

New study shows ivermectin can reduce chance of death by 92%

But the WHO, NIH, and FDA all recommend that you avoid using it.



Steve Kirsch

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💬 286



A new large prospective observational study of 88,000 people shows ivermectin works; the greater the dose, the better it works.

Preprint

PDF Available

Regular use of ivermectin as prophylaxis for COVID-19 led up to 92% reduction in COVID-19 mortality rate in a dose-response manner: results of a prospective observational study of a strictly controlled population of 88,012 subjects among 223,128 participants

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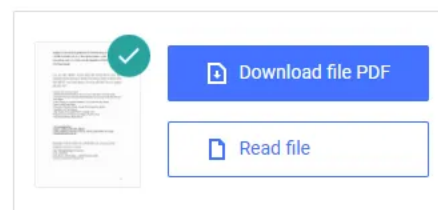


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Here's a snip from one of the tables on hospitalization rates in a **matched** group of 283 patients:

Table 5. Hospitalization rates in the three, two-group comparisons after balancing & matching the groups of regular and irregular ivermectin users.

PROPENSITY SCORE MATCHED REGULAR USERS AND IRREGULAR USERS	Regular ivermectin users (n = 283)	Irregular ivermectin users (n = 283)	Unadjusted hospital risk ratio (95%CI) and p-value [p]	Multivariate adjusted hospital risk ratio (95%CI) and p-value [p]
Overall	0/283 (0.0%)	10/283 (3.5%)	0.05 (0.003 – 0.79) [0.034]	0.00 (n/a) [< 0.0001]

There were **0 COVID hospitalizations** in the group of regular ivermectin users compared to 10 in the irregular user group.

How does the WHO react?

They ignore it of course!

The WHO has not updated their treatment guideline for Ivermectin in over 1 year. New studies are ignored since they are relatively small.

But this one was relatively large since it was everyone in a small city (223,128 residents of Itajaí).

This study doesn't justify modification of their treatment guidelines. [Ivermectin is to be avoided, except in a clinical trial:](#)



1. Summary of the guideline
2. Abbreviations
3. Introduction
4. What triggered this update and what is coming next?
5. Understanding and applying the WHO severity definitions
6. Recommendations for therapeutics ▼
7. Methods: how this guideline was created
8. How to access and use this guideline
9. Uncertainties, emerging evidence and future research
10. Authorship, contributions, acknowledgements

6.12 Ivermectin (published 31 March 2021) ²

Info Box

The recommendation concerning ivermectin was published on 31 March 2021 as the [fourth version](#) of the WHO living guideline and in the BMJ as [Rapid Recommendations](#). It followed the increased international attention on ivermectin as a potential therapeutic option. No changes were made to the ivermectin recommendation in this eleventh version of the guideline.

We are aware of a few new, relatively small trials published since our recommendation was made and that one key trial has since been retracted given concerns about research fraud [117][118]. However, the updated evidence summary from the LNMA is consistent with our previously made recommendation. This updated evidence summary will be fully considered by the GDG in subsequent iterations of the guideline.

