

protocol as of 8/11/2021  
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[link to FLCCC Protocol](#)

# I-MASK+

## PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

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Behavioral Prevention



### WEAR MASKS

Wear a cloth, surgical, or N95 mask when in confined, poorly ventilated, crowded indoor spaces with non-household members.

### PREVENTION PROTOCOL

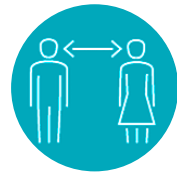
<b>Ivermectin<sup>1</sup></b>	<b>Chronic Prevention</b> 0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community
	<b>Post COVID-19 Exposure Prevention<sup>2</sup></b> 0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours
<b>Vitamin D3</b>	1,000–3,000 IU/day
<b>Vitamin C</b>	500–1,000 mg twice a day
<b>Quercetin</b>	250 mg/day
<b>Zinc</b>	30–40 mg/day (elemental zinc)
<b>Melatonin</b>	6 mg before bedtime (causes drowsiness)
<b>Gargle mouthwash</b>	2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative.

MCMD updates 8/22/2021:  
Multi-B 2x/day  
Zinc up to 100/day divided  
Vitamin C up to 8k/day divided  
Lysine 500 2x/day  
NAC 600 2x/day  
Neb w H2O2 see Levy Thomas

### EARLY OUTPATIENT PROTOCOL<sup>3</sup>

<b>Ivermectin<sup>1</sup></b>	0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered Use upper dose range if: 1) in regions with aggressive variants (e.g. “Delta” variant); 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors.
<b>Fluvoxamine<sup>4</sup></b>	50 mg twice daily for 10–14 days Add to ivermectin if: 1) minimal response after 2 days of ivermectin; 2) in regions with more aggressive variants; 3) treatment started on or after day 5 of symptoms or in pulmonary phase; or 4) numerous comorbidities/risk factors. Avoid if patient is already on an SSRI.
<b>Nasal/oral rinse</b>	3 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), Listerine™ with essential oils, or povidone/iodine 1% solution as alternative. Nasal rinse instructions below. <sup>5</sup>
<b>Vitamin D3</b>	4,000 IU/day
<b>Vitamin C</b>	500–1,000 mg twice a day
<b>Quercetin</b>	250 mg twice a day
<b>Zinc</b>	100 mg/day (elemental zinc)
<b>Melatonin</b>	10 mg before bedtime (causes drowsiness)
<b>Aspirin</b>	325 mg/day (unless contraindicated)
<b>Pulse Oximeter</b>	Monitoring of oxygen saturation is recommended (for instructions see page 2)

to the above updates, add  
Echinacea caps, 2-4 pills/day, divided



### 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.

<sup>1</sup> The dosing may be updated as further scientific studies emerge. The safety of ivermectin in pregnancy has not been definitively established. Use in the 1st trimester should be discussed with your doctor.

<sup>2</sup> 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

<sup>3</sup> For late phase — hospitalized patients — see the FLCCC’s MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net

<sup>4</sup> Some individuals who are prescribed fluvoxamine experience acute anxiety which needs to be carefully monitored for and treated by the prescribing clinician to prevent rare escalation to suicidal or violent behavior.

<sup>5</sup> Nasal rinse – 3 x daily. Use 10% povidone/iodine wound wash. Take 1 ml (1/4 tsp) mix with 9 ml saline solution (2 tsp). Use nasal irrigation bottle or syringe.

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



### 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.

# I-MASK+

## PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

### 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/](http://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/flccc-ivermectin-summary](http://www.flccc.net/flccc-ivermectin-summary)

#### Body weight conversion (kg/lb) for ivermectin dose in prevention 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+ Prevention & 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.*

For an overview of the developments in prevention and treatment of COVID-19, please visit [flccc.net/covid-19-protocols](http://flccc.net/covid-19-protocols)



Please check our homepage regularly for updates of our COVID-19 Protocols. New medications may be added and/or dose changes to existing medications may be made as further scientific studies emerge!