Dióxido de cloro.
Eficacia y seguridad en los tratamientos de COVID-19:
"Primum non nocere"

HSS/MT
OPS/OMS
Septiembre 11, 2020

Contexto

- El uso de cualquier droga siempre presenta riesgos
- En las evaluaciones de seguridad, la eficacia es prioritaria. No se puede alcanzar un balance positivo de riesgo-beneficio en medicamentos que no han demostrado eficacia
- En este contexto, incluso una sospecha de daño se vuelve relevante

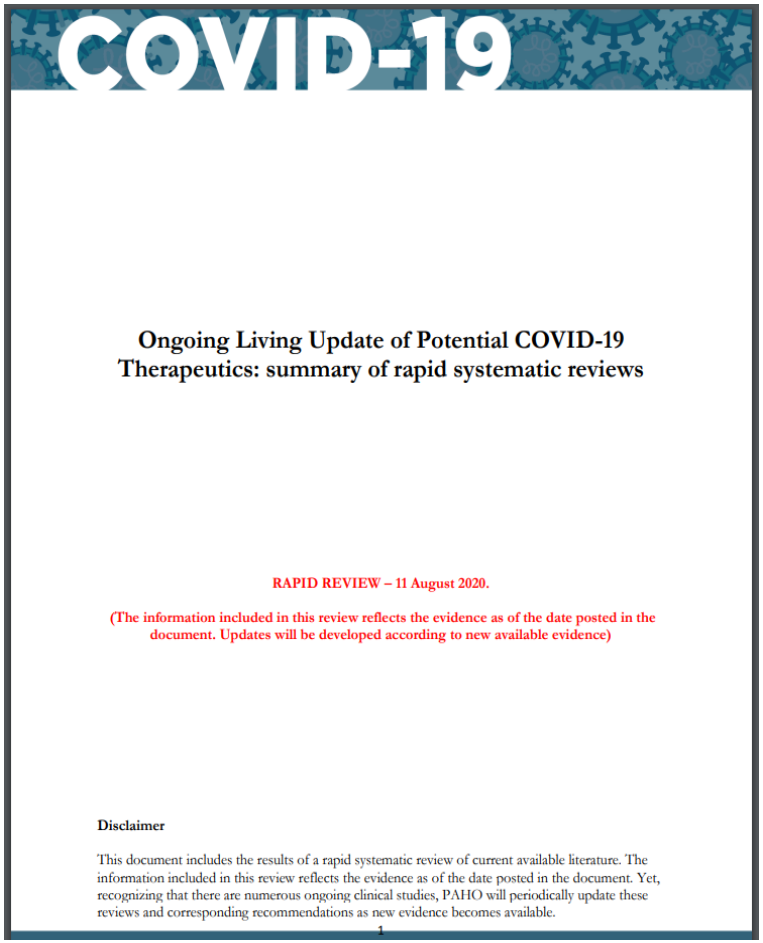
* Primero: eficacia.

* Seguridad: Ensayos clínicos, estudios observacionales, bases de datos.

* En todo caso: Evaluación de conjunto de evidencias, no orientada por la presión, aún excelentes revistas publican artículos de baja calidad.

* Obvio pero necesario recordar: No son las redes sociales “per se” fuentes de evidencias, sino medios de diseminación de Fuentes variadas….

Criterios y herramientas
"Tratamientos" de Covid-19



COVID-19

Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews

RAPID REVIEW – 11 August 2020.

(The information included in this review reflects the evidence as of the date posted in the document. Updates will be developed according to new available evidence)

Disclaimer

This document includes the results of a rapid systematic review of current available literature. The information included in this review reflects the evidence as of the date posted in the document. Yet, recognizing that there are numerous ongoing clinical studies, PAHO will periodically update these reviews and corresponding recommendations as new evidence becomes available.

