

CONTAGION EMERGENCY KIT

GUIDEBOOK





Copyright @ 2023 The Wellness Company

All rights reserved. No portion of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical means without proper prior written consent from the publisher except in noncommercial uses permitted by copyright law.

Printed by The Wellness Company in the United States of America

2nd Edition, 2023

For the most up to date version, please visit: https://www.twc.health/pandemic-preparation-kit-guidebook

INTRODUCTION

Welcome to The Wellness Company family. We are thrilled to be part of your health and wellness journey!

Don't get caught unprepared — in times of emergency, natural disaster, geopolitical turmoil, bioterror attack, or resource shortages, The Wellness Company Emergency Kit Series is the solution to ensuring you possess vital medical supplies.

This reference guide is NOT intended to replace individualized medical attention from your personal provider. Instead, this reference guide is to be used for general educational purposes, in combination with more complete literature.

Specific pharmaceutical agents listed, along with indications for use, dosing regimens, in combination with other medical supplies are simply common use practices, for reference use only.

Always consult with a qualified healthcare professional for diagnosis and treatment instructions before utilizing any of the medications in your kit.

CONTENTS

UNDERSTANDING RESPIRATORY ILLNESS PANDEMICS	p.4 - 8
CONTAGION EMERGENCY KIT	p.9
READ BEFORE USE	p.10
STORAGE INFORMATION	p.11
LEGAL DISCLAIMER	p.11-12
AZITHROMYCIN <i>(generic Z-Pak™)</i> 250 mg	p.13-16
BUDESONIDE (generic Pulmicort TM) 0.5 mg/2 ml	p.17-19
NEBULIZER	p.20-21
HYDROXYCHLOROQUINE (generic Plaquenil ^M) 200 mg	p.22-25
IVERMECTIN (generic Stromectol ^{FM}) 12 mg	p.26-29
APPENDIX A (FDA PREGNANCY RISK CATEGORIES)	p.30
REFERENCES	p.31 - 32

UNDERSTANDING RESPIRATORY ILLNESS PANDEMICS

What is a Pandemic?

A pandemic is an outbreak of an infectious disease that occurs on a global scale, affecting large numbers of people across multiple continents.

Pandemics can be caused by <u>viruses</u> (e.g. COVID-19, H1N1 Influenza, HIV/AIDS, Spanish Flu), <u>bacteria</u> (e.g. Black Death/Bubonic Plague, Cholera Pandemic), and other pathogens.

Pandemic pathogens are often associated with high rates of transmission, relatively high morbidity and mortality rates, and are significant strains on fragile healthcare systems with limited resources.



The following table depicts some notable pandemics and outbreaks over the years.

Table 1. Worldwide Pandemics & Outbreaks

Years	Pandemic	Caused by	Estimated Worldwide Mortality
165-180 A.D.	Antonine Plague	Smallpox or measles virus	Up to 10 million
1347-1352	Bubonic Plague / The Black Death	Yersinia pestis bacteria	up to 200 million
1870-1874	Smallpox Pandemic	Smallpox virus	1 million
1889-1890	Russian / Asiatic Flu	H3N8 Influenza A virus	500,000
1918-1919	Spanish Flu	H1N1 Influenza A virus	50 million
1957-1958	Asian Flu	H2N2 Influenza A virus	1 million
1968-1969	Hong Kong Flu	H3N2 Influenza A virus	1 mi l lion
1977-1978	Red / Russian Flu	H1N1 Influenza A virus	700,000
1981 -	HIV/AIDS	Human Immunodeficiency virus	40 million
2002-2004	SARS	SARS-CoV-1 virus	774
2009-2010	Swine Flu	H1N1/09 Influenza A virus	500,000
2012, 2015, 2018	MERS	MERS-CoV virus	858
2019 -	COVID-19	SARS-CoV-2 virus	?
Current	Typical Seasonal Flu	Influenza A & B viruses	300,000+ annua ll y

In the last century, we have witnessed multiple viral outbreaks, notably from Influenza A and Coronaviruses (CoV). Through respiratory droplet transmission, these viruses result in respiratory illnesses in humans.