For patients with COVID-19, regardless of disease severity

Only in research settings

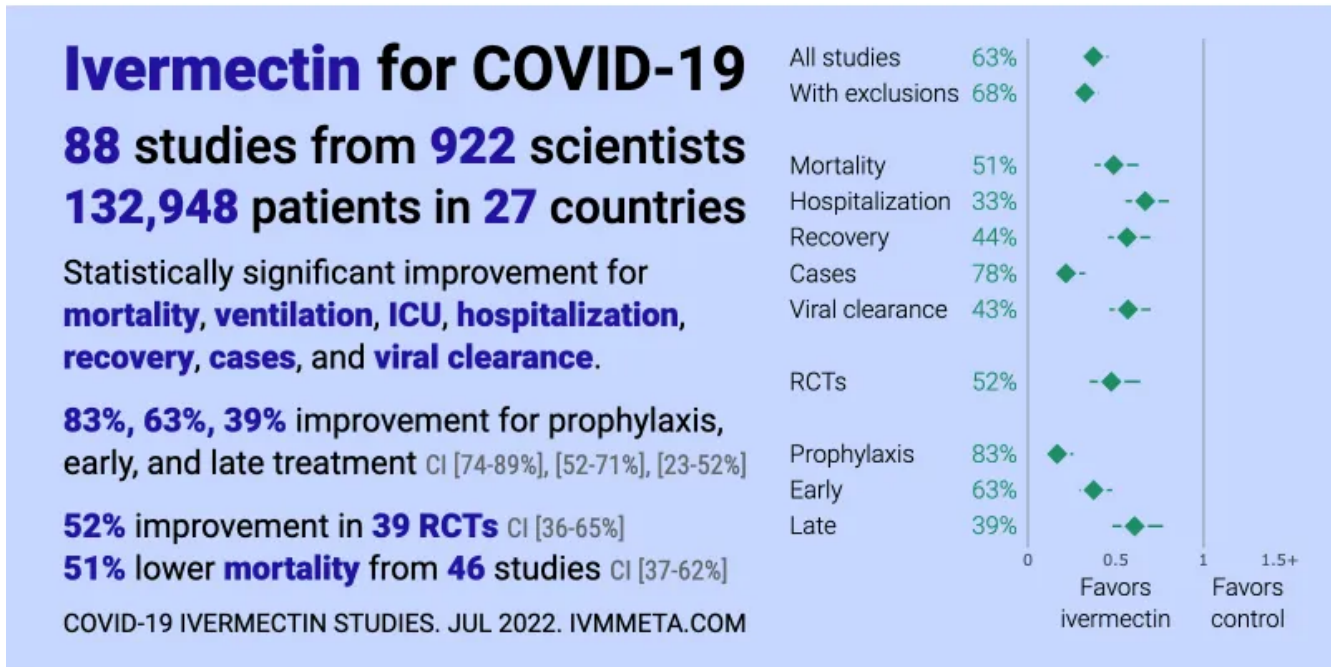
We recommend not to use ivermectin, except in the context of a clinical trial (*recommended only in research settings*).

Remark: This recommendation applies to patients with any disease severity and any duration of symptoms.

Ivermectin study data

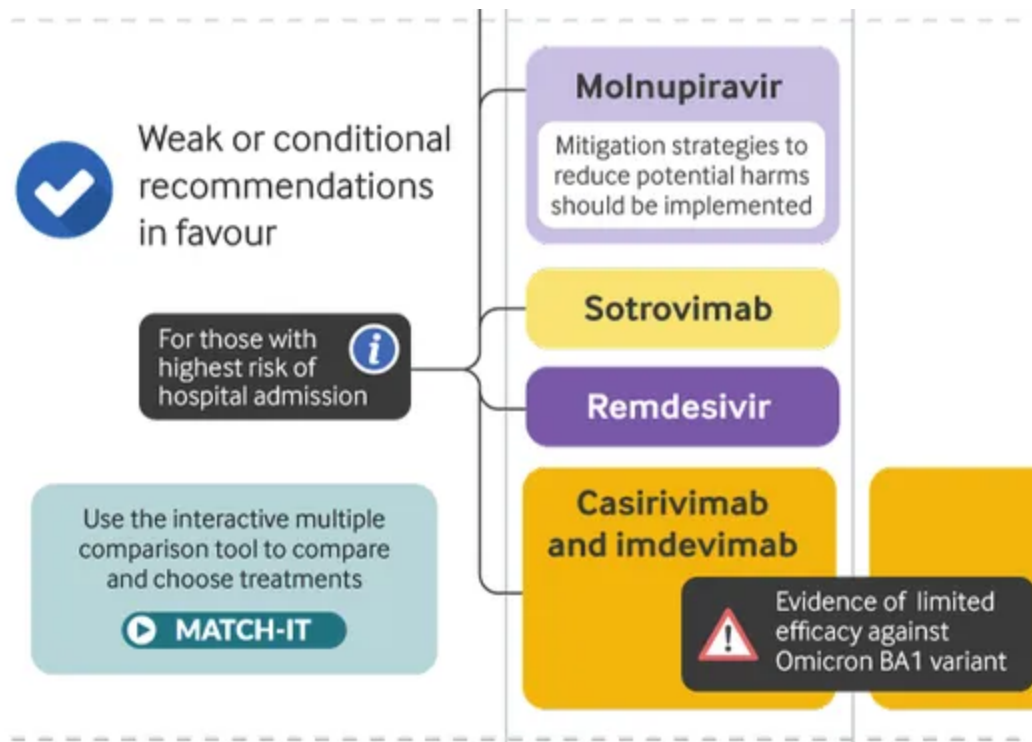
Here is the data on ivermectin studies from c19early.com. Do you see a pattern to the studies? Lower mortality in 46 studies. Can you cite a drug with 46 studies showing a mortality benefit that was later found to be harmful to patients? Of course not! The level of evidence is extraordinarily consistent.

