

Ivermectin effect in COVID-19 varies with strongyloidiasis prevalence

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In trials of ivermectin as a treatment for COVID-19, the relative risk of

mortality varies with strongyloidiasis prevalence, according to research published online March 21 in *JAMA Network Open*.

Avi Bitterman, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues examined the association between regional prevalence of strongyloidiasis and [ivermectin](#) trial results for the outcome of mortality in a [meta-analysis](#) of randomized [clinical trials](#) using ivermectin as a treatment for COVID-19. Data were included from 12 [trials](#), with 3,901 patients: four and eight trials took place in regions of high and low strongyloidiasis prevalence, respectively.

The researchers found that there was no significantly decreased risk of mortality in ivermectin trials that took place in areas of low regional strongyloidiasis prevalence (relative risk, 0.84; 95 percent confidence interval, 0.60 to 1.18; $P = 0.31$). In contrast, a significantly decreased risk of mortality was seen in ivermectin trials that took place in areas of high regional strongyloidiasis prevalence (relative risk, 0.25; 95 percent confidence interval, 0.09 to 0.70; $P = 0.008$). The difference between the results of groups with low and high strongyloidiasis prevalence was significant. For each 5 percent increase in strongyloidiasis prevalence, meta-regression analysis revealed a decrease of 38.83 percent in relative risk.

"Results of ivermectin trials in strongyloidiasis-endemic regions may not extrapolate to strongyloidiasis-nonendemic regions," the authors write. "Future trials in nonendemic regions may provide insight into the true effect of ivermectin in this context. In the interim, we strongly caution against extrapolation for patients not at increased risk for strongyloidiasis."

More information: Avi Bitterman et al, Comparison of Trials Using Ivermectin for COVID-19 Between Regions With High and Low Prevalence of Strongyloidiasis, *JAMA Network Open* (2022). [DOI:](#)

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