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COVID-19 PROPHYLAXIS PROTOCOL

Low Risk Patients

Young healthy people do not need prophylaxis against Covid 19. In young and healthy people, this infection causes mild cold-like symptoms. It is advantageous for these patients to be exposed to Covid-19, build up their antibodies and have their immune system clear the virus. This will facilitate the development of herd immunity and help prevent future Covid-19 pandemics. However, if these patients desire prophylaxis against Covid-19, then they should take the protocol noted below.

Moderate Risk Patients

Patients from this category are healthy but have high potential viral-load exposure. This group includes medical personnel, caregivers of high-risk patients, people who use public transportation, first responders and other essential personnel who are crucial to the continued functioning of society. These patients should be encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

High Risk Patients

Patients are considered high risk if they are over the age of 45, or if they are younger than 45 but they have comorbidities, that is, they have other health conditions that put them at risk. These patients have between a 5 to 10% mortality rate if they are infected with Covid-19. These patients should be strongly encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

Protocol for Low and Moderate Risk Patients:

Elemental Zinc: 25mg 1 time a day

Vitamin D3: 5000iu 1 time a day

Vitamin C: 1000mg 1 time a day

Quercetin: 500mg 1 time a day until a safe and efficacious vaccine becomes available. If Quercetin is unavailable, then use Epigallocatechin-gallate (EGCG) 400mg 1 time a day

Protocol for High Risk Patients:

Elemental Zinc: 25mg once a day

Vitamin D3: 5000iu 1 time a day

Hydroxychloroquine (HCQ): 200mg 1 time a day for 5 days, then 1 time a week until a safe and efficacious vaccine becomes available. If HCQ is unavailable, then use the Protocol for Low and Moderate Risk Patients.

References

1.Https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC7365891/ 2.Https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC7318306/

3.Https://Pubs.Acs.Org/Doi/10.1021/lf5014633

4.Https://Www.Preprints.Org/Manuscript/202007.0025/V1

Prophylaxis is an action taken to prevent or protect against a specified disease. Greek in origin, from the word "phylax", meaning "to guard" and "watching."

IMPORTANT: You must not rely on the information here as an alternative to medical advice from your doctor or other professional healthcare provider and if you have any specific questions about any medical matter, you should consult your doctor or other professional healthcare provider

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COVID-19 TREATMENT PROTOCOL

Fundamental Principles

To treat patients based on clinical suspicion as soon as possible, preferably within the first 5 days of symptoms. Perform PCR testing, but do not withhold treatment pending results.

Risk Stratify Patients

Low risk patient: Younger than 45, no comorbidities, and clinically stable High risk patient: Older than 45, younger than 45 with comorbidities, or clinically unstable

Treatment Options : Low risk patients:

Supportive care w	vith fluids, fever control, and rest
Elemental Zinc:	50mg 1 time a day for 7 days
Vitamin C:	1000mg 1 time a day for 7 days
Vitamin D3:	5000iu 1 time a day for 7 days
Optional over the	counter options:
Quercetin:	500mg 2 times a day for 7 days
or Epigallocatechi	in-gallate (EGCG) 400mg 1 time a day for 7 days

Treatment Options: Moderate / High risk patients

and/or lvermectin: 0.4-0.5mg/kg/day for 5-7 days

Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.

Other treatment options

Dexamethasone: 6-12mg 1 time a day for 7 days or Prednisone: 20mg 2 times/day for 7 days, taper as needed Budesonide: 1mg/2cc solution via nebulizer twice a day for 7 days Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin) Colchicine 0.6mg 2-3 times a day for 5-7 days

Monoclonal antibodies: Home IV fluids and oxygen

References

- 1.https://www.sciencedirect.com/science/article/pii/S0924857920304258
- 2.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/

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TRY TO KEEP PATIENTS OUT OF THE HOSPITAL

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^{3.}https://pubs.acs.org/doi/10.1021/jf5014633 4.https://vdmeta.com/ 5.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318306/

^{6.}https://pubs.acs.org/doi/10.1021/jf5014633 7.https://www.sciencedirect.com/science/article/pii/S0924857920304258 8.https://ivmmeta.com/

^{9.}https://www.nejm.org/doi/full/10.1056/NEJMoa2021436

^{10.}https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392554/

^{11.} https://www.medrxiv.org/content/10.1101/2021.01.26.21250494v1

COVID-19 GUIDANCE



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SUMMARY

Items in	n orange are available OTC, others	are prescrip	tion		
Prophylaxis			Treatment		
1000mg, daily	Vitamin C	same	1000mg, 7 days		
5000IU 125mcg, daily	Vitamin D3	double	10000IU 250mcg, 7 days OR 50000IU, 1-2 days		
25mg, daily	Elemental Zinc	double	50mg, 7 days		
	Zinc Ionophore				
500mg, daily OR	Quercetin	double -	500mg, 2x - 7 days OR		
400mg, daily OR	Epigallocatechin-gallate (EGCG)	same -	400mg, 1x - 7 days OR		
200mg, 5 days, 200-400mg weekly OR	Hydroxychloroquine (HCQ)	double	200mg, 2x - 5-7 days AND/OR		
0.2mg/kg, day 1 & 3, weekly	Ivermectin (IVM)*	double	0.4-0.5mg/kg, 5-7 days		
*Example: IVM dosage	for 200lb person (90kg) - Prophylax	is 18mg, Tre	atment 36mg-45mg		
	Antibiotic				
	Azithromycin (Z-PAK)	add	500mg, 1x - 5 days OR		
	Doxycycline	add	100mg, 2x - 7 days		
	Other Treatment Options		NV		
corticosteroid	Dexamethasone 6-12mg 1 time a day for 7 days or				
corticosteroid	Prednisone 20mg twice a day for 7 days, taper as needed				
corticosteroid	Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days				
blood thinners	Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)				
anti-inflammatory	Colchicine 0.6mg 2-3 times a day for 5-7 days				
	Monoclonal antibodies				
	Home IV fluids and oxygen				

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