

I-PREVENTSM

COVID, FLU AND RSV PROTECTION

A Guide to the Prevention of COVID-19, Influenza and Respiratory Syncytial Virus (RSV)

As rates of infection with influenza and RSV rose in fall/winter 2022, FLCCC adapted the I-PREVENT protocol to include prevention against these viruses. The interventions recommended are likely to reduce the risk and severity of infection with COVID-19, influenza, and RSV infections as well as the common cold. It should be noted that the medications included in the I-PREVENT protocol are inexpensive, safe, and widely available. This protocol includes a section for pre-exposure (long-term) as well as a post-exposure (acute, short-term).

At the onset of flu-like symptoms please refer to the [I-CARE: Early COVID Treatment](#) or [I-CARE: RSV and Flu Treatment Protocols](#).

PRE-EXPOSURE PREVENTION

recommended for healthcare workers, high-risk individuals (such as those over 60 years old), and those with co-morbidities

- **Antiseptic antimicrobial mouthwash:** gargle twice daily (do not swallow) Choose mouthwashes containing chlorhexidine, povidone-iodine, cetylpyridinium chloride, or the combination of eucalyptus, menthol, and thymol. If tooth staining occurs, discontinue use and/or try another product.
- **Vitamin D:** dosing varies; optimal target is greater than 50 ng/ml. **Table 1** presents a safe and practical treatment schedule for raising serum concentrations in non-urgent situations. The dosing schedule illustrated in **Table 2** should be used when recent serum concentration levels are unavailable.
- **Vitamin C:** 500 mg twice daily. The effects of Vitamin C on the course of upper respiratory tract infections have long been recognized.
- **Zinc:** 20-50 mg daily. Commercial zinc supplements are commonly formulated as zinc oxide or salts with acetate, gluconate, and sulfate.
- **Melatonin:** 1-6 mg nightly (slow/extended release). Begin with 1 mg and increase as tolerated to 6 mg at night. Causes drowsiness. Some patients are intolerant to melatonin, having very disturbing and vivid dreams; in these patients, it may be best to start with a 0.3 mg slow-release tablet and increase slowly, as tolerated.
- **Elderberry** syrup, supplements or gummies: follow manufacturer's dosing recommendations. Take during periods of high transmission of COVID-19, influenza, and RSV. A triple combination containing elderberry, Vitamin C, and zinc may be a convenient approach. Patients with autoimmune disease should take for 2 weeks or less and monitor their symptoms closely.
- **Resveratrol or a Combination Flavonoid supplement:** 400-500 mg daily. The safety of these phytochemicals has not been determined in pregnancy and they should therefore be avoided. Due to the possible drug interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered morning and night).
- **Coffee:** One to two cups of caffeinated or decaffeinated coffee per day.
- **Ivermectin:** Chronic ivermectin prophylaxis is no longer applicable to most people. The following approaches with ivermectin can be considered and applied based on patient preference, comorbid status, immune status, and in discussion with their provider:
 - Twice weekly ivermectin at 0.2mg/kg; considered in those with significant comorbidity and lack of natural immunity or immunosuppressive states or those with long COVID or post-vaccine syndrome not already on ivermectin as treatment.
 - Daily ivermectin just prior to and during periods of high possible exposure (travel, weddings, conferences, etc.)
 - Immediate initiation of daily ivermectin at 0.4mg/kg upon first symptoms of a viral syndrome.

About this protocol

While flu and RSV infections were uncommon in 2020 and 2021, a dramatic increase in infections was documented in the fall and early winter of 2022. We have therefore adapted I-PREVENT to include prevention against flu and RSV.

It should be noted that the medications in I-PREVENT are inexpensive, safe, and widely available.

More information

To learn about nutritional therapeutics and how they can help with COVID-19, visit geni.us/COVID_nutrition

For additional information on the rationale behind these medications, and other optional treatments, see [I-PREVENT: COVID, flu and RSV Protection Protocol](#).

Early treatment is critical and the most important factor in managing this disease.

Read about [the safety of vitamins and nutraceuticals in pregnancy](#).

Search [directories of providers and pharmacies](#).

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Table 1. How to calculate ivermectin dose

Ivermectin is available in different strengths (e.g., 3, 6, or 12 mg) and administration forms (tablets, capsules, drops, etc.). Note that tablets can be halved for more accurate dosing, while capsules cannot. Do not crush the tablets.

| How much do I weigh? | | The protocol says 0.4 mg/kg; how much should I take? | The protocol says 0.6 mg/kg; how much should I take? |
|----------------------|------------|--|--|
| 70–90 lb | 32–40 kg | 16 mg | 24 mg |
| 91–110 lb | 41–50 kg | 20 mg | 30 mg |
| 111–130 lb | 51–59 kg | 24 mg | 36 mg |
| 131–150 lb | 60–68 kg | 27 mg | 40.5 mg |
| 151–170 lb | 69–77 kg | 30 mg | 45 mg |
| 171–190 lb | 78–86 kg | 32 mg | 48 mg |
| 191–210 lb | 87–95 kg | 36 mg | 54 mg |
| 211–230 lb | 96–104 kg | 40 mg | 60 mg |
| 231–250 lb | 105–113 kg | 44 mg | 66 mg |
| 251–270 lb | 114–122 kg | 48 mg | 72 mg |
| 271–290 lb | 123–131 kg | 52 mg | 78 mg |
| 291–310 lb | 132–140 kg | 56 mg | 84 mg |

POST-EXPOSURE PREVENTION

use when household members have COVID, influenza, or RSV, or when you have had contact with individual/s who likely had COVID-19, flu, or RSV infection.