The most recent respiratory illness pandemic, COVID-19, required novel treatment strategies due to a lack of established therapies.

What causes COVID-19?

COVID-19 is an illness caused by the virus SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2). SARS-CoV-2 is transmitted person-to-person through respiratory droplets containing very small viral particles.

Is COVID-19 life-threatening?

The spectrum of COVID-19 in adults ranges from asymptomatic to mild respiratory tract symptoms to severe clinical complications including pneumonia, acute respiratory distress syndrome (ARDS), and multiorgan dysfunction.

There are a number of factors that play into one's risk of experiencing a severe COVID-19 infection including, but not limited to: age, general health, comorbid medical conditions, and exposure to certain SARS-CoV-2 variants.

What symptoms are associated with COVID-19?

COVID-19 may present through a wide range of symptoms which usually appear 2-14 days after exposure.

Mild to moderate symptoms may include fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle and body aches, headache, sore throat, congestion, runny nose, nausea, vomiting, and loss of taste and/or smell.

Severe clinical symptoms of COVID-19 may include significant trouble breathing, persistent pain or chest pressure, new-onset confusion, profound sleepiness, and pale, gray, or blue-colored skin.

<u>NOTE</u>: The presence of one or more severe clinical symptoms may indicate that urgent medical support is needed. Call your medical provider or local emergency medical services for attention.

How to treat COVID-19?

The vast majority of COVID-19 infections can be managed at home. Treatment regimens continue to evolve. While there are

few FDA-approved treatments for COVID-19, expert clinicians on the frontlines treating patients (to great success) have proposed therapeutic guidelines. A sample of these protocols can be found online at the following URLS:

petermcculloughmd.com (see 'McCullough Protocol') vladimirzelenkomd.com/treatment-protocol/

Based on the presenting symptoms and clinical severity of disease, your medical provider may utilize a treatment plan combining supportive care, over-the-counter agents, nutritional supplements, and/or prescription medications.

What is Long-COVID?

Following recovery from acute illness, including COVID-19, a person may experience a wide range of symptoms (physical, cognitive, psychological) that develop during or soon after illness, continue for at least 2 months post-infection, have a negative impact on a person's daily life, and are not better explained by another diagnosis.

Treatment strategies for Long-COVID are different from managing acute COVID-19 illness.

CONTAGION EMERGENCY KIT

Your Kit contains the following medications:

- Azithromycin 250 mg tablets #12
- Budesonide Inhalation 0.5 mg/2 ml** #20
 **May be substituted with budesonide 1 mg/2 ml #10
- Hydroxychloroquine 200 mg tablets #20
- Ivermectin 12 mg compounded capsules #25
- Nebulizer #1

READ BEFORE USE

Always consult with a healthcare provider before taking any of the medications discussed herein.

Always consider individual allergies and hypersensitivities to each medication before use. Inform your provider of any other medications you take as many drug-to-drug interactions exist that can impact the both efficacy and safety of certain medications.

Note that all typical dosing practices are for adults only. Contents of the kit are intended ONLY for the person to whom they are prescribed. Do not take any medication without first consulting with a qualified provider for diagnosis and treatment.

STORAGE INFORMATION

Most solid oral drugs have a longer shelf life when stored at room temperature (68-77°F / 20-25°C) and are shielded from UV radiation in airtight containers. The governmental program called the Shelf-Life Extension Program showed that many solid forms of medications stayed potent well beyond their expiration date.

FDA Shelf-Life Extension Program details here:

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension

LEGAL DISCLAIMER

This document may contain information about TWC products and solutions. The information is not medical advice and should not be treated as such. Information about off-label use treatments, including COVID-19, is not reviewed, approved, or recommended by the FDA. TWC assumes no responsibility or liability for any errors or omissions in the content of this document.