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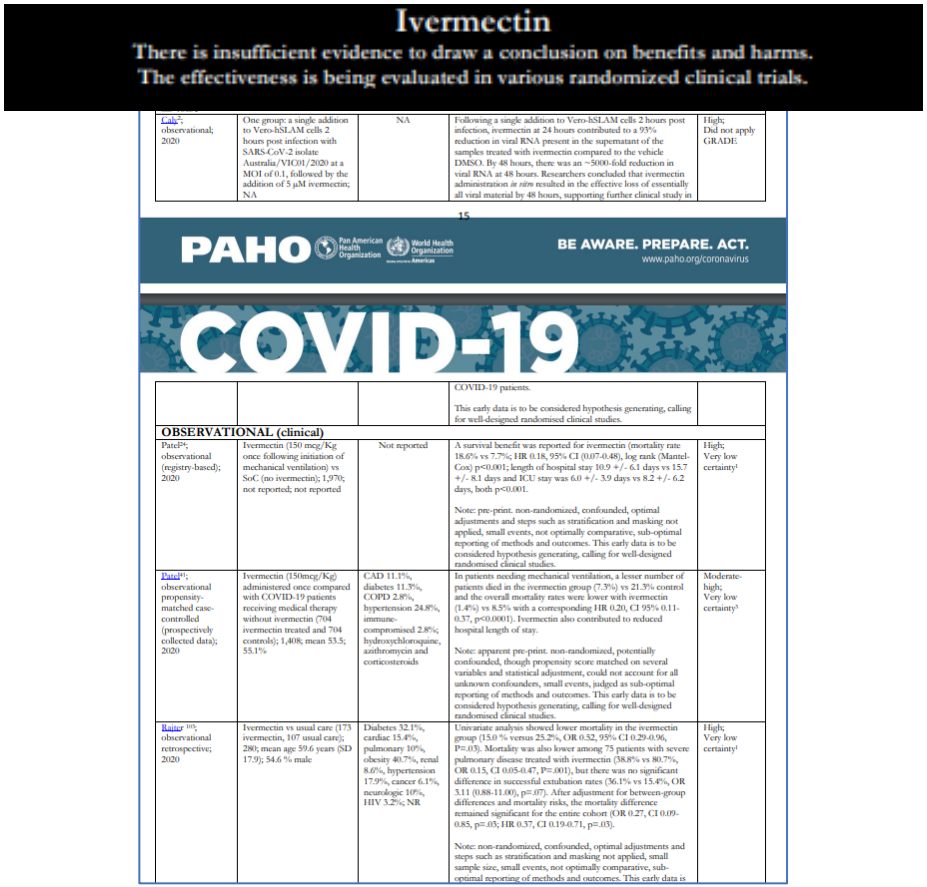

Ivermectin

There is insufficient evidence to draw a conclusion on benefits and harms.
The effectiveness is being evaluated in various randomized clinical trials.

Caly[2]; observational; 2020	One group: a single addition to Vero-hSLAM cells 2 hours post infection with SARS-CoV-2 isolate Australia/VIC01/2020 at a MOI of 0.1, followed by the addition of 5 μM ivermectin; NA	NA	Following a single addition to Vero-hSLAM cells 2 hours post infection, ivermectin at 24 hours contributed to a 93% reduction in viral RNA present in the supernatant of the samples treated with ivermectin compared to the vehicle DMSO. By 48 hours, there was an ~5000-fold reduction in viral RNA at 48 hours. Researchers concluded that ivermectin administration *in vitro* resulted in the effective loss of essentially all viral material by 48 hours, supporting further clinical study in	High; Did not apply GRADE

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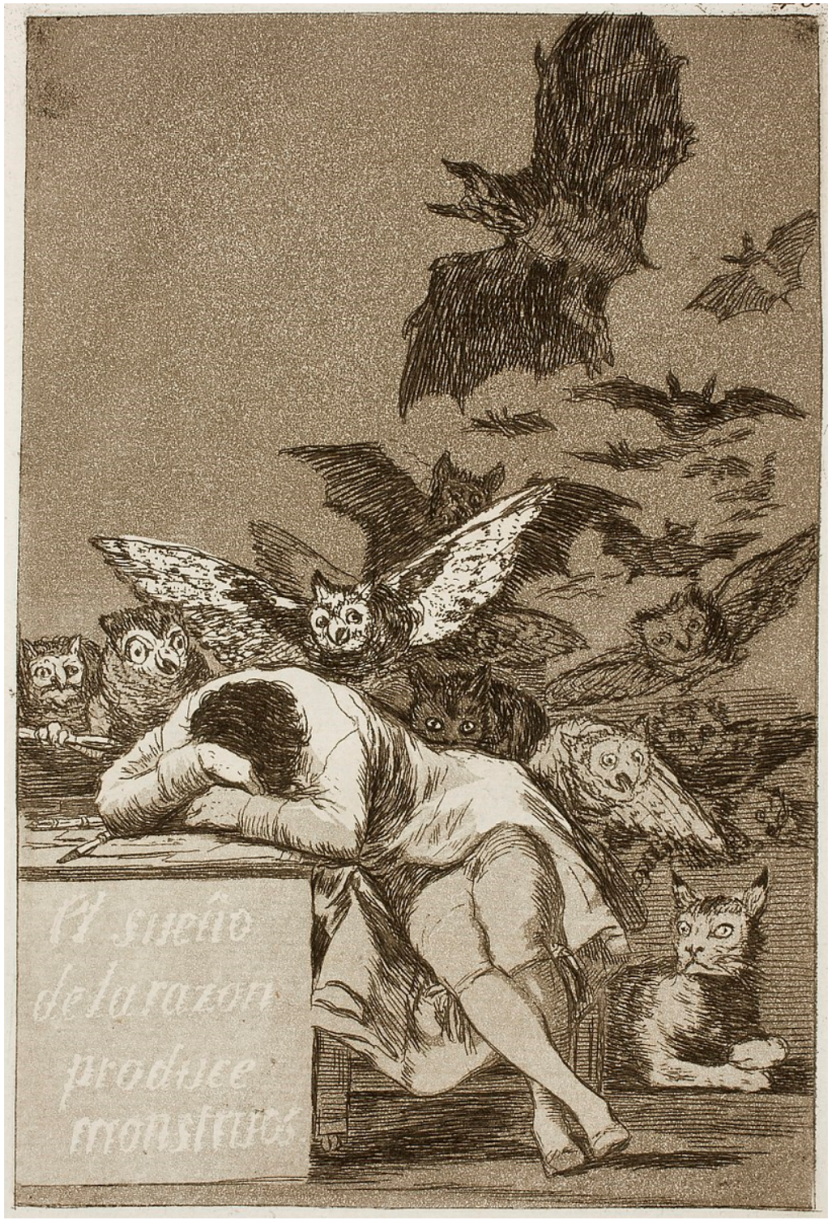
PAHO Pan American Health Organization World Health Organization Americas — BE AWARE. PREPARE. ACT. www.paho.org/coronavirus

