See Also: on-going compilation: Efficacy of Ivermectin, HCQ, and Other Repurposed Drugs

Why Are We Not Using Ivermectin For Covid?

Dr Tess Lawrie MBBCh, DFSRH, PhD

The Evidence-based Medicine Consultancy Ltd and
EbMCsquared, Bath, UK

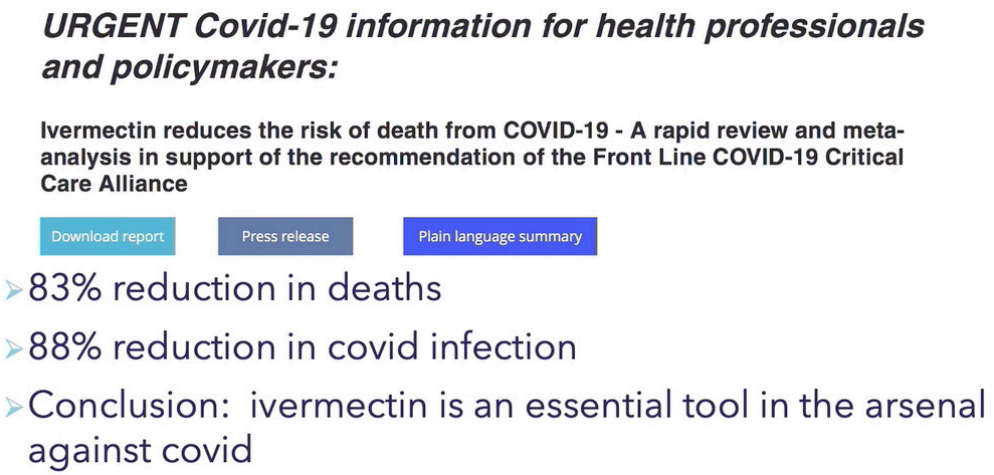
Truth Over Fear Summit, 7 May 2021

video, mp3 (17:49)

I'm Dr. Tess Lawrie, the Director of The Evidence-based Medicine Consultancy Ltd and CEO of EbMCsquared [Bath, UK], a newly established community interest company. I'm very happy to participate in the Truth Over Fear Covid-19 and the Great Reset Summit. I've trained as a medical doctor in South Africa, and now work as an independent external research consultant to organizations such as the World Health Organization. My company routinely reviews bodies of evidence and our independent scientific evidence is widely used to support medical recommendations around the world. I have no conflict of interest.

Why are we not using ivermection for Covid?

My introduction to the potential use of ivermectin for Covid was at the end of December, when I watched Dr. Pierre Kory's appeal to the US State Senate, that he made early on in the month. Curious about whether ivermectin worked, I reviewed the evidence for myself. On the 4th of January this year, I sent an urgent report on ivermection to the UK and World Health Organization, informing them that the scientific evidence on ivermectin showed that ivermectin prevents and treats Covid at all stages of the disease.

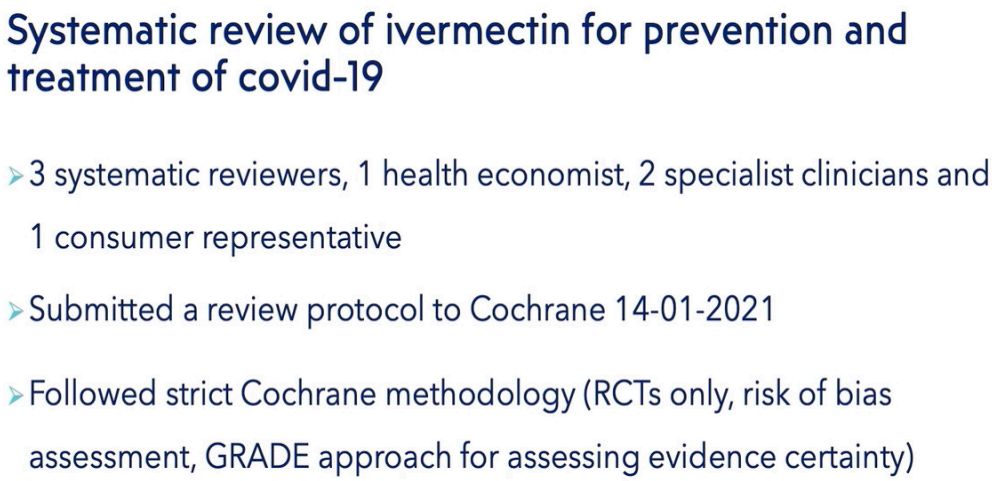


The analysis I did, including data from randomized trials, suggested that ivermectin may reduce deaths from Covid in the region of 83% and reduce Covid infection in the region of 88%. I concluded that ivermectin was an essential tool in the arsenal against Covid and that due to its clear and large effect on reducing deaths from Covid further placebo-controlled trials of this older, cheap and safe medicine for Covid were unethical. Because it works. Sadly, I received no response from the authorities and desperate times call for desperate measures. So I made an urgent video appeal to the UK Prime Minister.

> 2:01
> This is a letter from Mr. Johnson. Dear Prime Minister. My name is Dr Tess Lawrie and I'm the Director of The Evidence-based Medicine Consultancy in Bath. My business conducts industry-independent medical evidence synthesis to support international clinical practice guidelines. My biggest clients are the National Health Service and the World Health Organization. I have recently authored a report called Ivermectin for preventing and treating Covid-19, a rapid review to validate the Front Line COVID-19 Critical Care Alliance's conclusions.
>
> In connection with its findings I sent an urgent correspondence to Mr. Hancock and other members of Parliament on Monday, the 3rd of January. Unfortunately I have not yet had a reply and due to the urgent implications of the report, I'm trying to reach you via this video.
>
> The good news is that we now have solid evidence of an effective treatment for Covid-19. It is called ivermectin. Ivermectin is a very safe and effective anti-parasitic medication widely used in low and middle income countries to treat worms, lice, and scabies in both adults and children. It has been around for decades and not only is it on the World Health Organization's list of Essential Medicines, it is a [2015] Nobel prize winning medicine due to its increasing usefulness across a range of different illnesses.

