

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 10/21/2020 7:41:41 PM
To: [REDACTED] [Unknown] <[REDACTED]@protonmail.com>
Subject: Fwd: Oct 9 2021 US National Institutes of Health Recommends Against All COVID-19 Treatments in Ambulatory and Hospitalized Patients Not Requiring Oxygen

----- Forwarded message -----

From: Steven Hatfill <[REDACTED]>
Date: Wed, Oct 21, 2020 at 7:40 PM
Subject: Fwd: Oct 9 2021 US National Institutes of Health Recommends Against All COVID-19 Treatments in Ambulatory and Hospitalized Patients Not Requiring Oxygen
To: [REDACTED] Peter Navarro <[REDACTED]@protonmail.com>

Peter McCulloch has pointed out that the NIH COVID Treatment Panel now recommends against all forms of treatment (off-target antivirals, corticosteroids, and antithrombotics) in acutely ill COVID-19 patients in the ambulatory or hospital setting if they do not require supplemental oxygen.

This is sheer insanity and it will critically damage the United States and do nothing to bring the pandemic under control in this country.

It is outrageous and is intentionally being done right at elections.

Figure 1. Recommendations for Pharmacologic Management of Patients with COVID-19 Based on Disease Severity

DISEASE SEVERITY	PANEL'S RECOMMENDATIONS <i>(Recommendations are listed in order of preference in each category below; however, all options are considered acceptable.)</i>
<p>Not Hospitalized or Hospitalized but Does Not Require Supplemental Oxygen</p>	<p>No specific antiviral or immunomodulatory therapy recommended</p> <p>The Panel recommends against the use of dexamethasone (AI)</p> <p>See the Remdesivir section for a discussion of the data on using this drug in hospitalized patients with moderate COVID-19.^a</p>
<p>Hospitalized and Requires Supplemental Oxygen (but Does Not Require Oxygen Delivery Through a High-Flow Device, Noninvasive Ventilation, Invasive Mechanical Ventilation, or ECMO)</p>	<p>Remdesivir 200 mg IV for one day, followed by remdesivir 100 mg IV once daily for 4 days or until hospital discharge, whichever comes first (AI)^{b,c,d}</p> <p>or</p> <p>Remdesivir (dose and duration as above) plus dexamethasone^e 6 mg IV or PO for up to 10 days or until hospital discharge, whichever comes first (BIII)^f</p> <p>If remdesivir cannot be used, dexamethasone^e may be used instead (BIII)</p>
<p>Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation</p>	<p>Dexamethasone^d plus remdesivir at the doses and durations discussed above (AIII)^f</p> <p>or</p> <p>Dexamethasone^{d,e} at the dose and duration discussed above (AI)</p>
<p>Hospitalized and Requires Invasive Mechanical Ventilation or ECMO</p>	<p>Dexamethasone^{d,e} at the dose and duration discussed above (AI)</p> <p>or</p> <p>Dexamethasone^e plus remdesivir for patients who have recently been intubated at the doses and durations discussed above (CIII)^f</p>
<p>Rating of Recommendations: A = Strong; B = Moderate; C = Optional Rating of Evidence: I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies; III = Expert opinion</p>	

^a The Panel recognizes that there may be situations in which a clinician judges that remdesivir is an appropriate treatment for a hospitalized patient with moderate COVID-19 (e.g., a patient who is at a particularly high risk for clinical deterioration). However, the Panel finds the data insufficient to recommend either for or against using remdesivir as routine treatment for all hospitalized patients with moderate COVID-19.

^b Treatment duration may be extended to up to 10 days if there is no substantial clinical improvement by Day 5.

^c The Panel recognizes there is a theoretical rationale for initiating remdesivir plus dexamethasone in patients with rapidly progressing COVID-19.

^d For patients who are receiving remdesivir but progress to requiring oxygen through a high-flow device, noninvasive ventilation, invasive mechanical ventilation, or ECMO, remdesivir should be continued until the treatment course is completed.

^e If dexamethasone is not available, equivalent doses of other corticosteroids, such as prednisone, methylprednisolone, or hydrocortisone, may be used. See [Corticosteroids](#) for more information.

^f The combination of dexamethasone and remdesivir has not been studied in clinical trials; see text for the rationale for using this combination.

Key: ECMO = extracorporeal membrane oxygenation; IV = intravenously; PO = orally