

Georgia Poison Center Guideline for **Ivermectin** Ingestion

Purpose

The Georgia Poison Center may be contacted for assistance in the management of ingestions of ivermectin. This document outlines the basic approach which should be followed in these circumstances, unless extenuating factors dictate otherwise. If the SPI believes that extenuating circumstances may exist, medical backup should be consulted promptly.

Background

US poison control centers have had seen a recent increase in the amount of ivermectin-based product exposure, and reports from the field suggest an increase in demand from various outlets for various brands of ivermectin (both intended for human use and intended for veterinary use). The recent influx of calls appears to be related to ingestion of livestock or animal formulations of ivermectin in an effort to treat and/ or prevent COVID-19 disease.

Guidance

In animals, ivermectin is commonly used to treat or prevent parasites. In humans, ivermectin tablets are approved by the FDA to treat several conditions caused by parasitic worms, and topical forms are approved to treat conditions like head lice and rosacea. Animal medications are often highly concentrated for the use of large animals like horses and cows. Such high doses can be highly toxic in humans.

Currently, it is not approved by the FDA to treat or prevent COVID-19 disease, or recommended by the WHO. Studies regarding its efficacy for COVID-19 have reached contradictory conclusions; further studies are reported to be ongoing as of this date. Ivermectin doses used in the studies reported to treat active COVID disease range from weight-based dosing (most commonly 0.24 - 0.6 mg/kg/day for 5 days) to a fixed adult dose of 12 mg once or daily for several days.

Mild ivermectin toxicity in humans can produce a rash (including urticaria), headache, dizziness, somnolence, nausea, vomiting, abdominal pain, diarrhea, and mild tachycardia. More severe toxicity can produce seizures, coma, metabolic acidosis, respiratory failure, and hypotension. Adverse effects may be more likely when the individual is also taking other medications metabolized by CYP3A4.

The GPC does not advocate for or against the use of ivermectin for COVID. We recommend that callers considering such use consult with their physician or provider, and does not provide dosing advice regarding the human use of ivermectin.

If callers report a concern after the use of ivermectin to treat or prevent COVID disease:

- " Advise patients to cease the use of ivermectin until they can properly consult their

primary care doctor.

- " Patients who remain asymptomatic after their ivermectin use or who experience no more than 1 episode of vomiting can be likely managed at home in the absence of extenuating circumstances.
- " Patients should be advised on the common symptoms expected (see above)
- " Instruct the patient to call the GPC back if they experience 3 or more episodes of vomiting after a short period of time or if they develop any of the other listed symptoms for further assessment.
- " Consult toxicology on-call for further management advice if a patient reports continued or worsening symptoms.

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