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College of Primary Care Physicians of Zimbabwe

Dr J Chimedza
Permanent Secretary
Ministry of Health & Child Welfare
Government of Zimbabwe

24 January, 2021

Dear Dr Chimedza

URGENT REQUEST TO ALLOW AND FACILITATE ONGOING USE OF IVERMECTIN & NANO SILVER FOR TREATMENT OF COVID PATIENTS

We are writing this letter to you as members of the primary care physicians who have been at the forefront of treating COVID since the pandemic reached our country in March 2020.

Over the past 10 months we have found ourselves assessing and treating the vast majority of patients who have been infected with the SARS CoV2 virus. This has included the approximately 85% who have had mild to moderate disease but also, due to various factors, we also have had to treat most of the ill patients who have not been able to access ICU or even HDU in hospitals. We have had to manage these patients in our rooms, high density clinics, in their homes, and sometimes even in their cars in carparks outside full hospitals.

We have also had to deal with their contacts and family members and tried to educate and find ways to prevent the virus spreading further in our community. And we have had to deal with the tragedy of death and its permanent and devastating effect on our patients and their families. Being in the trenches, working 18 hour days, over weekends and holidays we have come to understand what does and doesn't work in the treatment and prevention of COVID.

General practitioners and medical officers make up the vast majority of doctors in Zimbabwe. CPCPZ is the oldest medical professional association in the country with many decades experience in medical education to our members. We take this mandate very seriously and hold more Continuing Medical Education activities than any other organization. We are, and have always been committed to the highest level of evidence based medicine and we only invite colleagues of the highest calibre to educate and lecture us with a constant reminder to our members to always stick with the science and proper peer reviewed research.

Although we have faced challenges before like cholera and most notably the HIV epidemic, the COVID pandemic has been our most stressful to date because of its sheer infectiousness and rapid progression to life threatening disease. It has been extremely difficult to manage worldwide because of the simple fact that we do not have medicine to treat our patients with. We have followed the evidence rigorously and practiced the standard of care managing our patients in the early stage as with the national guidelines, proceeding to anti coagulants and steroids if they progress and then frantically trying to find oxygen and an ICU bed in hospitals, often a herculean or impossible task. But treating our patients with these standard guidelines *has not worked or helped those who are not in the 85% who will recover anyway.* This fact is reinforced by the massive number of deaths in USA and Europe where they have ICU beds, specialist nursing staff, unlimited oxygen and access to drugs like Remdesevir, mono clonal antibodies and convalescent plasma.

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A GP colleague of ours who had had experience in the aviation industry during the previous SARS epidemic discovered almost by accident that using nanoparticulate silver solution in a nebulizer helped patients to recover quickly and furthermore improved saturations in patients becoming hypoxic. CPCPZ invited her to present to her peers and over the ensuing 10 months there has been debate, searching out of the literature, collaborating with scientists elsewhere in the world who could help us make sense of why this works so well, and most importantly scrutiny of any safety data we could find and monitoring of any adverse effects on our patients. Research academics and institutions have been approached for help in trying to do clinical trials on this but the actual performing of the trial has been delayed by the fact that the very clinicians who are working 18 hour clinical days, with very little pay are the same ones expected to perform these trials. We as GPs can testify to the safety and effectiveness of using nano silver from April 2020 to date, although we have still lost patients who have presented late in the disease.

Many GPs also tried Hydroxychloroquine off label in the beginning of the epidemic but our experience backed the results subsequently released in peer reviewed journals ie that there was a very mild benefit if any at all when used early in the disease, in addition there was the well known cardiovascular risk that tempered our using it further.

Due to our constant perusal of the medical evidence we noticed the signals around Ivermectin in August 2020, largely in 3rd world countries like ours. We feel comfortable using this drug which has been around for 40 years, is on the WHO essential drugs list and has an excellent safety profile. We understand that it is currently not registered in Zimbabwe but we fill out Section 75 forms for non registered drugs all the time in the course of our practice. We have already written letters to MCAZ to apply for Section 75 approval of Ivermectin and the combination with Doxycycline and Zinc for both prevention and treatment. We heard from colleagues in South Africa who were using Ivermectin with excellent results although they too were losing occasional patients who presented late.

Since August 2020 we have adopted the use of both Ivermectin and nanosilver solution and have found this combination to be a game changer in terms of the management of our patients. (A few South African colleagues who were desperate also used the two in combination and can relate anecdotes of clearing an old age home hospital full of COVID patients in a week. They too were struck by the effectiveness and have actually put this protocol, called the SID protocol on the Ivermectin Africa website.)

