



29 January 2021

Dear [REDACTED],

Freedom of Information request: FOI2021/00033

Thank you for your Freedom of Information request received on the 22 January in which you requested the following:

Your request:

I hereby request to know which studies have been reviewed or conducted on ivermectin, when and by who. Also, how you prioritize studies and why ivermectin has been neglected so much considering:

In its "neutral" recommendation, the NIH posted on January 14, 2021:

The COVID-19 Treatment Guidelines Panel's Statement on the Use of Ivermectin for the Treatment of COVID-19

"reported shorter time to resolution of disease manifestations attributed to COVID-19, greater reduction in inflammatory markers, 16, 17 shorter time to viral clearance, 11, 16 or lower mortality rates in patients who received ivermectin than in patients who received comparator drugs or placebo. 11, 16, 18

11. Ahmed S, Karim MM, Ross AG, et al. A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness. *Int J Infect Dis.* 2020;103:214-216. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/33278625>.

15. Hashim HA, Maulood MF, Rasheed AW, Fatak DF, Kabah KK, Abdulmir AS. Controlled randomized clinical trial on using ivermectin with doxycycline for treating COVID-19 patients in Baghdad, Iraq. *medRxiv.* 2020;Preprint. Available at: <https://www.medrxiv.org/content/10.1101/2020.10.26.20219345v1/>.

16. Elgazzar A, Hany B, Youssef SA, Hafez M, Moussa H, eltaweel A. Efficacy and safety of ivermectin for treatment and prophylaxis of COVID-19 pandemic. *Research Square.* 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-100956/v2>.

17. Niaee MS, Gheibi N, Namdar P, et al. Ivermectin as an adjunct treatment for hospitalized adult COVID-19 patients: a randomized multi-center clinical trial. *Research Square.* 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-109670/v1>.

18 Khan MSI, Khan MSI, Debnath CR, et al. Ivermectin treatment may improve the prognosis of patients with COVID-19. *Arch Bronconeumol.* 2020;56(12):828-830. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/33293006>.

Source:

<https://www.covid19treatmentguidelines.nih.gov/statement-on-ivermectin/>

Still, the statement shouldn't have been "neutral" but "positive":

1. They left out more than 40 studies, all of which are positive (some of which were presented to NIH agencies like the FDA even as early as June, not even considered in the Aug 27th negative report): <http://c19ivermectin.com>

2. They left out all meta-studies, all of which are positive (more than 4, including 2 previously presented to NIH by:

2.1 WHO expert consultant, Dr. Andrew Hill: <https://www.researchsquare.com/article/rs-148845/v1>

2.2 The FLCCC Alliance: <https://www.frontiersin.org/articles/10.3389/fphar.2021.643369/abstract>

3. *They didn't start their own meta-analysis. This a very serious omission, considering there are more patients involved in double-blind studies with ivermectin than with the 2104 patients who took dexamethasone in the UK study which established it as standard of care.*

4. *NIH presents a bad excuse for not recommending ivermectin: lack of large scale blinded-placebo studies.*

4.1. *NIH refused grants to early studies when ivermectin was still unproven. Actually, it refused and still refuses grants to cheap repurposed drugs. Hypocrisy? Vested interests? Corruption?*

4.2. *Considering the overwhelming evidence for ivermectin effectiveness involving over 10,000 patients (<http://ivmmeta.com>), it would be highly unethical to give patients a placebo. In fact, it would mala praxis. The only ethical choice is statistical analysis comparing doses and frequency with disease stages and outcomes (apart from comparing patients which were left without ivermectin, through uninformed-consent, irrational patient refusal, suicidal patient, mistakes, mala praxis, patient abandonment, etc).*

It wouldn't be the first time the NIH violates basic bioethics principles... they wouldn't be able to recommend vaccination considering its serious side effects, recognized by the NIH, from permanent disabilities to death (no matter how low the percentages), when there is a safe drug alternative like ivermectin (and others). Also, a huge violation of informed consent rights.

5. *The FLCCC Alliance presents many other science-based counter-arguments:*

<https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Response-to-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf>

Conclusion:

Medical societies, which really care for people's lives, should be quoting our initial NIH quote in public statements: nobody could sue them for quoting NIH and they would be saving thousands of lives. Why isn't Recovery doing the same?

Also, Azithromycin reduces the ACE2 binding of the virus and potentiates ivermectin's same effect (apart from CD147 red cell binding). Your report on Azithromycin fails to take into account this synergy. Why?

Our response

I can confirm UK Research and Innovation (UKRI) hold some information relevant to your request.

When reviewing your request, we noted several occasions where the question was for UKRI to provide an opinion or commentary, for example 'Why isn't Recovery doing the same?'. We are unable to provide an opinion or comment on such requests within the scope of the Freedom of Information Act (FOIA); this is because the FOIA provides public access to information already held by public authorities in recorded form.

However, we are able to consider your first question within the scope of the FOIA: 'I hereby request to know which studies have been reviewed or conducted on ivermectin, when and by who.'

Under Section 21 of the FOIA - Information already reasonably accessible, the information you have requested is already available in the public domain.

Section 21 is an absolute exemption which means that there is no requirement to conduct a public interest test.

Details of UKRI funded projects related to, or including the key word 'ivermectin' can be found on our [Gateway to Research tool](#)¹. When the key term 'ivermectin' is entered, 9 projects are identified. Clicking on each result allows

¹ <https://gtr.ukri.org/search/project?term=ivermectin>

you to find further details of the project including the abstract, the funded period and the organisations and people involved in the project.

If you have any queries regarding our response or you are unhappy with the outcome of your request and wish to seek an internal review of the decision, please contact:

Head of Information Governance


Email: foi@ukri.org or infogovernance@ukri.org

Please quote the reference number above in any future communications.

If you are still not content with the outcome of the internal review, you may apply to refer the matter to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the review procedure provided by UKRI. The Information Commissioner can be contacted at: <http://www.ico.gov.uk/>

If you wish to raise a complaint regarding the service you have received or the conduct of any UKRI staff in relation to your request, please see UKRI's complaints policy: <https://www.ukri.org/about-us/policies-and-standards/complaints-policy/>

Yours sincerely,


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