Here is the data that the WHO relied on to make their assessment not to use ivermectin:

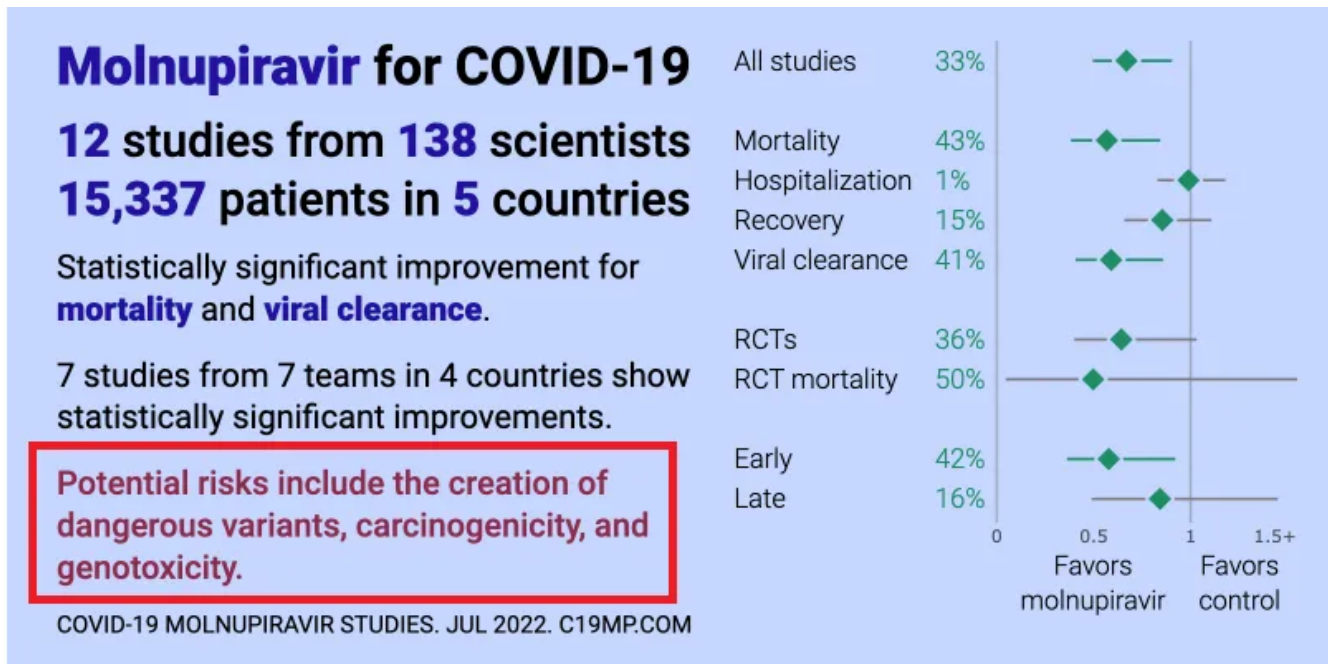


If you were offered a drug like this, most every person would take it. But the WHO basically says you should run in the other direction.

