

FREQUENTLY ASKED QUESTIONS ON THE TASKFORCE IVERMECTIN RECOMMENDATION

To view the list of recommended treatments please refer to www.covid19evidence.net.au

AS AT 5 NOVEMBER 2021

What is the Taskforce's recommendation on use of antiparasitic agent ivermectin as a treatment for COVID-19?

The Taskforce has issued a strong recommendation against the use of ivermectin outside of randomised trials:

Do not use ivermectin for the treatment of COVID-19 outside of randomised trials with appropriate ethical approval.

Ivermectin should still be considered for other evidence-based indications in people who have COVID-19.

Trials are needed in special populations, including children and adolescents, pregnant and breastfeeding women, older people living with frailty and those receiving palliative care. Until further evidence is available, do not use ivermectin to treat COVID-19 in these populations unless they are eligible to be enrolled in trials.

For more information, view the full [ivermectin recommendation](#) with evidence profiles and references.

The Taskforce continues to conduct daily searches to identify relevant high-quality studies. As at 4 November 2021, the Taskforce has concluded that there remains significant uncertainty whether ivermectin is more effective and safer than standard care in treating patients with COVID-19.

Why is ivermectin currently only suitable for research purposes?

The available research evidence does not yet provide reasonable certainty to recommend for or against the use of ivermectin and therefore the Taskforce recommends ivermectin not be used outside of randomised trials.

The certainty of the current evidence base varies from low to very low depending which on outcome is being measured, as a result of serious risk of bias and serious imprecision in the 15 included studies.

In addition to uncertainty around benefits for patients with COVID-19, there are common side effects and harms associated with ivermectin, including diarrhoea, nausea and dizziness.

Given this uncertainty of benefit, and concerns of harms; we recommend that ivermectin only be provided in research trials, where there is the potential to generate further evidence on the effectiveness, or otherwise, of ivermectin.

What studies did you use to develop the recommendation?

Evidence underpinning the current recommendation comes from 15 randomised trials that compared ivermectin with standard care in over 1800 adults with COVID-19.

The Taskforce considers trials of treatment conducted anywhere in the world, regardless of healthcare setting or phase of treatment.

We only include studies conducted in humans, where participants are randomised to receive ivermectin or standard treatment/placebo.

View our Taskforce [search methods](#) for further detail.

How come you only use 15 studies in your recommendation?

The Taskforce uses only the best available evidence when developing recommendations. For drug treatments, this means randomised controlled trials conducted in humans, with comparison to placebo or standard treatment. There are currently 15 randomised trials available which meet these criteria and evaluate the effectiveness of ivermectin for treatment of COVID-19.

While some websites appear to list dozens of ivermectin studies, many of these are not conducted in humans, are not randomised or do not compare to standard treatment or placebo; making these studies significantly less reliable in evaluating the effectiveness of ivermectin.

The Taskforce looks forward to reviewing larger, rigorous trials of ivermectin as a treatment for COVID-19 (e.g. the [Oxford PRINCIPLE Trial](#)).

But hasn't ivermectin been shown to be effective as an early COVID-19 treatment in randomised controlled trials overseas?

Despite some early suggestions that ivermectin may provide both prophylactic and therapeutic benefit, the available research evidence does not yet provide reasonable certainty to recommend for or against the use of ivermectin. More robust, well-designed randomised controlled trials are needed to demonstrate whether or not ivermectin is effective.

Some widely discussed meta-analyses of ivermectin studies (e.g. The British Ivermectin Research Development (BIRD) Group meta analysis) have significant weaknesses, for example they include a large trial which has been discredited and retracted (Elgazzar et al.). Even in these reviews, when patient populations are separated by severity and comparisons to active treatments removed, no meaningful effect is found.

Are you aware of any large randomised trials for ivermectin currently underway?

Yes, we are aware that the [Oxford PRINCIPLE Trial](#) has recently incorporated an ivermectin arm, however we expect publication to still be several months away.

In the meantime, the Taskforce continues to undertake daily evidence surveillance and will incorporate all reliable research into our evidence profile for ivermectin as it emerges. We are also in frequent communication with international expert guideline groups.

