FACTS AND STATS ON COVID (10-7-21)
Be informed, be safe

What Is RNA?

We all know DNA (deoxyribonucleic acid) is a double-stranded molecule that stores the genetic instructions your body's cells need to make proteins. **Proteins** are the 'workhorses' that carry out the functions of the human body.

RNA (ribonucleic acid), a single-stranded molecule, also carries genetic information. There are several types of RNA. **Messenger RNA**, or **mRNA** for short, carries a copy of the genetic information from the DNA for each **protein** to a cell's ribosomes, the "machinery" that makes **proteins**.

What Is the Coronavirus?

Coronaviruses (CoV) are a big family of RNA viruses. RNA viruses are divided into 4 genera: alpha, beta, delta, and gamma. Alpha and beta CoVs infect humans and four of these cause the common cold. The "spike" **protein** is what gives the coronavirus family of viruses their name. The spikes jut out from the surface of the spherical virus, giving it a crown-like halo, or "corona." The beta-coronavirus that causes COVID-19 is called **SARS-CoV-2**.

What Is COVID-19?

The name COVID-19 stands for **CO**rona **VI**rus **D**isease - 20**19.**

What Is the "Spike Protein" and Its Relationship to COVID-19?

The spike protein is the part of the virus that latches onto and enters the cells that it infects. Once inside the cell, the virus injects its RNA and hijacks the cell and it becomes part of the cell's protein production machinery (ribosome). If the virus replicates, the disease spreads**.** When the body's immune system detects viral damage, it reacts with inflammation.

What Is an ACE2 Receptor and Its Relationship to COVID-19?

ACE2 (**A**ngiotensin **C**onverting **E**nzyme) is present in many tissues including the lungs, heart, blood vessels, kidneys, liver and gastrointestinal tract, both male and female reproductive systems, nose, and mouth. One of the roles of ACE2 is to modulate the body's response to inflammation. The virus enters the cells through the ACE2 receptor on the cell's surface and then interferes with ACE2's job of modulating the inflammatory response.

The spike protein binds to the ACE2 receptor on cells, particularly the lungs that have lots of ACE2 receptors. This causes damage to the cells that line lung tissue and blood vessels. This disrupts the exchange of oxygen and carbon dioxide between the lungs and blood.

While initially we thought of COVID-19 as a respiratory illness, it is primarily a blood vessel disease. It affects the lungs, but also affects other organs in the body, and can cause strokes and blood clots.

What Is a Cytokine Storm?

Cytokines are small molecules that help direct the immune response to invaders, e.g., a virus. When the process of fighting off invaders "storms out of control" the blood vessels leak, the blood clotting process is disturbed, and the result can be organ failure and death.

What Are Comorbidities and Risk Factors for COVID-19?

A comorbidity is a medical condition that you are already experiencing. Comorbidities may affect the severity of COVID-19. These include ● High Blood pressure ● Diabetes ● Obesity ● Chronic kidney disease ● Liver cirrhosis ●Asthma/emphysema/smoking ● Congestive heart failure ● Malignancy/immune suppression ●Age over 80 years old.

What Are the Survivability Rates for COVID-19?

COVID-19 does not kill all age-groups equally and is focused on elderly persons with comorbidities, younger persons with medical conditions, obese persons, and diabetics.

- For ages 0-19 years, the survivability rate is 99.997%.
- For ages 20-49, the survivability rate is 99.98%.
- For ages 50-69, the survivability rate is 99.5%.
- For ages 70+, the survivability rate is 94.6%.
- The average age of death from COVID-19 is 73 years; 50% of deaths are over age 80 years.
- The average COVID-19 death has 2.5 comorbidities.

What is a Variant?

All viruses have millions of variants. Viruses 'mutate' as part of their existence. The SARS-CoV-2 **Delta (India) variant** is more transmissible than earlier versions of the virus, but it is weaker, less deadly. Side note: when you hear bureaucrats talk about "eliminating" COVID-19, this maybe code word for spending more money on costly treatments and vaccines. Consider this: we have not eliminated the annual flu or the common cold. We continue to learn to live with many types of viruses and let our natural immunity do its job.

What is Gain-Of-Function?

