

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, and for high-risk individuals such as those over 60 years old and those with comorbidities.)

- **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.
- **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/Quercetin/Pterostilbene 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).
- **Ivermectin**
In the current situation of abundant natural immunity along with the recent circulation of less severe and more highly transmissible variants, chronic weekly or bi-weekly ivermectin prophylaxis is no longer applicable to most people.
 - Bi-weekly ivermectin at 0.2mg/kg; can be considered in those with significant comorbidity and lack of natural immunity or immunosuppressive states or those with long COVID or post-vaccine syndrome who are not already on ivermectin as treatment
 - Daily ivermectin just prior to and during periods of high possible exposure such as travel, weddings, conferences, etc.
 - Immediate initiation of daily ivermectin at treatment doses (0.4mg/kg) upon first symptoms of a viral syndrome

About this protocol

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

It is provided as guidance to healthcare providers worldwide. Patients should always consult with their provider before starting any medical treatment.

New medications may be added and/or changes made to doses of existing medications as further evidence emerges. Please check our website at flccc.net to be sure you are using the latest version of this protocol.

For more information on nutritional therapeutics and how they can help with COVID-19, visit geni.us/COVID_nutrition

For additional information on prophylaxis, the rationale behind these medications, and references, see '[A Guide to the Prevention of COVID-19, Influenza, and Respiratory Syncytial Virus \(RSV\) Infection](#)'.

Disclaimer

This protocol is meant solely for educational purposes regarding potentially beneficial prevention approaches for COVID-19.

Never disregard professional medical advice because of something you have read on our website and releases. This is not intended to be a substitute for professional medical advice, diagnosis, or treatment regarding any patient.

Treatment for an individual patient is determined by many factors and thus should rely on the judgment of your physician or qualified healthcare provider.

→ continue on page 2

(continued from page 1)

Table 1. Guidance on Upfront Loading Dose Regimens to Replenish Vitamin D Stores in the Body

When serum Vitamin D levels are available, the doses provided in this table can be used for the longer-term maintenance of serum 25(OH)D concentration above 50 ng/mL (125 nmol/L). The table provides the initial bolus dose, weekly dose, frequency, and duration of administration of oral Vitamin D in non-emergency situations, in a non-obese, 70 kg adult.

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

Source: Nutrients’—Special Issue: “Vitamin D—Calcifediol and COVID” [92]

* A suitable daily or weekly maintenance dose to be started after completing the loading-dose schedule. The dose should be adjusted for those who are overweight (higher) or underweight (lower).

** To convert ng/mL to nmol/L, multiply the amount in ng by 2.5; One µg = 40 IU. § Mentioned replacement doses can be taken as single, cumulative doses, two to three times a week spread out over a few weeks.

§§ From day one of week two onwards.

Estimated total Vitamin D dose needed to replenish the body stores (i.e., the deficit) is provided in the last column.

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

Longer-term maintenance schedules of oral Vitamin D based on body weight to maintain the levels above 50 ng/mL (125 nmol/L) when the serum 25(OH)D concentrations are unknown.

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

Source: Nutrients’—Special Issue: “Vitamin D—Calcifediol and COVID” [92]

* Example of a daily or once-a-week dose range for adults with specific body types (based on BMI for white Caucasians and body weight for other ethnic groups). Appropriate dose reductions are necessary for children.

For those with chronic comorbid conditions, such as hypertension, diabetes, asthma, COPD, CKD, depression, and osteoporosis, and to reduce all-cause mortality, higher doses of Vitamin D are needed. For them, one can use the doses that are recommended for persons with obesity (BMI, 30–39: the third row).

§ Those with multiple sclerosis, cancer, migraine headaches, and psoriasis, and those routinely taking medications such as anti-epileptic and anti-retroviral agents that significantly increase the catabolism of Vitamin D should consider taking age-appropriate doses recommended for those with morbid obesity (BMI ≥ 40; the higher end of the daily doses in the fourth row).

→ continue on page 3

Always seek their advice with any questions you may have regarding your medical condition or health.

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POST-EXPOSURE PREVENTION

(continued from page 2)

(recommended if a household member is COVID-positive or if you have had prolonged exposure to COVID but have not developed symptoms.)

- **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 (e.g., Scope™, Crest™ or Act™), or the combination of eucalyptus, menthol, and thymol (Listerine™).
 - **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/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

Table 1. How to calculate ivermectin dose

Note that 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.

How much do I weigh?		What dose does the protocol say?			
In pounds	In kilos	0.2 mg/kg	0.3 mg/kg	0.4 mg/kg	0.6 mg/kg
70–90	32–41	6-8 mg	10-12 mg	13-16 mg	19-25 mg
91–110	41–50	8-10 mg	12-15 mg	17-20 mg	25-30 mg
111–130	50–59	10-12 mg	15-18 mg	20-24 mg	30-35 mg
131–150	60–68	12-14 mg	18-20 mg	24-27 mg	36-41 mg
151–170	69–77	14-15 mg	21-23 mg	27-31 mg	41-46 mg
171–190	78–86	16-17 mg	23-26 mg	31-35 mg	47-52 mg
191–210	87–95	17-19 mg	26-29 mg	35-38 mg	52-57 mg
211–230	96–105	19-21 mg	29-31 mg	38-42 mg	58-63 mg
231–250	105–114	21-23 mg	32-34 mg	42-45 mg	63-68 mg
251–270	114–123	23-25 mg	34-37 mg	46-49 mg	68-74 mg
271–290	123–132	25-26 mg	37-40 mg	49-53 mg	74-79 mg
291–310	132–141	26-28 mg	40-42 mg	53-56 mg	79-85 mg