The information contained in this document is provided on an "as is" basis with no guarantees of completeness, accuracy, usefulness, or timeliness. TWC does not represent, warrant,

undertake, or guarantee that the use of guidance in the document will lead to any particular outcome or result. Do not use any medications included in this kit if you are allergic to any of the ingredients in them.

If any provision of this disclaimer is invalid or unenforceable under applicable law, that provision shall be enforced to the maximum extent possible, and the remaining provisions shall remain in full force and effect.

This document is protected by copyright law and by using it you agree not to reproduce or copy it, in whole or in part, or to furnish such information to others, or to make any other use of it except for evaluation purposes without express written consent from TWC 2022 Inc.

This disclaimer shall be governed by, construed, and enforced under the substantive laws of the State of Florida, without regard to the principles of conflicts of laws of the State of Florida with any other state or jurisdiction.

Any disputes related to this document will be subject to the exclusive jurisdiction and venue of any state or federal courts located in Miami-Dade County in the State of Florida. All claims and disputes arising under or relating to this Emergency Kit and the services rendered by TWC are to be settled by binding arbitration in that state of Florida.

AZITHROMYCIN 250 mg

(generic Zithromax™; Z-Pak™)

Pharmacologic Category: Antibiotic, Macrolide

FDA-Approved Uses:

- Community-acquired pneumonia, mild severity
- Acute Pharyngitis, Group A streptococcus (strep throat)
- Acute bacterial sinusitis (sinus infection)
- Acute otitis media (inner ear infection)
- Acute bacterial exacerbations of chronic obstructive pulmonary disease (COPD)
- Uncomplicated skin infections
- Urethritis and cervicitis (caused by *Chlamydia trachomatis*)

Common Off-Label Uses:

- Babesiosis (malaria-like parasitic disease)
- Bartonella (cat scratch disease)
- Infectious traveler's diarrhea
- Pertussis (whooping cough)
- Bronchiectasis
- Covid-19

Respiratory Illness Applications: Azithromycin has been shown to exhibit both antiviral and immunomodulatory properties that could be of therapeutic benefit throughout COVID-19 infection. Studies indicate azithromycin may directly inhibit viral load as well as viral replication, particularly in the early stages of disease. Immunomodulatory properties include the ability to downregulate cytokine production (associated with hyperinflammation), maintain epithelial cell integrity, and prevent lung tissue damage. Azithromycin can also be used as an adjunctive COVID-19 therapy in the presence of superimposed bacterial pneumonia.¹²

Typical Adult Dosing:

Upper respiratory infection
COVID-19 infection

Pertussis infection

Bronchitis

Take Azithromycin 500 mg (2 tablets) by mouth DAILY on day 1, then 250 mg (1 tablet) by mouth DAILY on days 2-5

Pregnancy: Pregnancy Risk Category B (see Appendix A).

Breastfeeding: Present in breastmilk, use caution. Consult with a medical provider.

Notes: While Azithromycin may be taken with food or on an empty stomach, the risk of gastrointestinal side effects is decreased when taken with meals.

Common Side Effects: Gastrointestinal including diarrhea and nausea.

Contraindications: DO NOT TAKE if known allergy or hypersensitivity to Azithromycin (Zithromax[™], Z-Pak[™]), Clarithromycin (Biaxin[™]), Erythromycin (Erythrocin[™], Ery-Tab[™], or E.E.S. [™]), or any other Macrolide; history of cholestatic jaundice/hepatic dysfunction associated with prior azithromycin use. Azithromycin is listed as a contraindication in the manufacturer's labeling for pimozide.

Caution: Significant drug interactions exist, and may require dose/frequency adjustment or avoidance. Azithromycin may affect the efficacy of blood thinners, like warfarin, which could increase the risk of bleeding. Medical supervision may be necessary to monitor clotting times and, if necessary, adjust the dosage of anticoagulants during Azithromycin treatment.