Gain-of-function is a term that describes any type of virology research that results in the gain of a certain function. Regarding SARS-CoV-2 (the virus that causes COVID-19), this research causes a pathogen to be more infectious or deadly, particularly to humans.

What Is the Origin of the SARS-CoV-2 Virus That Causes COVID-19?

There are two theories of the origin SARS-CoV-2.

The **first theory** is "natural emergence." According to the Chinese government, the virus jumped from a pangolin sold at a "wet" market (where wild animals are sold for meat) in Wuhan. This was similar to the 2002 Chinese SARS1 epidemic in which a bat virus spread to a civet and then to humans; and the 2012 Middle East MERS epidemic in which a bat virus spread to camels and then to humans. This 2019 novel coronavirus)SARS-CoV-2) was in the same family as the SARS-1 and MERS viruses. However, Chinese authorities have failed to identify the original species that allegedly spread the virus to humans.

The **second theory** is that the virus escaped from a lab in Wuhan, China.

- Viruses have long been known to escape from labs.

- The Wuhan Institute of Virology, is a leading world center for research on coronaviruses.
- According to the House Intelligence investigation in May 2021, there were warnings from U.S. diplomats in China as early as 2017 that the Wuhan lab was conducting dangerous research on coronaviruses without following necessary safety protocols, risking the accidental outbreak of a pandemic.
- Dr. Anthony Fauci's recently released emails from February 2020 reveal that scientists raised the possibility of a lab leak and also expressed concern the virus appeared to be engineered.
- Dr. Zhengli Shi, the "Bat Lady," organized frequent expeditions to the bat-infested caves of Yunnan in southern China and collected around a hundred different bat coronaviruses.
- Three researchers from the Wuhan lab became ill with symptoms consistent with COVID-19 and sought hospital care in October-November 2019.
- Dr. Shi worked with Dr. Ralph S. Baric at the University of North Carolina. Their work focused on (1) enhancing the ability of bat viruses to infect humans and (2) **"gain-of-function"** research which created viruses more infectious and deadly than those that exist in nature. This was presumably to predict the cross-over of viruses from animals to humans.
- In 2015, the scientists acknowledged the risks involved with gain-of-function research but proceeded anyway.
- From June 2014 to May 2019, the EcoHealth Alliance of New York headed by Dr. Peter Dazak, had a grant from the National Institute of Allergy and Infectious Diseases (NIAID). EcoHealth Alliance then funneled the grant money to the Wuhan Institute of Virology.

What Are Symptoms of COVID-19?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Some have reported chest pain, delirium, red fingers and toes, skin rash

It is important to note that it is rare for people without symptoms (asymptomatic) to spread the SARS-CoV-2 virus.

Early Treatment Options for COVID-19

(This is a list of available options and are not meant to be taken together, but under the protocols of a trusted doctor. These products are not a cure but can improve the path to recovery. See Appendix A and B for sample protocols.)

- Zinc blocks virus replication, as first discovered by world-leading SARS virologist Ralph Baric in 2010.
- Ivermectin (an antiparasitic drug) has strong anti-viral and anti-inflammatory properties. Early treatment is most successful.
- Quercetin (a plant polyphenol) supports the cellular absorption of zinc and has anti-viral properties, as first discovered during the SARS-1 epidemic in 2003.
- Bromhexine (a mucolytic cough medication) inhibits entry of the virus into the cell, whether or not you have a cough.
- Vitamins C and D support and improve the immune system response to infections.
- Aspirin may help prevent infection-related thrombosis (blood clots) and embolisms (blood clots that travel in the body) in patients at risk.
- Azithromycin (an antibiotic) prevents bacterial superinfections of the lung.
- Prednisone (a corticosteroid) reduces COVID-related systemic inflammation.
- Hydroxychloroquine (HCQ) has known anti-thrombotic, anti-inflammatory, and possibly anti-viral properties. Has been used safety for malaria for over 50 years.
- Inhaled Budesonide (Pulmacort)- local steroid with some systemic action.
- Other treatments include monoclonal antibodies, fenofibrate, an existing cholesterol drug, and fluvoxamine, an antidepressant.
    - Monoclonal antibodies are man-made proteins that act like human antibodies in the immune system. There are 4 different ways they can be made and are named based on what they are made of.
        - **Murine:** These are made from mouse proteins and the names of the treatments end in -omab.
        - **Chimeric:** These proteins are a combination of part mouse and part human and the names of the treatments end in -ximab.
        - **Humanized:** These are made from small parts of mouse proteins attached to human proteins and the names of the treatments end in zumab
        - **Human:** These are fully human proteins and the names of the treatments end in -umab.
    - Regeneron - casirivimab and imdevimab; also approved for post exposure prophylaxis
- See Treatment Protocols at Appendix A and B at the end of this document and on these websites:
    - https://c19protocols.com/physicians-facilities-offering-early-treatment/
    - https://aapsonline.org/covidpatientguide/
    - https://covid19criticalcare.com

