedule.

For those with chronic co-morbid conditions, such as hypertension, diabetes, asthma, COPD, CKD, depression, osteoporosis and to reduce all-cause mortality, higher doses of Vitamin D should be taken, as recommended for persons with obesity (BMI, 30-39). Those with multiple sclerosis, cancer, migraine headaches, metabolic syndrome, and those routinely taking medications, such as anti-epileptic and antiretroviral agents that increase catabolism of Vitamin D, should consider taking doses recommended for those with morbid obesity (BMI ≥40).

** To convert ng/mL to nmol/L, multiply by 2.5.

† Doses can be taken as single cumulative doses or spread out through the week.

Disclaimer

The I-PREVENT: COVID Protection Protocol is meant solely for educational purposes regarding potentially beneficial treatment approaches for COVID-19.

Never disregard professional medical advice because of something you have read on our website and releases. This is not intended to be a substitute for professional medical advice, diagnosis, or treatment regarding any patient.

Treatment for an individual patient is determined by many factors and thus should rely on the judgment of your physician or qualified healthcare provider. Always seek their advice with any questions you may have regarding your medical condition or health.

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

To read more about the safety of the vitamins and nutraceuticals listed on the FLCCC protocols during pregnancy, please review this document.

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Table 3. How to calculate Vitamin D dose when baseline not available (continued from page 3)

Table 2: Longer-term maintenance of serum 25(OH)D concentrations above 50 ng/mL based on body weight				
Body-weight Category		Dose (IU) kg/day	Dose (IU) (Daily or Weekly)*	
BMI (wt. kg/Ht. M²)	Average (Kg)		Daily dose (IU)	Once a week (IU)
BMI ≤19 (under-weight)	55 (under-weight)	40 to 70	2,000 - 4,000	15,000 - 25,000
BMI 20-29 (non-obese)	70 (non-obese)	70 to 100	5,000 - 7,000	35,000 - 50,000
BMI 30-39 (obese persons) [#]	100 (obese persons) [#]	100 to 150	9,000 - 12,000	60,000 - 90,000
BMI ≥40 (morbidly obese) [§]	140 (morbidly obese) [§]	150 to 200	15,000 - 25,000	100,000 -175,000