Prolonged use (>28 days) of antibiotics may result in fungal or bacterial superinfection.

Please review the full package insert and consult with a medical provider for additional information.

Budesonide 0.5 mg/2 mL**

(generic Pulmicort™)

**May be substituted with 1mg/2mL due to shortages

Pharmacologic Category: Corticosteroid, Inhalant (oral) FDA-Approved Uses:

• Asthma maintenance/controller

Common Off-Label Uses:

- Chronic obstructive pulmonary disease (COPD) maintenance
- Bronchitis
- Eosinophilic esophagitis (oral)



Respiratory Illness Applications: Inhaled corticosteroids have been identified as potential therapeutic against COVID-19 infection due to their targeted anti-inflammatory effects on the lungs. Inhaled budesonide has been shown to impair viral replication of SARS-CoV-2 and downregulate the expression of the receptors used for cell entry by the virus.^{3, 4, 5}

Typical Adult Dosing:

Respiratory Maintenance

Inhale Budesonide 1 vial (0.5 mg / 2 mL) via nebulizer TWICE a day for up to 7 days

Pregnancy: Pregnancy Risk Category B (see Appendix A).

Breastfeeding: Present in breast milk with maximum concentrations 45 min after dose administration. Considered compatible with breastfeeding.

Notes: Do not shake the vial before use. Rinsing the mouth (without swallowing) after use reduces the risk of fungal infections. Nebulizer use around non-infected persons increases the risk of transmission due to aerosolization spread.

Common Side Effects: Otitis media, respiratory infection, rhinitis

Contraindications: DO NOT TAKE if known

hypersensitivity to Budesonide or any other component of the formulation; severe hypersensitivity to milk proteins. DO NOT TAKE as primary treatment of status asthmaticus, or other acute episodes of asthma requiring intensive measures.

Caution: Prolonged use at high doses may increase the risk of adrenal suppression, secondary infection (i.e. fungal), and/or mask acute infection. Use may cause bronchospasm.

Not intended to treat an acute asthma attack as monotherapy.

Additional considerations of use in persons with poor bone mineral density, hepatic impairment, and ocular disease

Do not shake the vial before use.

Please review the full package insert and consult with a medical provider for additional information.

Nebulizer

What is it: A nebulizer is a piece of medical equipment that rapidly converts liquid into a very fine mist that a person can then inhale through a face mask or mouthpiece. This method of inhalation allows the medicine to move directly into the lungs for immediate and targeted therapeutic action.

How to use:

- Connect the USB cable to the adaptor, computer, or power bank.
- (2) Pull the buckle to open the medicine cup.
- (3) Place medicine into the cup and close the buckle.
- (4) Install the included mask or mouthpiece.
- (5) Turn on the unit (blue light indicates it is ON).



- (6) Hold the nebulizer with one hand and take slow, deep relaxing breathsuntil the medication has been depleted.
- (7) Turn the power OFF and clean the unit. Caution: Clean after every use. Do not touch medicine cup or mesh with hands or objects. Do not shake the machine. Do not submerge the unit in water. Do not operate the device or plug it into a power source with wet hands.

Caution: Clean after every use. Do not touch medicine cup or mesh with hands or objects. Do not shake the machine. Do not submerge the unit in water. Do not operate the device or plug it into a power source with wet hands.

Cleaning:

- (1) Open the cup and pour out any residual liquid.
- (2) Removed the mask or mouthpiece.
- (3) Put warm water into the medicine cup.
- (4) Press the start button for 3 seconds (green light will be ON and the device will clean automatically).
- (5) Remove the medicine cup by pushing the eject button on the unit
- (6) Once the cup is removed, you can disinfect it and the mask or mouthpiece with 75% alcohol.

Storage: Store in a cool, dry place away from direct sunlight. Do not store in the bathroom due to humidity. Do not leave the medicine cup filled with any liquids.

Please review full instruction manual and consult with a medical provider for additional information.