COVID-19

			COVID-19 patients. This early data is to be considered hypothesis generating, calling for well-designed randomised clinical studies.	
OBSERVATIONAL (clinical)				
Patel[24]; observational (registry-based); 2020	Ivermectin (150 mcg/Kg once following initiation of mechanical ventilation) vs SoC (no ivermectin); 1,970; not reported; not reported	Not reported	A survival benefit was reported for ivermectin (mortality rate 18.6% vs 7.7%; HR 0.18, 95% CI (0.07-0.48), log rank (Mantel-Cox) p<0.001; length of hospital stay 10.9 +/- 6.1 days vs 15.7 +/- 8.1 days and ICU stay was 6.0 +/- 3.9 days vs 8.2 +/- 6.2 days, both p<0.001. Note: pre-print. non-randomized, confounded, optimal adjustments and steps such as stratification and masking not applied, small events, not optimally comparative, sub-optimal reporting of methods and outcomes. This early data is to be considered hypothesis generating, calling for well-designed randomised clinical studies.	High; Very low certainty[1]
Patel[25]; observational propensity-matched case-controlled (prospectively collected data); 2020	Ivermectin (150mcg/Kg) administered once compared with COVID-19 patients receiving medical therapy without ivermectin (704 ivermectin treated and 704 controls); 1,408; mean 53.5; 55.1%	CAD 11.1%, diabetes 11.3%, COPD 2.8%, hypertension 24.8%, immune-compromised 2.8%; hydroxychloroquine, azithromycin and corticosteroids	In patients needing mechanical ventilation, a lesser number of patients died in the ivermectin group (7.3%) vs 21.3% control and the overall mortality rates were lower with ivermectin (1.4%) vs 8.5% with a corresponding HR 0.20, CI 95% 0.11-0.37, p<0.0001). Ivermectin also contributed to reduced hospital length of stay. Note: apparent pre-print. non-randomized, potentially confounded, though propensity score matched on several variables and statistical adjustment, could not account for all unknown confounders, small events, judged as sub-optimal reporting of methods and outcomes. This early data is to be considered hypothesis generating, calling for well-designed randomised clinical studies.	Moderate-high; Very low certainty[1]
Rajter [10]; observational retrospective; 2020	Ivermectin vs usual care (173 ivermectin, 107 usual care); 280; mean age 59.6 years (SD 17.9); 54.6 % male	Diabetes 32.1%, cardiac 15.4%, pulmonary 10%, obesity 40.7%, renal 8.6%, hypertension 17.9%, cancer 6.1%, neurologic 10%, HIV 3.2%; NR	Univariate analysis showed lower mortality in the ivermectin group (15.0 % versus 25.2%, OR 0.52, 95% CI 0.29-0.96, P=.03). Mortality was also lower among 75 patients with severe pulmonary disease treated with ivermectin (38.8% vs 80.7%, OR 0.15, CI 0.05-0.47, P=.001), but there was no significant difference in successful extubation rates (36.1% vs 15.4%, OR 3.11 (0.88-11.00), p=.07). After adjustment for between-group differences and mortality risks, the mortality difference remained significant for the entire cohort (OR 0.27, CI 0.09-0.85, p=.03; HR 0.37, CI 0.19-0.71, p=.03). Note: non-randomized, confounded, optimal adjustments and steps such as stratification and masking not applied, small sample size, small events, not optimally comparative, sub-optimal reporting of methods and outcomes. This early data is	High; Very low certainty[1]

Francisco Goya, 1799



GRACIAS!