Vaccine Authorization Process

A manufacturer must conduct various studies, including clinical trials, to prove that the vaccine is safe for use and is effective. These trials must be complete before an application can be submitted. Approval of vaccinations typically have 4 phases. First, the drug is given to a small number of people; second, to a few hundred people; third, to a large scale trial of generally 3,000 people. This stage takes 1 to 4 years. The phase 4 is the continued monitoring of an approved drug looking for problems that were missed (such as birth defects with thalidomide and heart problems with Vioxx.) The mumps vaccine had been the quickest approval; it took 5 years.

Emergency Use Authorization (EUA) Fastrack Vaccine Authorization Process

The current vaccines for COVID-19 in the United States underwent the Emergency Use Authorization process (EUA) based on The Project BioShield Act of 2004 passed after an anthrax scare. In this process, once the Secretary of Health and Human Services determines that there is a public health emergency, an EUA may be issued if based on available data the benefits outweigh the risks of the drug and there is no adequate, approved, and available alternative. An EUA allows a manufacturer to apply using interim clinical trial data. For an EUA, the manufacturer may submit its safety data based on a median two-months follow-up for every individual who completed the vaccine regimen.

Currently Available Vaccines in the United States and Their Ingredients

Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen are being used in the United States. Importantly, the vaccines do not promise to prevent you from getting COVID-19, but that you will have a milder case. There is uncertainty regarding their effectiveness against the variants. The Pfizer CEO publicly stated that his vaccine does not prevent transmission and spread of the virus.

The **Moderna and Pfizer-BioNTech** vaccines use messenger RNA (mRNA). mRNA vaccines do not contain a live virus — they give our bodies "instructions" for how to make and fight the harmless spike-shaped proteins that will protect against a COVID-19 infection. While these vaccines use new technology, researchers have been studying them for decades.

Moderna Ingredients (www.modernatx.com/patents Revised: 12/2020); https://www.fda.gov/media/144638/download#page=2

- Messenger ribonucleic acid (mRNA)
- Lipids: SM-102, Polyethylene glycol (PEG), 2000 dimyristoyl glycerol (DMG), cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)
- Salts, sugars, buffers: tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, sucrose
- The vaccine does not contain eggs, preservatives, or latex.
- Fetal Cells: The vaccine does not contain any aborted fetal cells and does not use them in the manufacture of the vaccine. However, such a cell line was used to test the efficacy of the vaccine in the lab.

The Pfizer-BioNTech Ingredients (Pfizer Inc., New York, NY 10017, BioNTech Manufacturing GmbH An der Goldgrube 12 55131 Mainz, Germany LAB-1451-0.7 Rev. Dec. 2020); https://www.fda.gov/media/144414/download#page=2)

- Messenger ribonucleic acid (mRNA)
- Lipids: 4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3- phosphocholine, and cholesterol
- Salts, sugars, buffers: potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, sucrose
- The vaccine does not contain eggs, preservatives, or latex.
- Fetal Cells: The vaccine does not contain any aborted fetal cells and does not use them in the manufacture of the vaccine. However, such a cell line was used to test the efficacy of the vaccine in the lab. On October 6, 2021, a video was released with a whistleblower who revealed a corporate email stating "one or more cell lines with

an origin that can be traced back to human fetal tissue has been used in laboratory tests associated with the vaccine program." Pfizer vice presidents wrote that Pfizer did not want that information revealed unless absolutely necessary. Cell line: HEK [human embryo kidney]293 T cells.