> Between Christmas and New Year, I independently reviewed 27 studies presented by the Front Line COVID-19 Critical Care Alliance as evidence of ivermectin's effectiveness. The resulting evidence is consistent and unequivocal. Ivermection works well both in preventing Covid infections and in preventing deaths at the same doses used to treat lice and other parasitic infections. I'm very pleased to inform you that this evidence solidly substantiates the FLCC's recommendation that ivermectin should be adopted globally and systematically for the prevention and treatment of Covid-19.
>
> Because I know there is a lot of fake news going about. I would like to assure you that you can trust the integrity of my report because I'm an experienced, independent medical research consultant whose work is routinely used to underpin international clinical practice guidelines. In addition, I have no conflict of interest and have received no funding for this report. But most of all, you can trust me because I am also a medical doctor first and foremost, with a moral duty to help people, to do no harm and to save lives.
>
> Please, may we start saving lives now? Thank you very much for your help. Mr. Hancock's office should have my details.

There was still no response.



Cochrane systematic reviews are considered amongst the highest forms of medical evidence. So I put together a systematic review team, including three experienced systematic reviewers, one health economist, two specialist clinicians, and a consumer representative to conduct a Cochrane review. Together we re-evaluated the evidence from scratch, following strict Cochrane methodology, which included using randomized controlled trials only, assessing the risk of bias of each trial and assessing the certainty of the overall evidence using the grade approach.

Findings

Twenty-one RCTs involving 2741 participants met review inclusion. Meta-analysis of 13 trials found ivermectin reduced risk of death compared with no ivermectin (average Risk Ratio 0.32, 95% confidence interval (CI) 0.14 to 0.72; n=1892; I^2=57%; low to moderate-certainty evidence. Low-certainty evidence found ivermectin prophylaxis reduced covid-19 infection by an average 86% (95% CI 79% to 91%). Secondary outcomes provided very-low or low certainty evidence. Low certainty evidence suggests that that there may be no benefit with ivermectin for 'need for mechanical ventilation', whereas effect estimates for 'improvement' and 'deterioration' favoured ivermectin use. Severe adverse events were rare and evidence of no difference was assessed as low to very low-certainty. Evidence on other secondary outcomes was very low certainty.

Interpretation

Low to moderate-certainty evidence suggests reductions in covid-19 deaths and infections may be possible by using ivermectin. Employing ivermectin early on may reduce the number of people progressing to severe disease. The apparent safety and low cost suggest that ivermectin could have an impact on the SARS-CoV-2 pandemic globally.

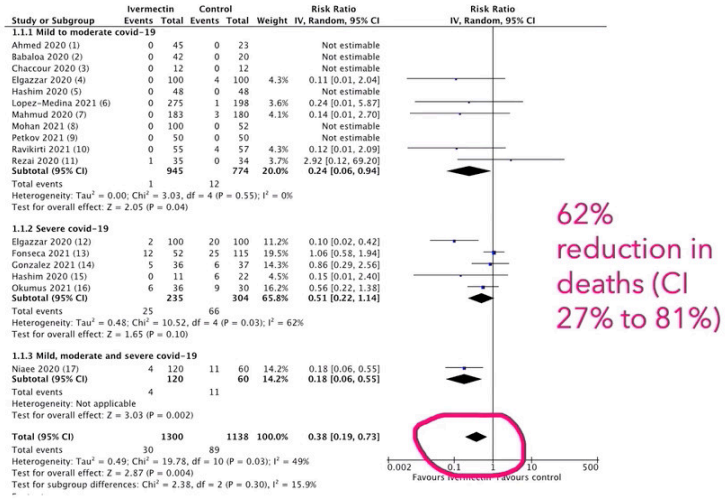
Funding

None

This time we found 18 randomized trials of ivermectin for Covid and the findings, which we reported in a scientific manuscript in early February, were consistent with my original report showing large reductions in death and Covid infections when ivermection was used.

IVM versus No IVM:

Death meta-analysis



62% reduction in deaths (CI 27% to 81%)

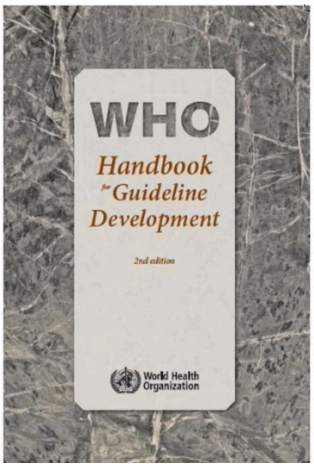
This figure is called a Forest Plot, which here shows the pooled data from 15 randomized trials included in the meta analysis of deaths. The evidence shows that for people involved in these trials, the death rate was around 2% if they received ivermectin and 8% if they did not.

Summary of the evidence

- IVM probably reduces the risk of death from covid-19 by an average of 62% (27% to 81%).
- Substantially more people improve and less deteriorate with ivermectin.
- There may be little or no difference in serious adverse events.

Overall our dated systematic review and meta analysis suggests that ivermection probably reduces the risk of death from Covid by an average of 62%. It leads to a greater likelihood of Covid symptoms improving in a given timeframe and a lower likelihood of symptoms getting worse. All of these benefits with little or no difference in serious adverse events.

To share the evidence on ivermectin, we put together an international panel of 65 health professionals and other stakeholders based on the process outlined in the WHO's Handbook for Guideline Development, a book that I'm very familiar with as a result of my guideline development experience. The meeting—which we called the British Ivermectin Recommendation Development or BIRD meeting—was held on the 20th of February this year. At the meeting, the panel of stakeholders made judgments on the evidence. And the following recommendation was the result.