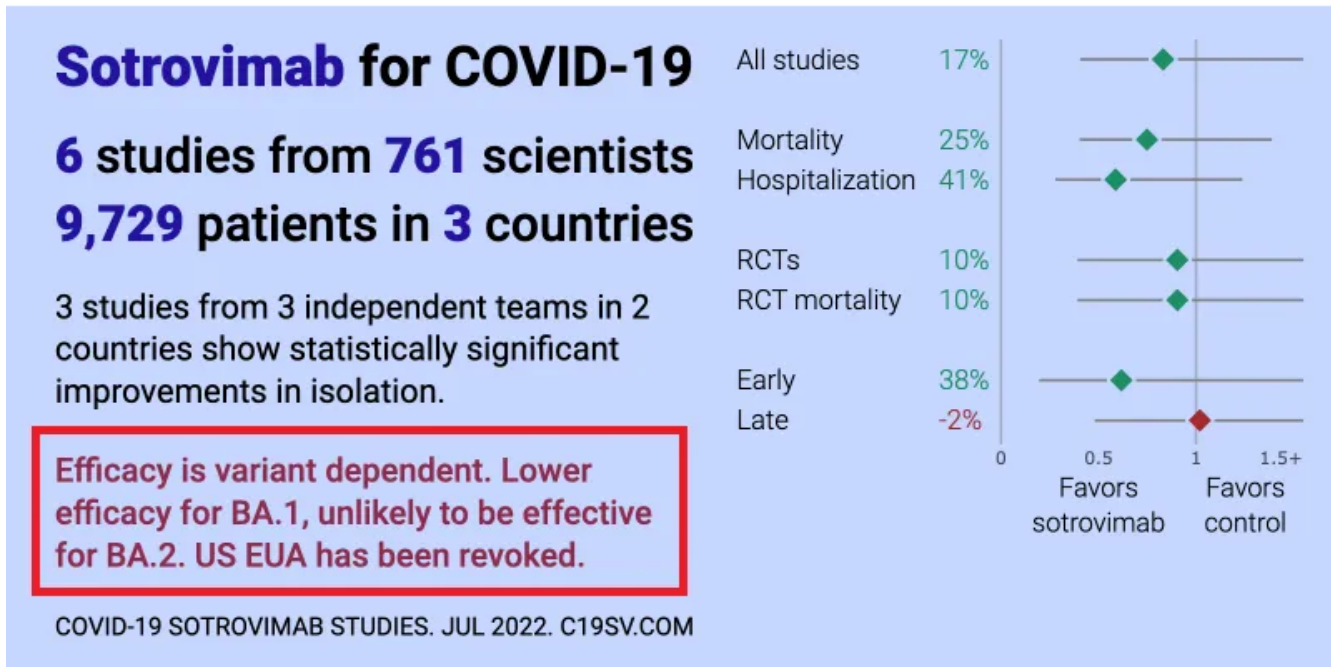
Here's what the WHO recommends you take instead (Molnupiravir, Sotrovimab):



Here's the data for two of the drugs they recommend, [Molnupiravir](#)