The **Johnson & Johnson/Janssen** vaccine is a non-replicating viral vector vaccine and does not contain a live virus, produced by a technique that has been around since the 1970s. It uses a harmless adenovirus to create a spike protein that the immune system responds to, creating antibodies to protect against COVID-19.

Johnson & Johnson Ingredients
(https://www.fda.gov/media/146305/download#page=2)

- Recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2 hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, sodium chloride
- Fetal Cells: The vaccine did require the use of fetal cell cultures, specifically PER.C6 (a retinal cell line that was isolated from an aborted fetus in 1985), in order to produce and manufacture the vaccine.

CDC's List of Possible Adverse Reactions (Side Effects)
(https://www.fda.gov/media/143557/download. Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation)

Short-term adverse events

- Guillain Barré syndrome
- acute disseminated encephalomyelitis
- transverse myelitis
- convulsions/seizures
- stroke
- narcolepsy and cataplexy
- anaphylaxis, acute myocardial infarction, myocarditis/pericarditis
- autoimmune disease
- deaths
- effects on pregnancy and birth outcomes
- acute demyelinating diseases
- non-anaphylactic allergic reactions
- thrombocytopenia
- disseminated intravascular coagulation
- venous thromboembolism
- arthritis and arthralgia/joint pain
- Kawasaki disease
- multisystem Inflammatory Syndrome in children
- vaccine enhanced disease.

Note: ARE YOU TAKING OTHER MEDICATIONS? Be aware that anyone of these vaccinations may adversely interact with your medications. You have to discuss this with your doctor. For example: birth control pills, blood thinners, immunosuppressive drugs, among others.

Long-term adverse effects

- Immune disorders
- Guillain Barré syndrome
- Cardiac effects
- Cancers
- Neurologic conditions

Problems with the Vaccines

1. COVID-19 vaccination is voluntary research. No person can receive pressure, coercion, or threat of reprisal on their free choice of participation. Violation of this principle constitutes reckless endangerment.
2. COVID-19 vaccines do not work well enough. The current COVID-19 vaccines are not sufficiently protective against contracting COVID-19 to support its use beyond a voluntary clinical trial. A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021. In response to these numerous reports, the CDC announced on May 1, 2021, that community breakthrough cases *would no longer* be reported to the public and only those vaccine failure cases requiring hospitalization will be reported. (https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm).
3. The COVID-19 vaccines do not protect against the increasingly prevalent Delta (India) variant. In the UK, as of June 25, 2021, of 92,056 cases of Delta, 42% were vaccinated. Fortunately, among all Delta cases, there was a 0.3% mortality as compared to the alpha (UK) variant at 1.9%.
4. COVID-19 vaccines have a dangerous mechanism of action. The Pfizer & Moderna vaccines are considered "genetic vaccines" or vaccines produced from gene therapy molecular platforms. They cause the body to make an uncontrolled and unpredictable quantity of the pathogenic spike protein from the SARS-CoV-2 virus. The injected vaccine is supposed to stay in the area of the injection. But if these proteins land in vital organs such as the brain, heart, lungs, or reproductive organs, the reaction may cause the body's immune system to attack these organs. The proteins land in the blood vessels and directly cause blood clots.
5. COVID-19 vaccines have a safety problem. In 1990, the Vaccine Adverse Event Reporting Systems ("VAERS") was established as a national *early warning system* to detect possible safety problems in U.S. licensed vaccines. It collects voluntary reports.
    a. The total reports in VAERS for all vaccines per year up to 2019 was 16,320.
    b. The total reports in VAERS for COVID vaccines alone through July 7, 2021 is 438,440.