The BIRD Recommendation – 20th February 2021

The BIRD panel recommends ivermectin for the prevention and treatment of covid-19 to reduce morbidity and mortality associated with covid-19 infection and to prevent covid-19 infection among those at higher risk.

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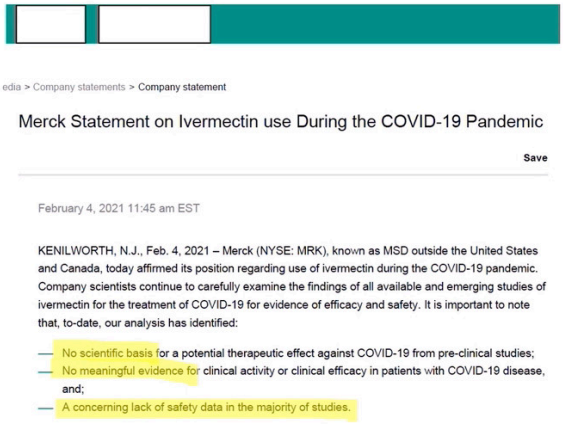

edia > Company statements > Company statement

Merck Statement on Ivermectin use During the COVID-19 Pandemic

Save

February 4, 2021 11:45 am EST

KENILWORTH, N.J., Feb. 4, 2021 – Merck (NYSE: MRK), known as MSD outside the United States and Canada, today affirmed its position regarding use of ivermectin during the COVID-19 pandemic. Company scientists continue to carefully examine the findings of all available and emerging studies of ivermectin for the treatment of COVID-19 for evidence of efficacy and safety. It is important to note that, to-date, our analysis has identified:

- 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.

No evidence Ivermectin helps with COVID-19, manufacturer stresses

Christian Deparine (Philstar.com) - April 12, 2021 - 3:30pm

MANILA, Philippines — Ivermectin's manufacturer in the country in no uncertain terms said on Monday that the drug has "very little to no effect" against COVID-19, as some people, including lawmakers, tout its use despite warnings.

The anti-parasitic drug has recently gained traction in the Philippines as a supposed treatment for the disease. But health agencies have repeatedly said it remains mostly for veterinary use, and human consumption could be highly toxic.

"… health agencies have repeatedly said it remains mostly for veterinary use, and human consumption could be highly toxic."

However despite the accumulated mountain of evidence on ivermectin, Merck, the original patent holder of ivermectin, came out strongly against its use stating that there was no scientific basis for its use in Covid and a concerning lack of safety data.

February 4, 2021 11:45 am EST

KENILWORTH, N.J., Feb. 4, 2021 – Merck (NYSE: MRK), known as MSD outside the United States and Canada, today affirmed its position regarding use of ivermectin during the COVID-19 pandemic. Company scientists continue to carefully examine the findings of all available and emerging studies of ivermectin for the treatment of COVID-19 for evidence of efficacy and safety. It is important to note that, to-date, our analysis has identified:

- 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.

We do not believe that the data available support the safety and efficacy of ivermectin beyond the doses and populations indicated in the regulatory agency-approved prescribing information.

As Merck conducted the original safety studies on ivermectin and has previously reported that it is safe—even at 10 times the usual dose—this was indeed very surprising. Merck no longer holds the patent for ivermectin. Ivermectin is a generic medicines costing as little as 3 cents a tablet in some countries and any pharmaceutical company can make it. So this may account for Merck's position.

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25 March 2021, 09:00 GMT ■ Updated on 25 March 2021, 18:27 GMT

ILLUSTRATION: 731

Merck's Little Brown Pill Could Transform the Fight Against Covid

The antiviral drug molnupiravir, still in clinical trials, would give doctors an important new treatment and a weapon against coronaviruses and future pandemics

By Cynthia Koons and Riley Griffin

In addition, Merck has novel competing medicines in development in this billion dollar Covid industry, from which it expects to make the billions. So perhaps the Merck statement is not so surprising. And Merck is not the only one that stands to make billions.

Pill to treat Covid could be developed by new government taskforce

The tablet would be taken as soon as someone tests positive for the disease to help ease symptoms

By Henry Bodkin, HEALTH
4 April 2021 • 3:56pm

Pfizer

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NEWS / Pfizer Initiates Phase 1 Study of Novel Oral Antiviral Therapeutic Agent Against SARS-CoV-2

PFIZER INITIATES PHASE 1 STUDY OF NOVEL ORAL ANTIVIRAL THERAPEUTIC AGENT AGAINST SARS-COV-2

Tuesday, March 23, 2021 - 11:00am

- *In-vitro studies conducted to date show that the clinical candidate PF-07321332 is a potent protease inhibitor with potent anti-viral activity against SARS-CoV-2*
- *This is the first orally administered coronavirus-specific investigational protease inhibitor to be evaluated in clinical studies, and follows Pfizer's intravenously administered investigational protease inhibitor, which is currently being evaluated in a Phase 1b multi-dose study in hospitalized clinical trial participants with COVID-19*

NEW YORK--(BUSINESS WIRE)-- Pfizer Inc. (NYSE: PFE) announced today that it is progressing to multiple ascending doses after completing the dosing of single ascending doses in a Phase 1 study in healthy adults to evaluate the safety and tolerability of an investigational, novel oral antiviral therapeutic for SARS-CoV-2, the virus that causes COVID-19. This Phase 1 trial is being conducted in the United States. The oral antiviral clinical candidate PF-07321332, a SARS-CoV2-3CL protease inhibitor, has demonstrated potent *in vitro* anti-viral activity against SARS-CoV-2, as well as activity against other coronaviruses, suggesting potential for use in the treatment of COVID-19 as well as potential use to address future coronavirus threats.

Other companies are also in early stages of development of novel treatments. So the fact that ivermectin prevents and treats Covid seems to be a rather inconvenient truth.

It has been suggested that Big Pharma is using the tobacco industry's underhand strategy to profit out of the Covid pandemic. If people have difficulty in believing that pharmaceutical companies can be so callous at this time, in which many people are dying unnecessarily, remember how tobacco companies blurred and confused the facts on smoking and lung cancer to benefit their shareholders.