For the past 5 months we have used Ivermectin and nano silver, either separately or together, alongside the standard of care for our COVID patients. After the first wave when numbers were low it was less obvious just how successful this regimen can be but when the second wave hit in mid December we found that using this protocol was extremely effective. We use far less oxygen, far fewer patients progress and in fact some practitioners estimate that they have a less than 1,5% mortality using this combination. We believe that the Zimbabwean case fatality rate would be significantly higher over the last month if we had not been able to use it. We also subjectively believe that it is as useful in prophylaxis as our South American counterparts have found.

In addition our experience has been that the use of these 2 agents has been extremely safe with no significant side effects while using the nano silver nebs, apart from some occasional dizziness and a reactive cough in a minority of patients, as well as the mild side effects already listed for Ivermectin and well known over the last 4 decades.

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Finally we note with concern the sentiments of our Public Health physicians about the use of Ivermectin and their Press release yesterday. We strongly object to this going into the public domain without any consultation with their clinical colleagues who are the ones on the ground actually treating these patients.

We are not asking for Ivermection and nanosilver to be put into national guidelines or even for them to be recommended to other doctors. We completely respect the role of the Public Health Physicians to fulfil their mandate of reviewing clinical trials and advising on public health policy. We respectfully request however that we be allowed to fulfil our mandate to treat our patients ethically, safely and effectively with the best evidence that we have and to save our patients lives.

We would be grateful if your office would be able to facilitate the importation of Ivermectin on compassionate grounds under Section 75 for those clinicians who wish to use it and also to regularize the use of nanosilver as a complementary medicine so that we can direct our whole energies to the treating of patients instead of constant anxiety about staying within the regulatory framework and law and engaging in petty arguments with colleagues who choose to go to social media rather than engage with us.

Prof Ferrand and the public health physicians (who do not contest the safety of Ivermectin if used on prescription and under a doctors care) have stated that we must wait for the next 4-12 weeks until more data is out and only then be allowed to use it. They say that 'if the data shows they are wrong and it is effective then they will be the first to adopt it and change their stance'. We too earnestly await the upcoming trials and 'if the data shows we are wrong and it is ineffective then we will be the first to apologize to our patients for effectively treating them with a placebo that may have given them some GIT side effects'

The difference will be the patients who will most certainly die in the next 12 weeks if this medication is withdrawn and no amount of apologies from the public health physicians will bring them back for their families. We as doctors believe this to be against everything we stand for and do not want this on our conscience.

Yours faithfully

Dr Lazarus Chitambo (President College of Primary Care Physicians)
Dr Shelton Zichawo (Member Mash Faculty Executive Committee)
Dr Enoch Tatira (past president ZIMA) Dr Tariro Mushuku (CPCPZ member)
Dr Tafadzwa Mtizwa (CPCPZ member) Dr Chiyeza Shoniwa (CPCPZ member)
Dr Admire Maticha (CPCPZ member) Dr Lloyd Mangezi (CPCPZ member)
Dr Johannes Marisa (Executive Committee Member MDPPZA/Public Health Physician)
Dr Cletos Masiya (Rapha clinic/ Executive Committee Member MDPPZA)
Dr George Mhinga (Executive Committee Member MDPPZA)
Dr Simba Makuni (Member CPCPZ, executive Belvedere Medical Clinic)
Dr Bigale Katenga (Member CPCPZ) Dr Fulton Mupangnyama (CPCPZ member)
Dr Tino Machingura (Member CPCPZ Masvingo)
Dr Harris Chimuka (Member CPCPZ) Dr Poshia Musonza (CPCPZ member)
Dr Jock Posen (Member CPCPZ) Dr Nathan Nyamukondewa (CPCPZ member)
Dr Frank Douie (Member CPCPZ) Dr Rumbidzai Chabvamuperu (GP & Public health physician)
Dr Jonathan Stack (Member CPCPZ) Dr Ingrid Landman (Education officer, CPCPZ Mash branch)

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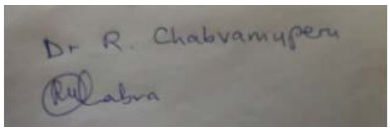

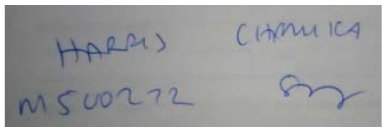

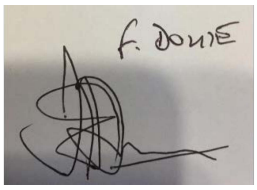

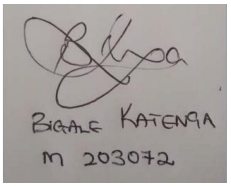

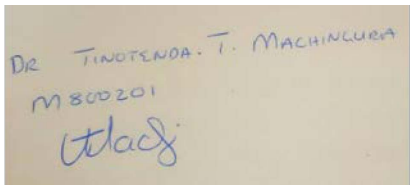

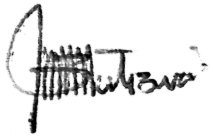

Dr McEdwin Tafadzwa Mtizwa