

Changes in SpO2 on room air for 34 severe COVID-19 patients after ivermectin-based combination treatment: 62% normalization within 24 hours

Supplementary Table S1. Changes in SpO2 for 34 COVID-19 patients treated with IVM, doxycycline and zinc. For the elapsed times of x=12, 24, and 48 hours after first IVM dose, the SpO2 value shown for a given patient is that at the latest post-treatment time $\leq x$. All pre-treatment SpO2 values are from within one hour before treatment. These values are as graphed in Figures 1, 2 and 3.

Age	Sex	SpO2 (%)			
		Pre-treatment	at +12 hours	at +24 hours	at +48 hours
25	M	79	92	93	93
32	F	88	95	95	95
35	M	87	95	95	95
37	M	92	99	99	98
38	F	76	88	89	91
40	F	93	-	99	99
42	M	90	90	90	93
44	F	89	93	93	93
44	M	87	93	93	94
45	M	83	96	95	95
49	F	66	90	90	90
50	F	89	93	93	93
50	M	92	-	95	95
52	F	90	93	93	93
55	F	82	-	-	91
55	M	81	-	88	92
56	F	87	93	94	94
57	F	84	-	89	88
58	M	85	94	94	94
58	M	89	95	95	95
59	M	79	82	85	85
59	M	92	93	93	93
61	F	87	-	98	99
61	F	92	-	96	96
62	M	88	89	93	91
62	M	91	94	94	94
66	M	85	84	84	84
66	M	88	94	94	94
68	M	89	95	95	95
68	M	90	-	96	96
71	F	89	-	94	95
75	M	80	92	90	90
80	F	85	91	91	91
≥90	M	88	95	98	98

Supplementary Table S2. Changes in SpO2 for 19 COVID-19 patients treated with IVM, doxycycline and zinc as reported by Hazan et al., 2022 [1]. The data shown are for the 19 of 24 patients who had SpO2 values recorded within 24 hours after first IVM dose, and whose pre-treatment SpO2 was $\leq 90\%$ (one patient with a pre-treatment SpO2 value of 97% was not included in the data shown).

Age	Sex	SpO2 (%)	
		Pre-treatment	within +24 hours
66	M	90.0	94.0
62	M	77.0	87.0
75	M	88.0	96.0
66	F	89.0	95.0
43	F	88.0	94.0
62	M	86.5	91.0
57	M	88.0	96.0
94	F	88.0	94.0
63	F	90.0	96.0
47	M	84.0	91.0
69	F	88.0	91.0
69	M	88.0	91.0
46	F	87.0	94.0
86	M	88.0	95.0
59	F	90.0	95.0
92	M	85.0	91.0
63	M	90.0	96.0
57	M	73.0	90.0
87	M	90.0	95.0

References

1. Hazan, S.; Dave, S.; Gunaratne, A.W.; Dolai, S.; Clancy, R.L.; McCullough, P.A.; Borody, T.J. Effectiveness of ivermectin-based multidrug therapy in severely hypoxic, ambulatory COVID-19 patients. *Future Microbiology* **2022**, 10.2217/fmb-2022-0014.