Big Pharma uses Big Tobacco's strategy to defeat Ivermectin

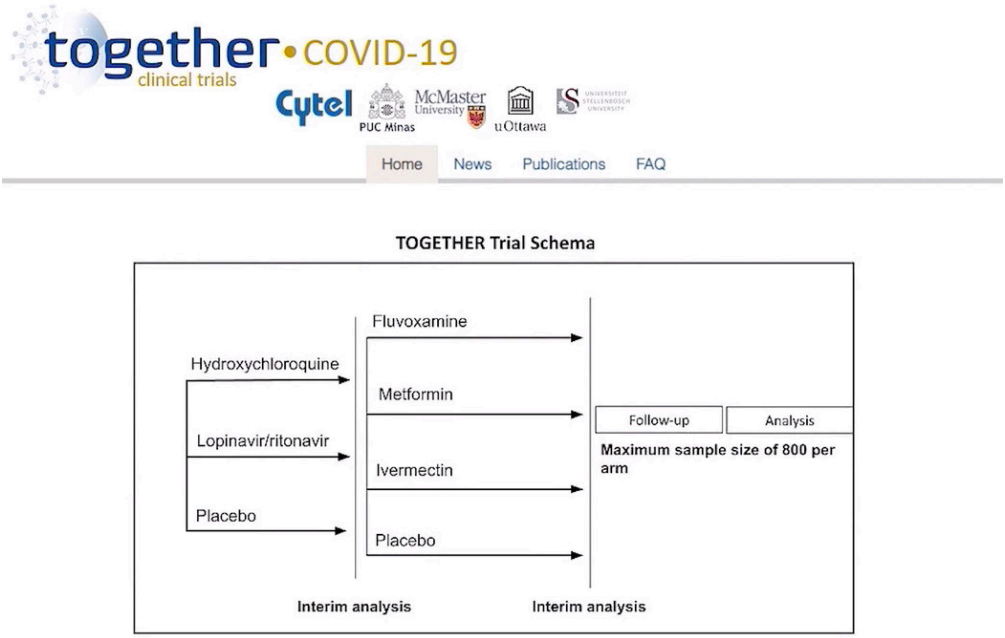
By Justus R. Hope, MD Apr 12, 2021 Updated 18 hrs ago

The big problem was that the cigarette industry was a multibillion-dollar lobby by the mid- 1960s. And they were not about to allow a few renegade scientists to spoil their profits. The Marlboro Man, as Dr.

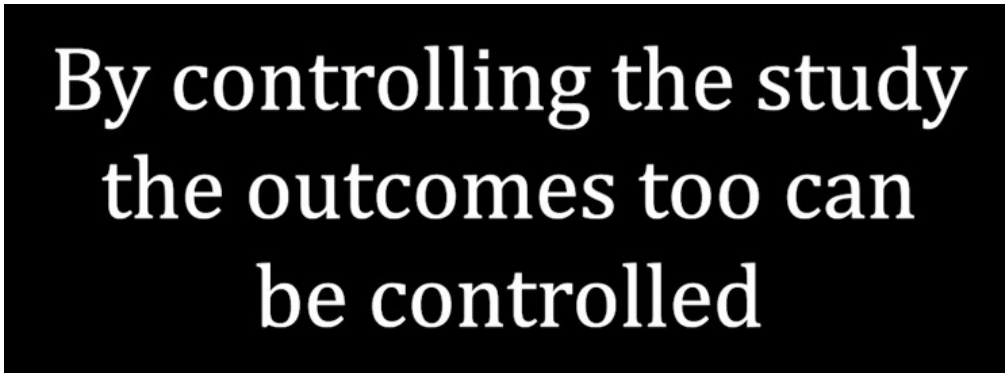
Blurring or confusing the facts as a tactic proved remarkably effective. But by far, the craftiest ruse was for the Tobacco Industry to pretend to embrace the research and set up their own studies. Because by controlling the study design, they could control the outcome.

The assist with these studies, the generous Big Tobacco even offered to fund the research by founding the Tobacco Industry Research Committee. The TIRC is described further in *The Emperor of All Maladies*, a book I strongly recommend everyone read. The author writes how this ingenious strategy kept the tobacco companies in business and record-breaking profits for the next 50 years despite causing many millions of lung cancer deaths.

This article by Dr. Justus Hope got taken down from *The Economic Standard* this month hours after it was published. Dr. Hope suggests that Big Pharma and its beneficiaries are deploying the same tactics to promote novel drugs over cheap, safe, and effective generic alternatives.



Another ploy described in this article is that of industry stakeholders offering to fund important research. And this is most certainly happening with ivermectin. I'm convinced by the evidence derived from a mountain of doctor-led trials in at least 15 countries, regulation authorities are currently awaiting the results of an industry-funded trial of ivermectin versus placebo called the Together Trial. As a concerned author of this article says "By controlling the study the outcomes too can be controlled."



Why does ivermectin pose such a threat to the pharmaceutical industry? Well, what is an emergency use authorization after all? And when can they be granted?

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of your product meets the criteria for issuance of an authorization

What is an emergency use authorisation?

1. The SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;

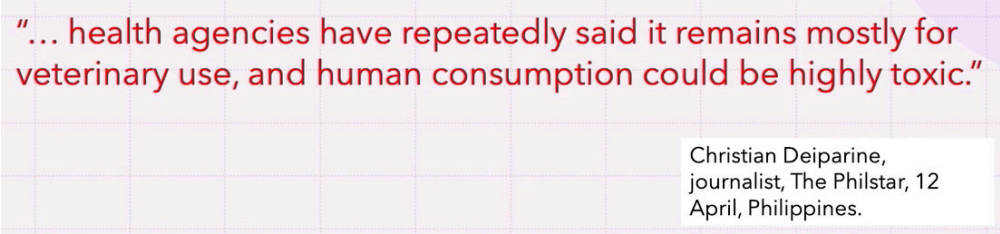
2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in diagnosing COVID-19, and that the known and potential benefits of your product when used for diagnosing COVID-19, outweigh the known and potential risks of your product; and

3. There is no adequate, approved, and available alternative to the emergency use of your product.[5]

This consumer information leaflet states that the FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. Thus, when ivermection and other generic medicines are approved for use in the prevention and treatment of Covid, there may be no need for the development of novel treatments against Covid or indeed mass vaccination. In fact, EUAs of novel treatments in many countries would need to be considered and perhaps withdrawn and the novel treatments would be subject to more rigorous efficacy and safety testing before approval.