Hydroxychloroquine 200 mg

(generic Plaquenil™)

Pharmacologic Category: Aminoquinoline, Antimalarial agent, Antirheumatic

FDA-Approved Uses:

- Suppressive and acute treatment of acute malaria due to *Plasmodium vivax, P. malariae, P.* ovale, and susceptible strains of *P. falciparum*
- Discoid and systemic lupus erythematosus
- Rheumatoid arthritis

Common Off-Label Uses:

- Q-fever (caused by Coxiella burnetii)
- Whipple's disease
- Brucella
- COVID-19
- Dermatomyositis, cutaneous
- Primary Sjögren disease

Respiratory Illness Applications: In vitro studies have demonstrated that Hydroxychloroquine (HCQ) is effective on several types of coronaviruses including Middle Eastern respiratory syndrome coronavirus (MERS-CoV), SARS-CoV and SARS-CoV-2. It has been demonstrated that HCQ can prevent coronavirus particles from recognizing host cell entry receptors, interfere with membrane fusion, and suppress immunomodulatory processes. Moreover, HCQ promotes the production of immunosuppressive factors IL-6 and TNF α and activates p38 MAPK, together exerting therapeutic effects against COVID-19.6.78,9

Typical Adult Dosing:

COVID-19 infection

Take Hydroxychloroquine 200 mg (1 tablet) by mouth TWICE A DAY for 5-7 days

Pregnancy: Pregnancy Risk Category C (see Appendix A). Consult with a medical provider.

Breastfeeding: Present in breast milk in very small amounts. Generally considered acceptable at typical lower doses.

Notes: Hydroxychloroquine is recommended to be taken with food or milk so that the risk of gastrointestinal side effects is decreased

Common Side Effects: The frequency of adverse reactions is undefined in the literature, though most commonly include nausea, vomiting, diarrhea, abdominal pain, and headache.

Contraindications: DO NOT TAKE if known hypersensitivity to Hydroxychloroquine (Plaquenil™), 4-Aminoquinolone derivatives, or any component of the formulation.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance. Significant drug-to-drug interactions include antimalarials Dapsone and Mefloquine, Cimetidine, and Remdesivir.

Additional considerations of use in persons with hepatic (liver) impairment, myasthenia gravis, porphyria, psoriasis, renal (kidney) impairment, retinopathy, and glucose-6-phosphate dehydrogenase deficiency.

Prolonged use of Hydroxychloroquine has been associated with QT prolongation (abnormal electrical conduction in the heart).

Please review the full package insert and consult with a medical provider for additional information.

IVERMECTIN 12 mg

(generic Stromectol™)

Pharmacologic Category: Anthelmintic

FDA-Approved Uses:

- Onchocerciasis (River blindess caused by parasite Onchocerca volvulus)
- Strongyloidiasis (parasitic worm Strongyloides stercoralis)
- Lice
- Acne rosacea

Common Off-Label Uses:

- Scabies (skin infection caused by Sarcoptes scabiei)
- Ascariasis (parasitic roundworm Ascaris lumbricoides)
- Lymphatic filaria (filiarial roundworms)
- Strongyloides stercoralis
- Loa loa (African eye worm)
- Hookworm-related cutaneous larva migrans
- Trichuriasis (whipworm infection caused by Trichuris trichiura)
- COVID-19

Respiratory Illness Applications: Ivermectin is a Nobel Prize-winning anti-parasitic agent considered to be one of the safest known drugs and on the World Health Organization's list of essential medicines. Studies have demonstrated that Ivermectin acts on SARS-CoV-2 by inhibiting replication by preventing viral proteins from entering the host cell nucleus. In addition, Ivermectin has been noted to have antiviral and anti-inflammatory properties. 10,11,12,13

Typical Adult Dosing:

COVID-19 infection

Take Ivermectin 0.6 mg/kg body weight
(0.27 mg/lb body weight) by mouth DAILY for 5-7 days
(see table below)

