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Statement on the Use of Ivermectin As Treatment for COVID-19

Evidence reviewed by the Philippine COVID-19 Living CPG Reviewers of the UP-NIH ICE and Consensus Panel Representatives of FDA-DOH, PMA, PCP, PAFP, POGS, PCEM, PSGIM, PCCP, PSPHP and PSMID.

Ivermectin

Ivermectin is an anti-helminthic drug repurposed as a potential therapy for COVID-19 because of its anti-viral properties and immunomodulatory effects. Based on in vitro studies, it prevents viruses from suppressing the host's antiviral response. As an immunomodulator, ivermectin may reduce cytokine secretion.⁽¹⁻²⁾

A systematic review of 6 randomized controlled trials⁽³⁻⁸⁾ of good methodological quality showed that:

- Ivermectin DID NOT SIGNIFICANTLY REDUCE the risk of mortality (Relative Risk 0.74 [0.33, 1.63]) among patients with mild to severe COVID-19 disease.
- Ivermectin was NOT ASSOCIATED with a definite benefit in terms of other clinically important outcomes such as clinical improvement at Day 6-10 (RR 1.01 [0.87, 1.16])^(3,5,9-10), clinical deterioration (RR 0.70 [0.37, 1.33])^(3-6,10), and need for mechanical ventilation (RR 0.42 [0.10, 1.86])^(4-5,11).
- Ivermectin DID NOT SIGNIFICANTLY REDUCE the duration of hospitalization (Mean Difference 0.83 [-0.86, 2.52])^(6,8), and the time to resolution of symptoms (MD -0.32 [-1.51, 0.87])⁽³⁻⁴⁾.
- The rate of hospital discharge at Day 10-14 DID NOT DIFFER SIGNIFICANTLY between the ivermectin group and the standard of care or placebo group (RR 1.04 [0.95, 1.14])^(4,5,8).

The adverse events reported with the use of ivermectin, although not significantly increased (RR 0.99 [0.73, 1.32]), include dizziness, headache, rash, and gastrointestinal symptoms such as nausea.

Based on the current evidence from randomized control trials, WE DO NOT RECOMMEND the use of Ivermectin for the treatment of COVID-19. It has not been proven to significantly reduce mortality or improve other clinical outcomes. This recommendation will be updated as more evidence is generated from ongoing trials.

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