"The FDA has not reviewed data to support use of ivermectin in COVID-19 patients to treat or to prevent COVID-19; however, some initial research is underway. Taking a drug for an unapproved use can be very dangerous. This is true of ivermectin, too."
Why You Should Not Use Ivermectin to Treat or Prevent COVID-19 | FDA

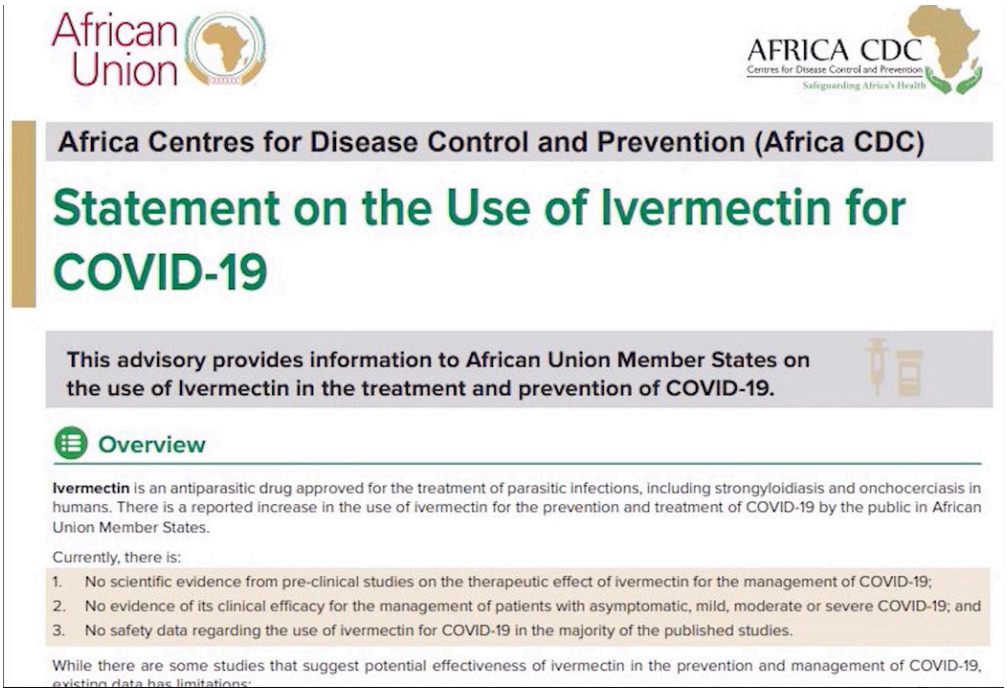
In February and March, despite expediting EUAs for novel treatments, the world health authorities have been very slow to act with regard to ivermectin insisting that there's insufficient evidence. In addition they stress that taking ivermectin could be dangerous. For example, this FDA statement, which says The FDA has not reviewed the data to support the use of ivermectin in Covid-19 patients to treat or to prevent Covid. However, some initial research is underway. Taking a drug for an unapproved use can be very dangerous. This is true for ivermectin too.



The press, apparently informed by the health authorities, have also commonly highlighted that health agencies have repeatedly said ivermectin remains mostly for veterinary use and human consumption could be highly toxic. This is very serious disinformation.

Perhaps I should have said at the start, for those of you who don't know what ivermectin is, that ivermectin has been used for almost 40 years and around 4 billion doses have been given to humans. In 2015 its discovers won the Nobel prize for Medicine, because this medicine has provided immeasurable benefit to humankind. As such, ivermectin is on the World Health Organization's list of Essential Medicines.

Given Merck's obvious conflicts of interest, what is surprising is the blanket acceptance of Merck's statement on ivermectin as fact by the health authorities. In a correspondence with the UK Covid Therapeutics Task Force, we were recently advised that the UK's position not to rollout ivermectin is corroborated by Merck's statement against the use of ivermectin.



African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

Africa Centres for Disease Control and Prevention (Africa CDC)

Statement on the Use of Ivermectin for COVID-19

This advisory provides information to African Union Member States on the use of Ivermectin in the treatment and prevention of COVID-19.

Overview

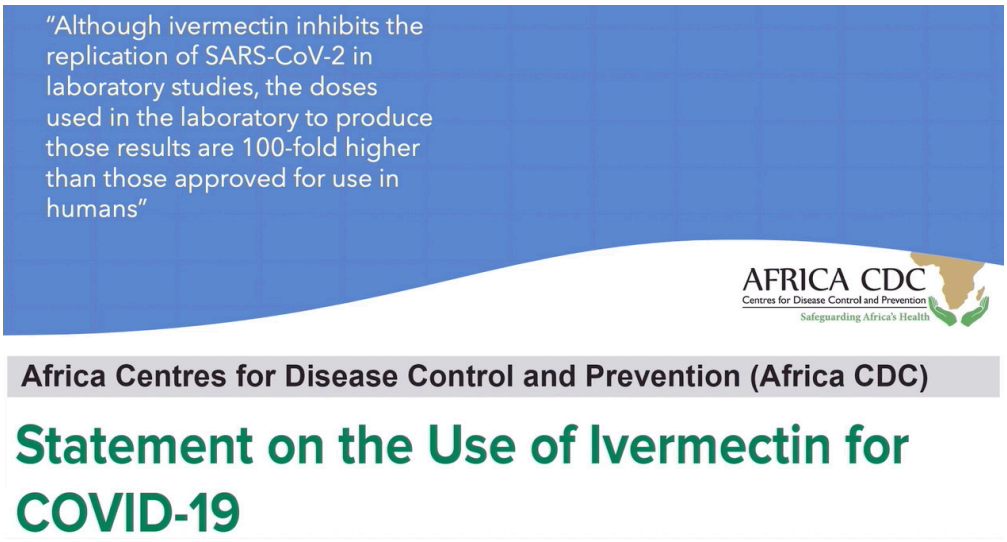
Ivermectin is an antiparasitic drug approved for the treatment of parasitic infections, including strongyloidiasis and onchocerciasis in humans. There is a reported increase in the use of ivermectin for the prevention and treatment of COVID-19 by the public in African Union Member States.

