FREQUENTLY ASKED QUESTIONS ON THE TASKFORCE IVERMECTIN RECOMMENDATION

NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

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

AS AT 26 MAY 2022

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

The Taskforce has issued a strong recommendation against the use of ivermectin (v56.0, 8/4/2022):

Do not use ivermectin for the treatment of COVID-19.

This recommendation applies to adults, children and adolescents, pregnant and breastfeeding women, older people living with frailty and those receiving palliative care.

Use of ivermectin may still be considered in the context of randomised trials with appropriate ethical approval, such as combination therapies that include ivermectin.

For more information, view the full ivermectin recommendation with evidence profiles and references.

The Taskforce uses a living evidence approach to all its treatment recommendations. Ivermectin remains a high priority topic and any new relevant high-quality studies will be incorporated into the evidence underpinning the recommendation.

Why is ivermectin unsuitable for treating COVID-19?

The available research evidence suggests that ivermectin does not decrease mortality, the need for mechanical ventilation or the need for hospitalisation in people with COVID-19.

In addition, ivermectin probably does not accelerate time to recovery or reduce duration of hospitalisation, however it probably increases the incidence of adverse events. Common side effects and harms associated with ivermectin include diarrhoea, nausea and dizziness.

The certainty of the remaining outcomes varies from low to very low depending on which outcome is being measured, as a result of serious risk of bias and serious imprecision.

Given the lack of benefit, and concerns of harms; the Taskforce recommends against using ivermectin to treat COVID-19.

What studies did you use to develop the recommendation?

Evidence underpinning the current recommendation comes from 17 randomised trials that compared ivermectin with standard care in over 3700 adults with COVID-19.

The Taskforce previously recommended that ivermectin only be used in the context of randomised controlled trials, as the effectiveness of ivermectin was uncertain, however the results of the TOGETHER trial provide increased certainty that ivermectin is not effective as a treatment for 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 17 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 17 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, do not compare to standard treatment or placebo, or combine ivermectin with another treatment (e.g. ivermectin plus doxycycline); making these studies significantly less reliable in evaluating the effectiveness of ivermectin.

In addition, a number of trials have been discredited, retracted or found to be inconsistent and subsequently removed from our analysis.

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 weeks 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.