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Dog'  
Jasper  
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# 2019 CDC Memo on Ivermectin Resurfaces After Media Blasted The Drug as 'Horse Treatment'

Alexa — September 3, 2021



The anti-parasitic drug Ivermectin got a big boost in its reputability for treating Covid-19 when popular podcaster Joe Rogan testified to its effectiveness in his case. The news media heavily criticized and blasted the drug as merely a 'horse dewormer' and 'not fit to be ingested by humans.'

"We immediately threw the kitchen sink at it. All kinds of meds," Rogan said after his Covid diagnosis. "Monoclonal antibodies, ivermectin, Z-pak, prednisone, everything. And I also got an anti-D drip and a vitamin drip."

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People immediately seized on the anecdotal case to justify the use of the alleged therapeutic to treat Covid-19. The FDA, meanwhile, cautions people that they should not use the Ivermectin treatment that is intended for animals.

“People are purchasing various highly concentrated animal ivermectin drug formulations such as ‘pour-on,’ injectable, paste and ‘drench’ that are intended for horses, cattle and sheep, and taking these drugs has made some people very sick,” the FDA wrote in a **letter** to veterinarians. “Even if animal drugs have the same active ingredient as an approved human drug, animal drugs have not been evaluated for safety or effectiveness in humans.”

“Treating human medical conditions with veterinary drugs can be very dangerous,” the agency continued. “The drug may not work at all, or it could worsen the illness and/or lead to serious, potentially life-threatening health complications.”

“Ivermectin is not authorized or approved by FDA for prevention or treatment of COVID-19,” the CDC wrote, noting insufficient data from the National Institutes of Health’s COVID-19 Treatment Guidelines Panel.

“The American Medical Association (AMA), American Pharmacists Association (APhA), and American Society of Health-System Pharmacists (ASHP) strongly oppose the ordering, prescribing, or dispensing of ivermectin to prevent or treat COVID-19 outside of a clinical trial,” the AMA **announced**.

“No, you should not ingest ivermectin, a drug formulated for cows and horses to treat parasites,” NPR reported. “No, it is not proven to prevent or treat COVID. The FDA is urging people to stop ingesting the livestock version, which can cause nausea, neurological disorders and severe hepatitis.”

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The talking point was seized upon by mass vaccination proponents to dismiss Ivermectin as a potentially viable therapeutic, relegating it to nothing more than a ‘horse dewormer.’

However, a Centers for Disease Control and Prevention **guideline** for refugees issued in 2019 shows that it was a regular part of the regimen of preventing parasites from being brought over to the United States.



## Summary of Recommendations

These guidelines are recommendations for the International Organization for Migration (IOM) physicians and other panel physicians who administer overseas predeparture presumptive treatment for intestinal parasites. While most recommendations have been implemented, not all refugee populations listed in this document are receiving all recommended pre-departure medications, due to funding restrictions and logistical challenges. For current implementation status in specific populations, see the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees, administered by IOM. The recommendations in these guidelines may also be referenced by U.S. medical providers caring for refugees who will be receiving presumptive treatment after they arrive in the United States.

- All Middle Eastern, Asian, North African, Latin American, and Caribbean refugees, with exceptions noted in this document, should receive presumptive therapy with:
  - Albendazole, single dose of 400 mg (200 mg for children 12-23 months)  
AND
  - Ivermectin, two doses 200 mcg/Kg orally once a day for 2 days before departure to the United States.
- All African refugees who did not originate from or reside in countries where *Loa loa* infection is endemic (Box 1), with exceptions noted in this document, should receive presumptive therapy with:
  - Albendazole, single dose of 400 mg (200 mg for children 12-23 months)  
AND
  - Ivermectin, two doses 200 mcg/Kg orally once a day for 2 days  
AND
  - Praziquantel, 40 mg/kg, which may be divided in two doses before refugees depart for the United States.

“These guidelines are recommendations for the International Organization for Migration (IOM) physicians and other panel physicians who administer overseas predeparture presumptive treatment for intestinal parasites,” the document reads.

“All African refugees who did not originate from or reside in countries where *Loa loa* infection is endemic (Box 1), with exceptions noted in this document, should receive presumptive therapy with... Ivermectin, two doses 200 mcg/Kg orally once a day for 2 days,” the CDC lists as one of the medications.

While critics rightfully point out that the FDA has not authorized the drug for treating Covid-19, it is not true that the medication’s potential effectiveness has not been studied.

*This is an excerpt from [Becker News](#).*

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