Currently, there is:

1. No scientific evidence from pre-clinical studies on the therapeutic effect of ivermectin for the management of COVID-19;
2. No evidence of its clinical efficacy for the management of patients with asymptomatic, mild, moderate or severe COVID-19; and
3. No safety data regarding the use of ivermectin for COVID-19 in the majority of the published studies.

While there are some studies that suggest potential effectiveness of ivermectin in the prevention and management of COVID-19, existing data has limitations:

The Merck statement is also quoted verbatim by the African Center for Disease Control and Prevention in its advisory to African Union member states.



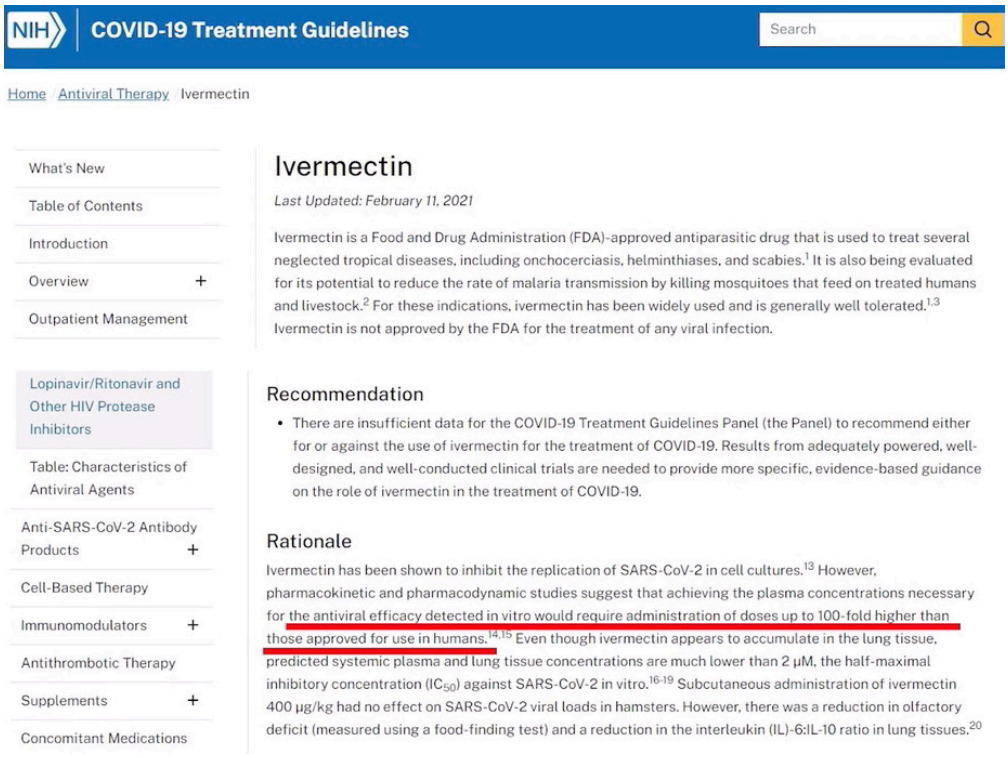
"Although ivermectin inhibits the replication of SARS-CoV-2 in laboratory studies, the doses used in the laboratory to produce those results are 100-fold higher than those approved for use in humans"

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

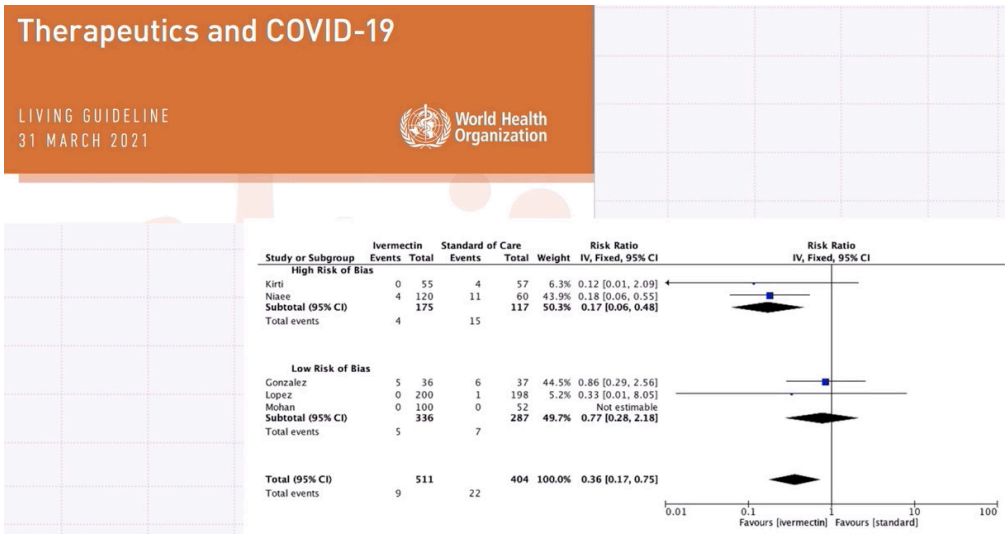
Africa Centres for Disease Control and Prevention (Africa CDC)