Table 2. Approximate Ivermectin Dose by Body Weight

Body Weight	lvermectin Dose (Based on 0.6 mg/kg using 12 mg capsules)
68 – 110 lbs (31-50 kg)	24 mg daily (2 capsules)
112 – 154 lbs (51–70 kg)	36 mg daily (3 capsules)
156 – 198 lbs (71-90 kg)	48 mg daily (4 capsules)
200 – 242 lbs (91-110 kg)	60 mg daily (5 capsules)
244 – 286 lbs (111–130 kg)	72 mg daily (6 capsules)

Pregnancy: Pregnancy Risk Category C *(see Appendix A).* Consult with a medical provider.

Breastfeeding: Present in breast milk, use caution. Consult with a medical provider.

Notes: Ivermectin is typically dosed based on a person's body weight. While the manufacturer recommends taking on an empty stomach, studies have shown bioavailability increases when taken with a high-fat meal.

Common Side Effects: Itchiness, fever, swelling, rash, hives, joint pain, and diarrhea. Some patients report temporary visual aura.

Contraindications: DO NOT TAKE if known hypersensitivity to Ivermectin (Stromectol[™]), or any component of the formulation.

Caution: Significant drug interactions exist and may require dose/frequency adjustment or avoidance.

Additional considerations of use in persons with immunocompromised status (e.g. HIV).

Please review the full package insert and consult with a medical provider for additional information.

Appendix A

FDA Pregnancy Risk Categories

Risk Category	Description
А	Adequate and well-controlled studies in pregnant women have failed to demonstrate a risk to the fetus in the first trimester of pregnancy (and there is no evidence of risk in later trimesters).
В	Animal reproduction studies have failed to demonstrate a risk to the fetus, but there are no adequate, well-controlled studies in pregnant women.
С	Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate, well-controlled studies in pregnant women, but potential benefits may warrant use in pregnant women despite potential risks.
D	Positive evidence of human fetal risk is based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use in pregnant women despite potential risks.
х	Positive evidence of animal or human fetal abnormalities and/or positive evidence of human fetal risks, and risks clearly outweigh any possible benefit.

References

¹ Echeverría-Esnal D, Martin-Ontiyuelo C, Navarrete-Rouco ME, De-Antonio Cuscó M, Ferrández O, Horcajada JP, Grau S. Azithromycin in the treatment of COVID-19: a review. Expert Rev Anti Infect Ther. 2021 Feb;19(2):147-163. doi: 10.1080/14787210.2020.1813024. Epub 2020 Oct 6. PMID: 32853038.

- ³ Finney LJ, Glanville N, Farne H, Aniscenko J, Fenwick P, Kemp SV, Trujillo-Torralbo MB, Loo SL, Calderazzo MA, Wedzicha JA, Mallia P, Bartlett NW, Johnston SL, Singanayagam A. Inhaled corticosteroids downregulate the SARS-CoV-2 receptor ACE2 in COPD through suppression of type I interferon. J Allergy Clin Immunol. 2021 Feb;147(2):510-519.e5. doi: 10.1016/j.jaci.2020.09.034. Epub 2020 Oct 15. PMID: 33068560; PMCID: PMC7558236.
- ⁴ Ramakrishnan S, Nicolau DV Jr, Langford B, Mahdi M, Jeffers H, Mwasuku C, Krassowska K, Fox R, Binnian I, Glover V, Bright S, Butler C, Cane JL, Halner A, Matthews PC, Donnelly LE, Simpson JL, Baker JR, Fadai NT, Peterson S, Bengtsson T, Barnes PJ, Russell REK, Bafadhel M. Inhaled budesonide in the treatment of early COVID-19 (STOIC): a phase 2, open-label, randomised controlled trial. Lancet Respir Med. 2021 Jul;9(7):763-772. doi: 10.1016/S2213-2600(21)00160-0. Epub 2021 Apr 9. Erratum in: Lancet Respir Med. 2021 Jun;9(6):e55. PMID: 33844996; PMCID: PMC8040526.
- ⁵ Yu LM, Bafadhel M, Dorward J, Hayward G, Saville BR, Gbinigie O, Van Hecke O, Ogburn E, Evans PH, Thomas NPB, Patel MG, Richards D, Berry N, Detry MA, Saunders C, Fitzgerald M, Harris V, Shanyinde M, de Lusignan S, Andersson MI, Barnes PJ, Russell REK, Nicolau DV Jr, Ramakrishnan S, Hobbs FDR, Butler CC; PRINCIPLE Trial Collaborative Group. Inhaled budesonide for COVID-19 in