    These are actual events reported to Vaccine Adverse Event Reporting Systems (www.OpenVAERS.com) include:
    - Persistent malaise
    - Extreme exhaustion
    - Multisystem inflammatory syndrome
    - Myocarditis
    - Chronic seizures
    - Paralysis
    - Loss of hearing
    - Psychological effects: mood changes, anxiety, confusion, difficulty finding words, recent memory loss, and bizarre, frightening thoughts

- Bell's palsy
- Swollen, painful lymph nodes
- Thrombocytopenia
- Miscarriages and premature births among vaccinated pregnant women
- Severe headaches, migraines that do not respond to medications
- Cardiac problems—heart arrhythmias, tachycardia, and sudden heart failure
- Strokes
- Visual problems and blindness
- Encephalitis/encephalomyelitis and brain stem encephalitis
- Narcolepsy
- Autoimmune diseases
- Arthritis/joint pains
- Venous thromboembolism

Deaths and Hospitalizations: As of July 16, 2021, there were 11,405 COVID-19 vaccine deaths reported and over 36,015 hospitalizations reported for the COVID-19 vaccines (Pfizer, Moderna, J&J). By historical comparison, from 1999, until December 31, 2019, VAERS received 3,167 death reports (158 per year) adult death reports for all vaccines combined. COVID-19 vaccine deaths are 57 times more than previous years. COVID-19 vaccine adverse events account for 99% of all vaccine-related adverse events from Dec 2020 through present in VAERS.

Comparison of Flu and COVID-19 Vaccines: Between the years 2019 and 2020 about 170 million Americans took the flu vaccine. Of this number, there were 45 deaths associated with the flu vaccine. As of July 23, 2021, about 330 million doses of COVID-19 have been given with 11,405 deaths reported to VAERS. COVID-19 vaccine reports 115 times more deaths than the flu vaccine.

6. There are growing number of cases of myocarditis (heart inflammation) among individuals below age 30 years to the point that the CDC has issued a warning. Myocarditis causes injury to heart muscle cells and may result in permanent heart damage leading to heart failure, abnormal rhythms, and cardiac death. People in this age group should not take the vaccine.
7. The U.S. FDA has given an update on the J&J vaccine concerning the risk of cerebral venous sinus thrombosis (blood clot in the central vein in the brain) in women ages 18-48 associated with low platelet counts. No woman under age 48 should take the vaccine.
8. Possible viral shedding after vaccination. These are "leaky" vaccines, meaning they only lessen the disease, but the virus survives long enough to transmit to others. Viral shedding (or sometimes "vaccine shedding"), is where the body releases viral particles from a vaccine, hypothetically creating a risk of infection to others. This has been known to happen with vaccines using weakened live viruses (like mumps, measles, chicken pox, shingles). The currently available COVID-19 vaccines from Pfizer/BioNTech, Moderna, and Johnson & Johnson do not contain the live SARS-CoV-2 virus – just the spike protein portion.

   Presumably, the mRNA and adenovirus-vector vaccines are processed near the injection site and degrade after 10 to 14 days, so the spike protein never circulates throughout the body and could get to an area where it could be shed, such as the nose.

Whether the spike protein portion of the SARS-CoV-2 virus can cause disease even if it is found in other parts of the body is being debated. There are reports of positive COVID tests after close contact with vaccinated persons and a report that it may have been transmitted through breast milk. The Pfizer-BioNTech on the Pfizer mRNA vaccine implied in their study protocol that they anticipated the possibility of secondary exposure to the vaccine exposure "to the study intervention by inhalation or skin contact.

Who Should Not Take the Vaccines?

- Previous allergy to a vaccine or its ingredients
- Allergy to PEG (polyethylene glycol)
- Prior COVID-19 infection with positive antibodies to SARS-CoV-2
- Children, due to lack of testing
- Pregnant women, due to reports miscarriage after vaccination

Warning

The investigational, genetic COVID-19 vaccines are not safe for general use. Given the lack of, and erroneous, "science" regarding the genetically engineered messenger-RNA vaccines, it is impossible for anyone to be able to give ethically and legally required informed consent to take them, or prepare for the possible long term adverse effects.

The available evidence and science indicate that COVID-19 vaccines are unnecessary, ineffective and unsafe. First, low risk groups, those who have had COVID-19 are protected by natural immunity. Treatments are available for the higher-risk groups, thus vaccination is unnecessary. Second, none of the vaccine trials have provided any evidence that vaccination prevents transmission of the infection by vaccinated individuals. Third, the vaccines are dangerous to both healthy individuals and those with pre-existing chronic diseases. The risk-benefit analysis does not weigh in favor of vaccines.

Masks, social distancing, and lockdowns were ineffective in taming COVID-19. The World Health Organization 2019 guidance stated that only hand washing and isolation of sick/symptomatic persons to be used for pandemics.

