

I-MASK+

PROPHYLAXIS & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

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PROPHYLAXIS PROTOCOL

Ivermectin	Prophylaxis for high risk individuals 0.2 mg/kg per dose* – one dose today, 2nd dose in 48 hours, then one dose every 2 weeks** Post COVID-19 exposure prophylaxis*** 0.2 mg/kg per dose* – one dose today, 2nd dose in 48 hours**
Vitamin D3	1,000–3,000 IU/day
Vitamin C	1,000 mg twice a day
Quercetin	250 mg/day
Zinc	50 mg/day
Melatonin	6 mg before bedtime (causes drowsiness)

EARLY OUTPATIENT PROTOCOL****

Ivermectin	0.2 mg/kg per dose* – one dose daily, minimum of 2 days, continue daily until recovered (max 5 days)**
Vitamin D3	4,000 IU/day
Vitamin C	2,000 mg 2–3 times daily
Quercetin	250 mg twice a day
Zinc	100 mg/day
Melatonin	10 mg before bedtime (causes drowsiness)
Aspirin	325 mg/day (unless contraindicated)
Pulse Oximeter	Monitoring of oxygen saturation is recommended (for instructions please see page 2 of this file)

* ≈ 0.09 mg/lb per dose – please see conversion table on page 2 to calculate the appropriate ivermectin dose (take it with or after meals).

** The dosing may be updated as further scientific studies emerge.

*** 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

**** For late phase – hospitalized patients – see the FLCCC’s MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net

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

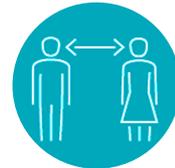
Behavioral Prophylaxis



WEAR MASKS

Must wear cloth, surgical, or N95 mask (without valve) in all indoor spaces with non-household persons.

Must wear a N95 mask (without valve) during prolonged exposure to non-household persons in any confined, poorly ventilated area.



KEEP DISTANCE

Until the end of the Covid-19 crisis, we recommend keeping a minimum distance of approx. 2 m / 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.

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IVERMECTIN

Summary of the Clinical Trials Evidence for Ivermectin in COVID-19

Ivermectin, an anti-parasitic medicine whose discovery won the Nobel Prize in 2015, has proven, highly potent, anti-viral and anti-inflammatory properties in laboratory studies. In the past 4 months, numerous, controlled clinical trials from multiple centers and countries worldwide are reporting consistent, large improvements in COVID-19 patient outcomes when treated with ivermectin.

Our comprehensive scientific review of these referenced trials on ivermectin can be found on www.flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/.

For a quick overview, a **One-page Summary** of our review on ivermectin can be found on www.flccc.net/one-page-summary-of-the-clinical-trials-evidence-for-ivermectin-in-covid-19/

Body weight conversion (kg/lb) for ivermectin dose in prophylaxis and treatment of COVID-19

Body weight Conversion (1 kg ≈ 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)

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+ Prophylaxis & 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.

A summary of the published data supporting the rationale for Ivermectin use in our I-MASK+ protocol can be downloaded from www.flccc.net/i-mask-prophylaxis-treatment-protocol/

For updates, references, and information on the **FLCCC Alliance**, the **I-Mask+ Prophylaxis & Early Outpatient Treatment Protocol for COVID-19** and the **MATH+ Hospital Treatment Protocol for COVID-19**, please visit our website www.flccc.net