² Khezri MR, Zolbanin NM, Ghasemnejad-Berenji M, Jafari R. Azithromycin: Immunomodulatory and antiviral properties for SARS-CoV-2 infection. Eur J Pharmacol. 2021 Aug 15;905:174191. doi: 10.1016/j.ejphar.2021.174191. Epub 2021 May 17. PMID: 34015317; PMCID: PMC8127529.

people at high risk of complications in the community in the UK (PRINCIPLE): a randomised, controlled, open-label, adaptive platform trial. Lancet. 2021 Sep 4;398(10303):843–855. doi: 10.1016/S0140-6736(21)01744–X. Epub 2021 Aug 10. Erratum in: Lancet. 2021 Aug 18;: PMID: 34388395; PMCID: PMC8354567.

^a Ali MJ, Hanif M, Haider MA, Ahmed MU, Sundas F, Hirani A. et al. Treatment Options for COVID-19: A Review. Front Med (Lausanne) 2020;7:480.

⁷Cirino G, Ahluwalia A. The many mechanisms of action of Chloroquine: to use or not to use (in COVID-19) that is the question. Br J Pharmacol.

- ⁸ Sun J, Chen Y, Fan X, Wang X, Han Q, Liu Z. Advances in the use of chloroquine and hydroxychloroquine for the treatment of COVID-19. Postgrad Med. 2020 Sep;132(7):604-613. doi: 10.1080/00325481.2020.1778982. Epub 2020 Jun 21. PMID: 32496926; PMCID: PMC7441788.
- ⁹ Yao X, Ye F, Zhang M, Cui C, Huang B, Niu P. et al. In Vitro Antiviral Activity and Projection of Optimized Dosing Design of Hydroxychloroquine for the Treatment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS– CoV-2) Clin Infect Dis. 2020;71:732–9.
- ¹⁰ Ahmed S, Karim MM, Ross AG, Hossain MS, Clemens JD, Sumiya MK, Phru CS, Rahman M, Zaman K, Somani J, Yasmin R, Hasnat MA, Kabir A, Aziz AB, Khan WA. A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness. Int J Infect Dis. 2021 Feb;103:214-216. doi: 10.1016/j.ijid.2020.11.191. Epub 2020 Dec 2. PMID: 33278625; PMCID: PMC7709596.
 ¹¹ Caly L, Druce J.D., Catton M.G., Jans D.A., Wagstaff K.M. 2020. "The FDA-approved Drug Ivermectin inhibits the replication of SARS-CoV-2 in vitro. Antiviral Res, from https://www.ncbi.nlm.nih.gov/pubmed/32251768 (Caly et al. 2020), Apr 3.
- ¹² Kircik LH, Del Rosso JQ, Layton AM, et al.. Over 25 Years of clinical experience with ivermectin: an overview of safety for an increasing number of indications. *J Drugs Dermatol*. 2016;15:325–332.
- ¹³ Kory P, Meduri GU, Varon J, Iglesias J, Marik PE. Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and

Treatment of COVID-19. Am J Ther. 2021 Apr 22;28(3):e299-e318. doi: 10.1097/MJT.000000000000001377. Erratum in: Am J Ther. 2021 Nov-Dec 01;28(6):e813. PMID: 34375047; PMCID: PMC8088823.