- **Naso-Oropharyngeal hygiene (Nasal Spray and Mouthwash);** 2-3 times daily. The combination of nasal antiseptic sprays and oropharyngeal mouthwashes is strongly suggested. Choose a nasal spray with 1% povidone-iodine (for example Immune Mist™, CofixRX™ or Ionovo™) and a mouthwash containing chlorhexidine, povidone-iodine, cetylpyridinium chloride, or the combination of eucalyptus, menthol, and thymol (e.g., Listerine™). Note that some mouthwashes may contribute to temporary tooth staining in certain individuals. Discontinue use and try a different product if this problem arises.
- **Elderberry;** four times daily as per manufacturer’s directions for 1 week (gummy, supplement, or syrup).
- **Vitamin C;** 500-1000 mg four times daily for 1 week.
- **Elemental Zinc;** 50-90 mg daily for 1 week.
- **Melatonin;** 2-5 mg at night (slow/extended release).
- **Resveratrol or a Combination Flavonoid supplement;** 500 mg twice daily. A flavonoid combination containing resveratrol, quercetin, and pterostilbene is recommended. Optional with documented exposure to COVID-19 (positive test).
- **Ivermectin:** 0.4 mg/kg immediately, then repeat second dose in 24 hours; *and* Hydroxychloroquine (HCQ): 200 mg twice a day for 5 days. *or* Nitazoxanide 500-600 mg twice daily for 5 days.

Optional with documented exposure to COVID-19 (positive test)

- **Ivermectin: 0.4 mg/kg immediately, then repeat second dose in 24 hours.**
- **Hydroxychloroquine (HCQ): 200 mg twice a day for 5 days. OR**
- **Nitazoxanide 500-600 mg twice daily for 5 days.**

About ivermectin

Ivermectin is a well-known, FDA-approved drug that has been used successfully around the world for more than four decades. One of the safest drugs known, it is on the WHO’s list of essential medicines, has been given over 3.7 billion times, and won the Nobel Prize for its global and historic impacts in eradicating endemic parasitic infections in many parts of the world.

Review the [totality of supporting evidence for ivermectin in COVID-19](#).

Ivermectin is a remarkably safe drug with minimal adverse reactions (almost all minor), however its safety in pregnancy has not been definitively established. Talk to your doctor about use in pregnancy, particularly in the first trimester.

Potential drug-drug interactions should be reviewed before prescribing ivermectin (see **I-CARE: Early COVID Treatment Protocol** for more information). The most important drug-drug interactions occur with cyclosporin, tacrolimus, antiretroviral drugs, and certain antifungal drugs.

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Table 2. Vitamin D Dosing in the Absence of a Baseline Vitamin D Level

| Serum Vitamin D (ng/mL) ** | Vitamin D Dose: Using 50,000 IU Capsules: Initial and Weekly [§] | | Duration (Number of Weeks) | Total Amount Needed to Correct Vit. D, Deficiency (IU, in Millions) # |
|----------------------------|---|--|----------------------------|---|
| | Initial Bolus Dose (IU) | Follow-Up: ^{§§} The Number of 50,000 IU Caps/Week | | |
| <10 | 300,000 | ×3 | 8 to 10 | 1.5 to 1.8 |
| 11–15 | 200,000 | ×2 | 8 to 10 | 1.0 to 1.2 |
| 16–20 | 200,000 | ×2 | 6 to 8 | 0.8 to 1.0 |
| 21–30 | 100,000 | × 2 | 4 to 6 | 0.5 to 0.7 |
| 31–40 | 100,000 | ×2 | 2 to 4 | 0.3 to 0.5 |
| 41–50 | 100,000 | ×1 | 2 to 4 | 0.2 to 0.3 |

Table 3. A Single-Dose Regimen of Calcifediol to Rapidly Raise Serum Levels above 50 ng/mL

| Bodyweight Category | | Dose kg/Day (IU) | Dose (IU) (Daily or Weekly) * | |
|--|---------------------------------------|------------------|-------------------------------|------------------|
| (Age) or Using BMI (for age > 18) (kg/Ht. M ²) | Average Body Weight (kg) | | Daily Dose (IU) | Once a Week (IU) |
| (Age 1–5) | 5–13 | 70 | 350–900 | 3000–5000 |
| (Age 6–12) | 14–40 | 70 | 1000–2800 | 7000–28,000 |
| (Age 13–18) | 40–50 | 70 | 2800–3500 | 20,000–25,000 |
| BMI ≤ 19 | 50–60 (under-weight adult) | 60 to 80 | 3500–5000 | 25,000–35,000 |
| BMI < 29 | 70–90 (normal: non-obese) | 70 to 90 | 5000–8000 | 35,000–50,000 |
| BMI 30–39 | 90–120 (obese persons) # | 90 to 130 | 8000–15,000 | 50,000–100,000 |
| BMI ≥ 40 [§] | 130–170 (morbidly obese) [§] | 140 to 180 | 18,000–30,000 | 125,000–200,000 |

Disclaimer

The information in this document is our recommended approach to COVID-19 based on the best (and most recent) literature.

It is provided as guidance to healthcare providers worldwide on the early treatment of COVID-19.

Our guidance should only be used by medical professionals in formulating their approach to COVID-19.

Patients should always consult with their providers before starting any medical treatment.

As this is a highly dynamic topic, we will update these guidelines as new information emerges.

Please check to ensure you are using the latest version of this protocol.

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