

Study reference	Study design	Study intervention	Total number of participants	Mortality rate (treatment group vs. comparator)	Disease progression or viral clearance (treatment group vs. comparator)	Duration of hospital admission or time to recovery (treatment group vs. comparator)
Rajter et al. 2020 <sup>42</sup>	Multicentre retrospective analysis	1-2 doses of 200 µg/kg IVM + standard therapy vs. standard therapy	280 hospitalised patients (IVM)= 173 (control)= 107	Overall study results 15% vs. 25.2% (p=0.03)  Severe disease 38.8% vs. 80.7% (p=0.001)	No difference in successful rate of extubation	No significant difference
Gorial et al. 2020 <sup>45</sup>	Matched case-control	1 dose of 200 µg/kg IVM + standard therapy vs. standard therapy	87 hospitalised patients (IVM) = 16 (control)= 71	0% vs. 2.8% (p value not given)	Time to viral clearance: 7 days (95% CI 6-11) vs. 12 days (95% CI 10-15 ) (p<0.001)	7.62 ±2.75 vs. 13.22 ±0.90 days (p=0.00005)
Carvallo et al. 2020 <sup>46</sup>	Prospective single cohort study (simultaneous untreated controls)	IDEA protocol: Mild cases: IVM 300 µg/kg + aspirin Moderate cases: IVM 450 µg/kg + aspirin + dexamethasone Severe cases: 600 µg/kg IVM + enoxaparin + dexamethasone	167 mild-severe patients (mild) = 135 (moderate) = 12 (severe) = 22	Overall: 0.59%  Mild cases: 0%  Mod-severe cases: 3.1% Mortality of patients not on IDEA protocol at same hospital over duration of study: 25%	Disease progression: Mild cases: 0% 7 day symptom progression 0% required hospitalisation Moderate-severe cases: 1 patient (3.1%) had disease progression	Not reported

NCT04523831 <sup>50</sup>	Double blind randomised controlled trial	6-12 mg IVM + 5 days DOXY + standard therapy vs. standard therapy	363 mild - moderate (treatment) = 183 (control) = 180	0 % vs. 1.6% (p value not reported)	Clinical deterioration: 8.7% vs 17.8% (p=0.013)  Viral clearance within 12 days: 92.3% vs. 80 % (p value not reported)	Clinical recovery within 7 days: 60.7% vs. 44.4% (p=0.03)
Hashim et al. 2020 <sup>49</sup>	Randomised controlled trial	2-3 days of 200 µg/kg IVM + 5-10 days DOXY + standard therapy vs. standard therapy	140 mild-critical patients (treatment) = 70 (48= mild-mod, 11= severe, 11= critical) (control) = 70 (48= mild-mod, 22=severe)	Mild=mod: 0% vs 0% Severe: 0% vs. 27.27 % (p=0.052)	Disease progression in severe cases: 9% vs. 31.81 % (p=0.15)	Time to recovery: 10.61±5.3 days vs. 17.9±6.8 days (p<0.01)

**Table 1.** Summary of key therapeutic ivermectin trials. (IVM ivermectin. DOXY doxycycline). Ivermectin was administered orally in all trials. “Standard therapy” differed between trials and is defined as the standard therapy administered in the region/hospital at the given period of the trial.

Study reference	Study design	Study intervention	Total number of participants	Incidence of COVID-19 infection (treatment vs. control)
NCT04425850 <sup>50</sup>	Prospective placebo controlled trial	1 drop IVM buccal drops (6mg/ml) + 5 sprays carrageenan nasal spray (0.17mg/spray) both repeated 5 times per day + PPE vs. PPE only	229 Healthcare workers (treatment) = 131 (control) = 98	0% vs. 11.22% Positive SARS-CoV2 PCR within 28 days (p<0.0001)
NCT04422561 <sup>50</sup>	Randomised controlled trial	IVM 200-400 µg/kg oral on day 1 and day 3 vs. no intervention	304 household contacts of confirmed COVID-19 case	7.4% vs. 58.4% symptomatic within 14 days (p value not reported)
Behera et al. 2020 <sup>56</sup>	Matched case-control study	Two doses IVM 300 µg/kg oral + PPE vs. PPE only	186 matched case-control pairs of Healthcare workers 77 controls took IVM 38 cases took IVM	IVM use associated with a 73% reduction. OR, 0.27 (95% CI 0.15-0.51)

**Table 2.** Summary of key COVID-19 prophylaxis ivermectin trials. (IVM ivermectin. PEE personal protective equipment)