

### **Hydroxychloroquine (HCQ) and Zinc Adult Protocols or suggested Regimens:**

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Breaking- if possibility of Chlamydia infection consider treatment- doxycycline or azithromycin, etc. \*\*

### **No symptoms but high risk over age 55 or with diabetes, hypertension, Black American, Native American, Indian American, blood type A, then lowest weekly/biweekly then triweekly dose**

HCQ 200 mg One pill every week x2 then every other week x2 then every month until the pandemic is over. \*

Daily zinc (at least Zinc 11mg if not 30mg or more), vitamin C (at least 1,000-2,000mg), vitamin D3(2,000IU or 5,000IU for diabetic patients) and/or if more convenient, a daily multi-vitamin with zinc.

### **Mild symptoms and or high risk with questionable symptoms:**

HCQ 200mg: One today one tomorrow and once a week x2 then every other week x2 then every third week until the pandemic is over (tapered to every other and every third week until the pandemic is over). \*

Daily zinc, vitamin c and d / daily multivitamin if possible, as above.

### **High risk likely exposed healthcare worker:**

HCQ 200mg each day for Three days (one today one tomorrow and one day after) for the first week and then one pill weekly x2 then every other week x2 then every third week until the pandemic is over. \*

Daily zinc, vita c and d / daily multivitamin if possible.

For Children please consider the risks of Chronic Covid and benefit of T-Cell immunity that may be helped by zinc and a zinc ionophore. Zinc ionophores are Green Tea, Elderberry, Quercetin or long acting Hydroxychloroquine with T ½ of 22 days.

Fractions of a hydroxychloroquine pill per month may help if asymptomatic, depending upon the weight of the child and larger adults may need slightly more.

### **If Covid-19 test positive and symptomatic then larger doses of HCQ 200mg twice a day x 5 days with Z-pack may be needed:**

1. Hydroxychloroquine 200mg twice a day for 5 days
2. Azithromycin 500mg once a day for 5 days
3. Zinc sulfate 220mg (50mg elemental Zinc) once a day for 5 days

Daily zinc vita c and d / daily multivitamin if possible. **Consider obtaining EKG prior to starting Azithromycin in combination with HCQ**

Consideration for treating with longer term hydroxychloroquine 200mg once every three weeks may be helpful.

### **Contacts Covid-19 positive people or low risk patients who desire added low risk protection:**

Hydroxychloroquine 200mg once every month (half a pill one day with food and half a pill the next).

If symptoms start, add a dose of HCQ200mg and get tested and call your physician for daily for more frequent dosing advice. \*

Daily zinc, vita c and d / daily multivitamin if possible.

\*If your sicker and you know it take an extra pill that day and call your physician right away. (HCQ200mg may be needed if symptoms persist or worsen on a day you did not already take the medication previously- may need as much as 5 days in a row then back to monthly) Consideration of additional antibiotics such as doxycycline, azithromycin, Levaquin or metronidazole aka flagyl if asthmatic or if pulmonary symptoms occur. Those who are overweight/obese must take hydroxychloroquine early and each day they have symptoms; there is a much higher likelihood of ending up needing Mechanical Ventilation.

\*\* [Chlamydia infection in lungs and cardiac tissue can cause significant pneumonia and coagulopathy](https://indiatribune.com/covid-19-chlamydia-bacteria-co-existence-a-major-cause-of-fatalities-study/) <https://indiatribune.com/covid-19-chlamydia-bacteria-co-existence-a-major-cause-of-fatalities-study/> and [more in isolation are sexually active and](#) Chlamydia cases increase. No over the counter treatment in USA so lung symptoms and coagulation are more likely if Chlamydia infection left untreated.

- Mutations are postulated to occur which may cause even those who rode out the disease previously to get a different version and experience similar symptoms and severity of disease perhaps now with permanently damaged heart and/or damaged lungs.
- Riding the disease out without some protection, including but not limited to low dose hydroxychloroquine may make surviving the next mutation more difficult.

**All of the above should be in consultation with your physician.**

Improving the Efficacy of Chloroquine and Hydroxychloroquine Against SARS-CoV-2 **May Require Zinc Additives** - A Better Synergy for Future COVID-19 Clinical Trials

[https://www.infezmed.it/media/journal/Vol\\_28\\_2\\_2020\\_9.pdf](https://www.infezmed.it/media/journal/Vol_28_2_2020_9.pdf)

**Hospital Protocols**

<https://spectator.org/a-report-from-the-front/> early HCQ as option

**Perhaps Hospitals give Hydroxychloroquine to much too late and don't allow prior to testing PCR positive.**

**Give small doses of HCQ early and perhaps monthly if asymptomatic with daily zinc and zinc ionophore best before PCR test is positive and before exposure.**

<https://pubmed.ncbi.nlm.nih.gov/21079686/>

**Country Recommendations of Hydroxychloroquine:**

Costa Rica: <https://qcostarica.com/hydroxychloroquine-the-drug-costa-rica-uses-successfully-to-fight-covid-19/>

Italy: <https://www.trustnodes.com/2020/03/29/italy-finally-starts-mass-treatment-with-hydroxychloroquine>

Turkey: <https://www.middleeasteye.net/news/coronavirus-turkey-hydroxychloroquine-malaria-treatment-progress>

<https://translate.google.com/translate?hl=en&sl=tr&u=https://www.cnnturk.com/turkiye/iste-turk-tipi-koronavirus-tedavisi-son-care-devreye-giriyor&prev=search>

Russia: [https://static-2.rosminzdrav.ru/system/attachments/attaches/000/049/949/original/%D0%92%D1%80%D0%B5%D0%BC%D0%B5%D0%BD%D0%BD%D1%8B%D0%B5\\_%D0%9C%D0%A0\\_COVID-19\\_%D0%B2%D0%B5%D1%80%D1%81%D0%B8%D1%8F\\_5.pdf](https://static-2.rosminzdrav.ru/system/attachments/attaches/000/049/949/original/%D0%92%D1%80%D0%B5%D0%BC%D0%B5%D0%BD%D0%BD%D1%8B%D0%B5_%D0%9C%D0%A0_COVID-19_%D0%B2%D0%B5%D1%80%D1%81%D0%B8%D1%8F_5.pdf)

Russian Health Ministry Recommendation for : Post contact prevention in individuals with a single contact with confirmed case of COVID-19

Hydroxychloroquine

1st day: 400 mg 2 times (morning, evening),

then 400 mg once a week for 3 weeks;

Page 110

Annex 10

Recommended COVID-19 Drug Prophylaxis Schemes Group Recommended scheme Healthy faces Recombinant interferon alpha. Drops or spray in each nasal passage 5 times a day, up to 1 month (single dose - 3000 ME, daily dose - ME). Post-exposure prophylaxis in individuals in single contact with a confirmed COVID-19 case 1. Hydroxychloroquine Day 1: 400 mg 2 times (morning, evening), further 400 mg once a week for 3 weeks; 2. Meflokin Days 1 and 2: 250 mg 2 times (morning, evening), Day 3: 250 mg per day, further 250 mg once a week for 3 weeks. COVID-19 prophylaxis for persons in the focus of infection 1. Hydroxychloroquine Day 1: 400 mg 2 times at 12 hour intervals, further 400 mg once a week for 8 weeks; 2. Meflokin

Days 1 and 2: 250 mg 2 times at 12 h intervals, day 3: 250 mg per day, further 250 mg once a week for 8 weeks.

India: Hydroxychloroquine is first line

Israel: took large shipment of hydroxychloroquine from India.