Statement on the Use of Ivermectin for COVID-19

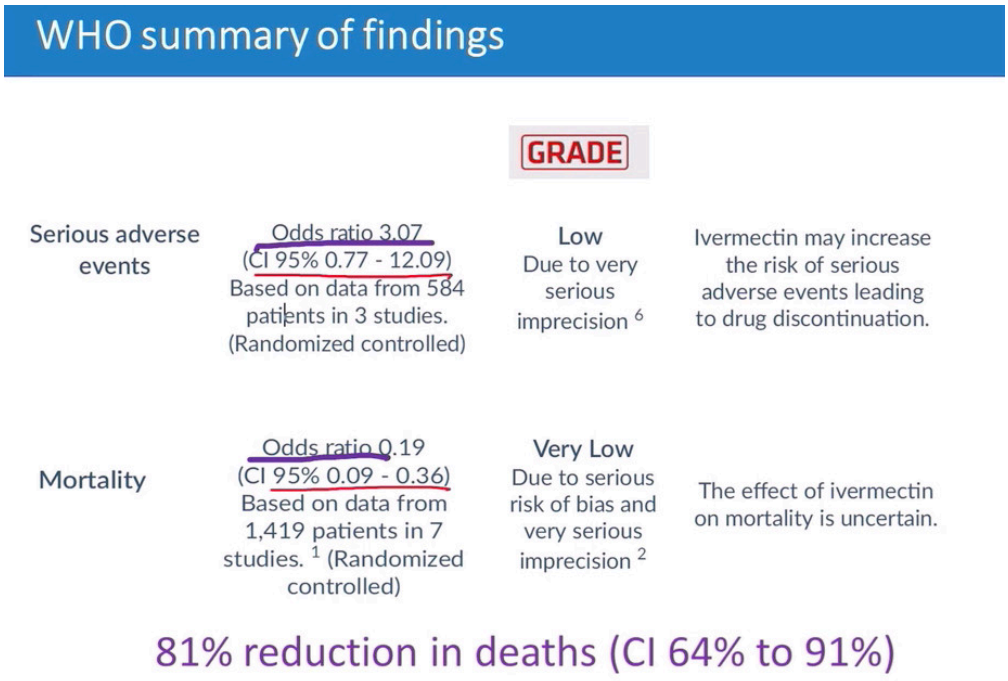
Another commonly used misrepresentation of the science on ivermectin suggesting that higher doses of ivermectin would be needed to work against Covid is the following: Although ivermectin inhibits the replication of SARS-CoV-2 in lab studies, the doses used in lab studies to produce those results are a hundred fold higher than those approved for use in humans.



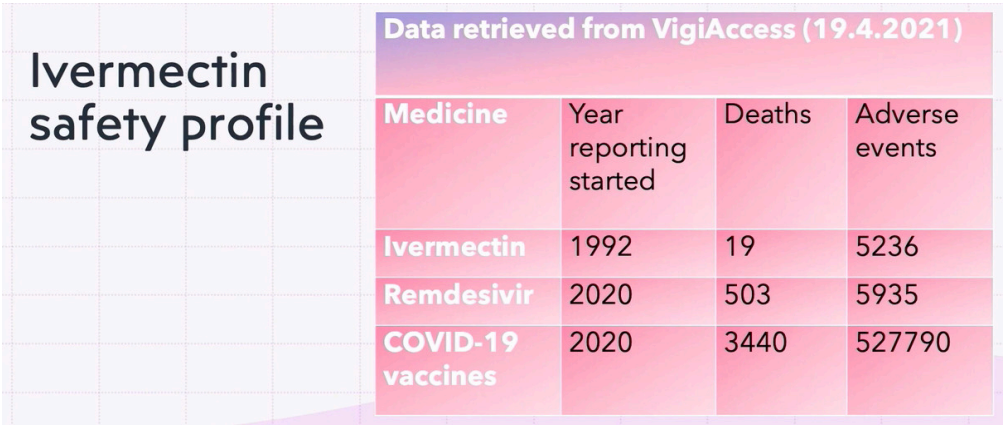
This argument was first presented by the NIH and his spread like wildfire among health authorities around the world to support their arguments against ivermectin. However clinical studies in human beings, not monkey cells, show that ivermectin is very effective against Covid and there are now plenty of laboratory studies, too, that corroborate its mechanism of action against Covid at normal doses.



So what is the World Health Organization's current position on ivermectin? On the 31st of March, the WHO announced that ivermectin is not recommended for the treatment of Covid outside of a clinical trial. This recommendation was based on a systematic review recently conducted by McMaster's University that found insufficient evidence that ivermectin works in Covid. The McMasters group also found that ivermectin made the association with increased series adverse events that could lead to treatment discontinuation.



The evidence in fact showed that ivermectin reduced deaths by 81% and the meta analysis of three trials found no difference in serious adverse events with ivermectin. So the interpretation of these findings is surprising.



Let's examine ivermectin's safety profile, according to the WHO Uppsala University Collaborative Pharmacovigilance Database. Since 1992 and up to the 19th of April this year only 5,215 adverse events and 19 deaths have been registered on the WHO's database for ivermectin. Compare this to over 500,000 adverse events and over 3,440 deaths registered for the Covid vaccines in the past few months. Billions of doses of ivermectin have been given to people over the last four decades and only millions of doses of the current vaccine have been given. Given the data, why are the authorities not expressing concern about the safety of the Covid vaccines? They owe doctors and the public an urgent explanation for these double standards.