Choosing Your Doctor

Your choice of doctor in this battle against COVID-19 may be a life and death decision. Many doctors have not read all the studies and may not be fully informed of all treatment options, particularly early treatment or prevention of COVID. Demand (politely) full informed consent. Be sure to read carefully the pre-vaccine questionnaire and note any allergies, including PEG.

Compensation and Medical Treatment in Event of Injury

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

If COVID-19 injections lose their EUA status and receive full FDA approval, they would no longer enjoy the liability protection conferred by the PREP Act. From that point on, the only avenue available for compensation would be the National Vaccine Injury Compensation Program (NVICP), known to be complicated and provide low compensation..

Ask your employer if they will compensate you for any vaccine side effects if they have required you to get the shot.

Conclusion

COVID-19 isn't going to be eradicated, but that was the reality before Delta came around. The hope is that our bodies will recognize it and fight it off. Eventually (and hopefully despite its likely man-made nature), SARS-CoV-2 will become another mild virus like the common cold.

Resources

Exemptions, Research and More
www.LCAction/vaccine

Vaccine Fact Sheets
https://physiciansforinformedconsent.org/covid-19-vaccines/

Parents
https://pandemic.solari.com/form-for-students-attending-colleges-or-universities-requiring-covid-19-injections/
https://pandemic.solari.com/notice-and-declaration-of-parental-authority-requirement-of-disclosure-and-safety-of-medical-treatment-s/
https://pandemic.solari.com/notice-and-declaration-of-parental-authority-requirement-of-disclosure-and-safety-of-medical-treatment-s-two-parent-form/

Employment
https://www.eeoc.gov/laws/guidance/questions-and-answers-religious-discrimination-workplace
https://avoiceforchoiceadvocacy.org/wp-content/uploads/2020/08/Federal-and-CA-State-Employment-law-Vaccine-mandates.pdf
https://pandemic.solari.com/form-for-employees-whose-employers-are-requiring-covid-19-injections/

Disclaimer: *This information is provided as an educational service. It is not intended as a substitute for diagnosis, treatment, or advice from a qualified professional. Patients should consult their physicians for individual medical evaluation and treatment.*

Information is constantly evolving. We will try to keep you updated on significant changes to the information provided.

APPENDIX A

Over-the-counter Medicines & Nutraceuticals to Prevent/Reduce COVID Post-Vaccination Side Effects

These recommendations are based on the clinical experience of COVID-expert doctors surveyed. The recommendations are designed to address two concerns:
1. Prevention or reduction of side effects and adverse events that may in some cases be severe. The schedule for each nutraceutical or medicine is designed to cover the time when various of the side effects have been reported.
2. "Breakthrough" COVID infections are being reported during the approximately two weeks before immunity from the vaccine starts. The recommended antivirals and vitamin D help protect against these shortly-after-vaccine COVID infections. Vitamin D also helps protect against vaccine side effects.

All the therapeutics listed are available over the counter without prescription. However, for those with access to them, adding ivermectin or hydroxychloroquine enhances the anti-COVID protection.

Ivermectin for protection against COVID infection is recommended at a dosage of 0.2 mg/kilogram of body weight (typically around 12 - 18 mg/dose). An often cited protocol is to take one dose, then after 48 hours take a second dose. Then take once per week.

Hydroxychloroquine for protection against COVID infection is often recommended at 200 mg once a day for 5 days, then 200 - 400mg one time a week.

- **Aspirin (anti-thrombotic)**
  325 mg/day for 4 weeks beginning the day before vaccination.
- **Ibuprofen (anti-inflammatory)**
  Two 200 mg caplets 3 times/day the day before, day of and day after vaccination. Continue as needed if symptomatic (fever, muscle aches, headache, etc.)
- **Loratadine (Claritin or generic equivalent; H1 blocker, anti-inflammatory)**
  10 mg/day the day before, day of and day after vaccination.
- **Famotidine (Pepcid or generic equivalent; H2 blocker, anti-inflammatory)**
  20 mg twice per day the day before, day of and day after vaccination.
- **Vitamin D3 (potent anti-inflammatory effects at sufficient dosage; anti-viral immune enhancement)**
  One dose of 50,000 IU five to seven days before vaccination (serum levels peak on average at 7 days), Then daily 15,000 IU until 5 days after vaccination, Then continue with maintenance dosage of 5,000 - 10,000 IU/day.