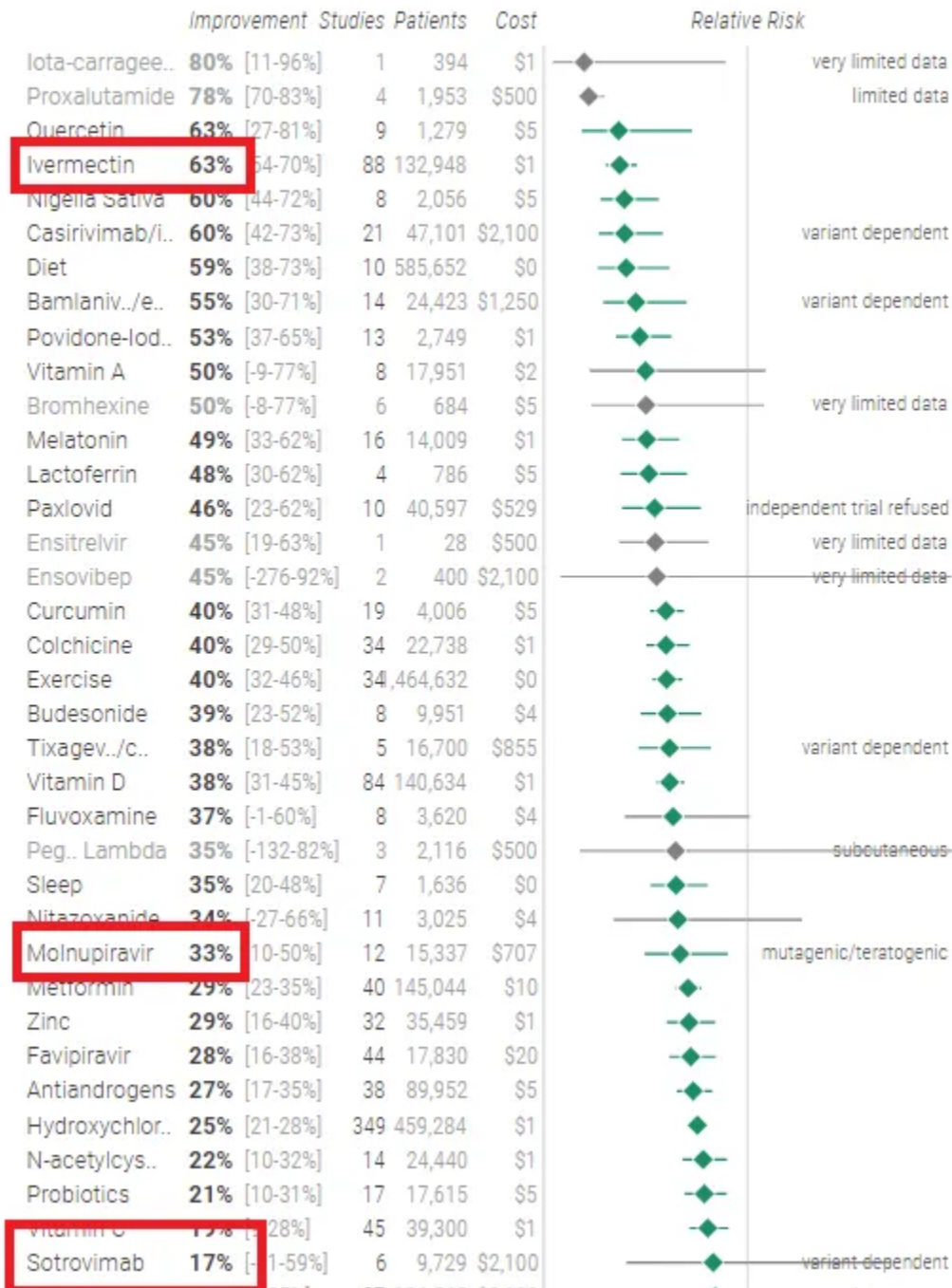


and sotrovimab:



Here's [how all three drugs compare](#) (ivermectin vs. the two the WHO recommends):

All studies (pooled effects, all stages) c19early.com Jul 21, 2022



See? They recommend the drugs with lower efficacy and tell you not to use the drug with the highest efficacy.

NIH says to avoid ivermectin



nih ivermectin guideline COVID



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