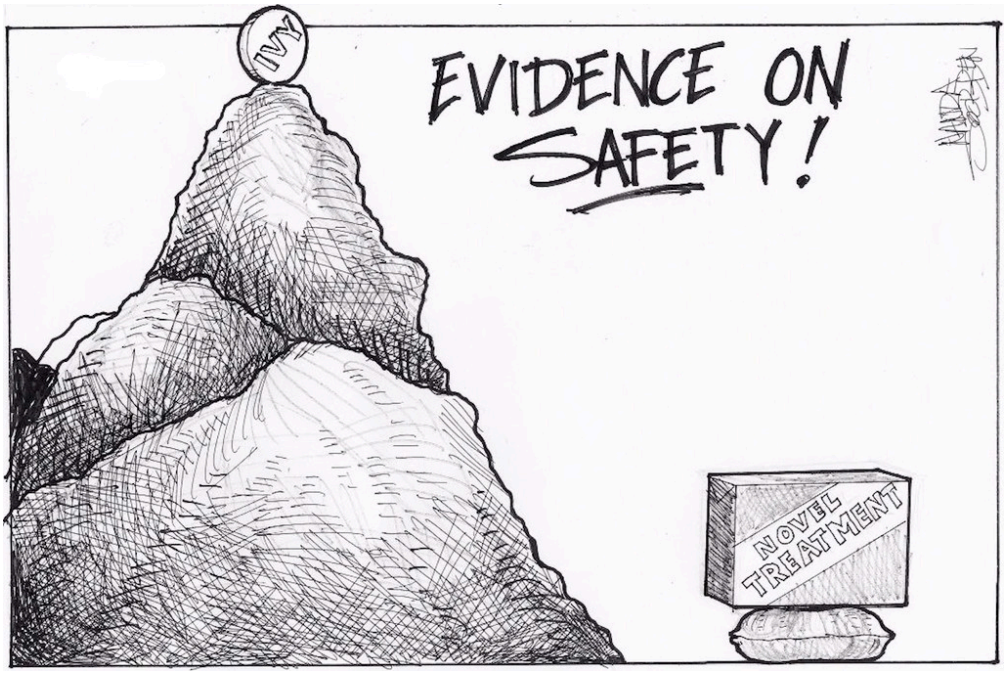
Do you know about the Access to Covid Tool Accelerator? Launched at the end of April, 2020, the WHO ACT accelerator brings together governments, scientists, business, civil society, philanthropists, and global health organizations. The ACT Accelerator requires a total of 38.1 billion US dollars to fully fund its work on developing Covid tests, treatments, vaccines, and health systems to tackle Covid on a global scale. While donors commit to fund the scale-up of the ACT Accelerator tool, they warn that additional funding is critical to support its success. This additional funding needed is currently in the region of $22 billion.

I humbly suggests that additional funding of the ACT Accelerator tool may not be necessary when generic drugs, such as ivermectin that costs as little as 3 cents a tablet, are approved for use against Covid.

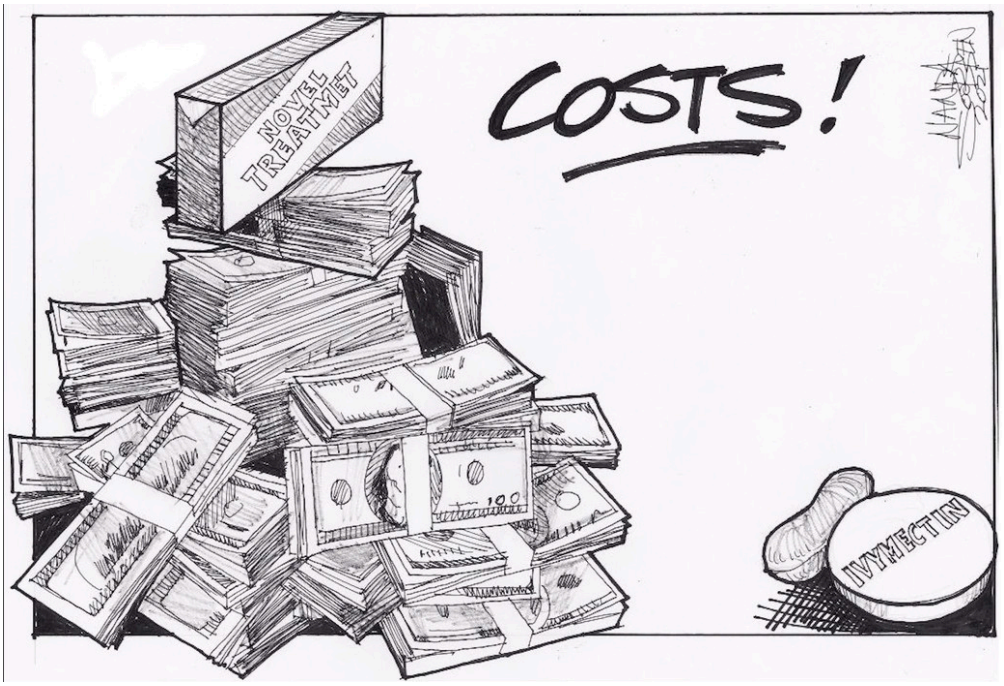
Meanwhile, we hear that Britain is to launch a large scale effort to find a pill for early onset, mild-to-moderate Covid.

A so-called super pill that combats effects of the virus and can be taken as soon as someone tests positive.

And the FDA commissioners agree and declare that a good weapon for the Covid arsenal would be a safe and effective drug that could be taken at home.



So from where I'm standing, we appear to have a mountain of evidence of ivermectin safety and very little evidence on the safety of novel treatments.



And the opposite is a case for costs. There are a mountain of costs for novel treatments whereas ivermectin costs relatively very little.

The authorities are ignoring the facts. Why aren't we using ivermectin? Ask yourself who would have lost out if people had had access to effective generic medicines in March last year?

As doctors and scientists, we currently find ourself at a peculiar place in medical history. Where rigorous scientific evidence, doctor's expertise and experience, the foundations of our practice have been undermined by a relentless onslaught of disinformation. Why won't the world's health authorities and developed country governments approve ivermectin for Covid? I'll leave it up to you to figure out. But if I could offer one piece of advice from my heart to yours, please take responsibility for your health. Stop outsourcing it.

Thank you.

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