For extra protection against breakthrough COVID infection during the approximately two-week window before immunity starts:

- **Zinc (anti-viral)**
  50 mg/day started as far ahead of vaccination as possible and continued three weeks or indefinitely.
- **Quercetin (zinc ionophore, to enhance zinc anti-viral effect; anti-inflammatory; anti-thrombotic)**
  250 mg twice per day for three weeks starting the day before vaccination.

- **Vitamin C (anti-viral; anti-inflammatory)**
  3,000 mg/day started as far ahead of vaccination as possible and continued three weeks or indefinitely.

DISCLAIMER: This information is for educational purposes only. It is not intended to serve as a substitute for diagnosis, treatment, or advice from a qualified, licensed medical professional. Any treatment you undertake should be discussed with your physician or other licensed medical professional.

APPENDIX B

Early at-home Covid Rx Protocol for Primary Care Providers

HERE'S A SIMPLE, early at-home, three-drug regimen tens of thousands of doctors could start prescribing very quickly. Two drugs well-suited for this that are gaining institutional acceptance are inhaled budesonide and ivermectin. Where ivermectin isn't approved or available, based on the STOIC trial completed at the University of Oxford, budesonide should be effective.
This protocol is simple enough, ANY doctor, nurse practitioner or physician assistant can prescribe it routinely without having to learn about multiple, overlapping options.
PHARMACEUTICALS:

- **Inhalred budesonide powder (Pulmicort)** 180 mcg/puff, 3 puffs tid = 1,620 mcg/day or 400 mcg/puff, 2 puffs bid = 1,600 mcg/day[1]
- This dosage reduced urgent care visits & hospitalization by 90% (P = 0.004) in the Oxford STOIC trial. The systemic effect looks to be equivalent to ~51 mg oral hydrocortisone, which is important. It is needed to properly regulate the immune response in the absence of a robust endogenous adrenal cortisol stress response, which the virus appears to disrupt.
- One Pulmicort Flexhaler, 180 mcg/metered dose, provides 120 puffs, sufficient for 13.3 days.
- One Pulmicort Turbohaler, 400 mcg/metered dose, provides 50 puffs, sufficient for 12.5 days.
- **Ivermectin** 18 mg on days 1, 3 and 5 (3 doses)[2,3] To reduce SARS-CoV-2 replication and enhance viral clearance
- **ASA** 325 mg/day Mild blood thinner to help counter COVID's pro-thrombotic effect; anti-inflammatory
- At the provider's discretion, **antibiotics** such as **azithromycin** or **doxycycline** and **oral steroids** may be added to the regimen.

NEUTRACEUTICALS:

- **Vitamin D3** 10,000 IU/day. After recovery, reduce to 5,000 IU/day and maintain long-term.
- **Zinc** 50 mg/day elemental
- **Quercetin** 500 mg bid
- **Vitamin C** 3,000 mg/day

- **Melatonin** 1 – 3 mg at bedtime (may be added PRN, as it can cause daytime drowsiness)

1. Ramakrishnan S, Nicolau DV, Langford B, Mahdi M, Jeffers H, et al., Univ. of Oxford, **Inhaled budesonide in the treatment of early COVID-19 illness: a randomised controlled trial**. MedRxiv preprint. 2021 Jan 8. https://www.medrxiv.org/content/10.1101/2021.02.04.21251134v1 [Full Text PDF]
2. Kory P, Meduri GU, Iglesias J, Varon J, Berkowitz K, et al. **Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19.** Front. Pharmacol. 2021 Jan. https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf
3. The Evidence-Based Medical Consultancy Ltd., **Ivermectin reduces the risk of death from COVID-19 – a rapid review and meta-analysis in support of the recommendation of the Front Line COVID-19 Critical Care Alliance**. 2021 Jan 3. https://b3d2650e-e929-4448-a527-4eeb59304c7f.filesusr.com/ugd/593c4f_8cb655bd21b1448ba6cf1f4c59f0d73d.pdf

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