

# A Plan to Reopen an American State

by

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Multiple scientific studies have demonstrated that early prehospital treatment of Covid-19 reduces hospitalizations and death by more than 84%.<sup>1</sup> This means that out of 500,000 American Covid-19 deaths (as of February 22, 2021), **420,000** could have been prevented.

Prehospital treatment of high-risk patients with Covid-19 **must** become the standard of care. This common sense approach has been endorsed by hundreds of leading physicians across America, such as: Dr. Peter McCullough-Vice Chair of Internal Medicine at Baylor University Medical Center, Professor of Medicine at Texas A&M College of Medicine; Dr. Harvey Risch-Professor of Epidemiology in the Department of Epidemiology and Public Health at the Yale School of Public Health and Yale School of Medicine; Dr. George Fareed-Harvard Medical School graduate, Professor of Virology at Harvard, former Commissioned Officer (USPIIS) National Institute of Allergy and Infectious Diseases, NIH.

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<sup>1</sup> [COVID-19 outpatients: early risk-stratified treatment with zinc plus low-dose hydroxychloroquine and azithromycin: a retrospective case series study](#);  
[HCO is effective for COVID-19 when used early: real-time meta analysis of 208 studies](#);  
[Ivermectin is effective for COVID-19: real-time meta analysis of 41 studies](#)

The purpose of this document is to recommend a medical strategy to immediately curtail needless fatalities and to reopen state businesses and gathering places, such as, houses of worship, sports facilities, schools and recreational venues.

We urge Governors to issue an executive order and/or take any other legal steps as may be required to:

1. Strongly recommend that medical professionals follow the treatment protocol attached below for treating patients based on clinical suspicion or on positive test results of Covid-19 infection within the **first 5 days** of the onset of symptoms.
2. Require state governmental health authorities to educate their citizens on the treatment protocol attached below that has an 84% success rate in curing patients in the early stages of Covid-19 infection and saving lives. This educational drive should include publishing on websites and elsewhere clear delineations of the recommended treatment plans.
3. Allow physicians and pharmacies to prescribe and dispense the FDA-approved medications specified in the protocols, even if they are prescribed “off-label” for the treatment of COVID-19; and remove any legal or bureaucratic impediments that may inhibit Floridian patients from receiving these life-saving treatments.
4. Require state governmental health authorities to develop and implement a logistical plan to acquire and distribute to the entire state the medications specified in the protocols attached below.

5. Require state governmental health authorities to provide physicians with current and timely access to national-level and state-specific health care data so that the treatment may quickly commence in accordance with the risk-stratification specified in the protocols.

6. Strongly recommend that medical professionals encourage their moderate- and high-risk patients to follow the prophylaxis protocol attached below before they are infected.

7. Require state governmental health authorities to educate their citizens on the benefit of taking preventative measures, including following the prophylaxis protocol attached below. This educational drive should also include publishing on websites and elsewhere clear delineations of the recommended preventative plans.

8. The above strategy is designed to complement and work in synergy with other aspects of pandemic management such as spread prevention, hospital care and immunization with safe and effective vaccines when they become available (without coercion and with informed consent).

[Treatment Protocol and Prophylaxis Protocol attached below]

# Treatment Protocol for Patients with Covid-19 Symptoms

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## Fundamental Principles

Treat patients based on clinical suspicion as soon as possible, preferably within the first 5 days of symptoms. Do not withhold treatment pending confirmatory testing results.

## Risk Stratify Patients

Low risk patient - Younger than 45, no comorbidities, and clinically stable

High risk patient - Older than 45, younger than 45 with comorbidities, or clinically unstable.

Immediately upon the onset of symptoms, consider the following treatment options:

### Low risk patients

Supportive care with fluids, fever control, and rest

Elemental Zinc 50mg 1 time a day for 7 days<sup>2</sup>

Vitamin C 1000mg 1 time a day for 7 days<sup>3</sup>

Vitamin D3 5000iu 1 time a day for 7 days<sup>4</sup>

Optional over the counter options:

Quercetin 500mg 2 times a day for 7 days<sup>5</sup> **or**

Epigallocatechin-gallate (EGCG) 400mg 1 time a day for 7 days<sup>6</sup>

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<sup>2</sup> [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#)

<sup>3</sup> [Zinc Ionophore Activity of Quercetin and Epigallocatechin-gallate: From Hepa 1-6 Cells to a Liposome Model](#)

<sup>4</sup> [Vitamin D is effective for COVID-19: real-time meta analysis of 50 studies](#)

<sup>5</sup> [Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease \(COVID-19\)](#)

<sup>6</sup> [Zinc Ionophore Activity of Quercetin and Epigallocatechin-gallate: From Hepa 1-6 Cells to a Liposome Model](#)

### **Moderate / High risk patients**

Elemental Zinc 50-100mg once a day for 7 days

Vitamin C 1000mg 1 time a day for 7 days

Vitamin D3 10000iu once a day for 7 days or 50000iu once a day for 1-2 days

Azithromycin 500mg 1 time a day for 5 days **or**

    Doxycycline 100mg 2 times a day for 7 days

**Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days<sup>7</sup> and/or  
Ivermectin 0.4-0.5mg/kg/day for 5-7 days<sup>8</sup>**

Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.

### **Other treatment options**

Dexamethasone 6-12mg 1 time a day for 7 days<sup>9</sup> **or**

    Prednisone 20mg twice a day for 7 days, taper as needed

Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days<sup>10</sup>

Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)

Colchicine 0.6mg 2-3 times a day for 5-7 days<sup>11</sup>

Monoclonal antibodies

Home IV fluids and oxygen

[end treatment protocol]

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<sup>7</sup> [COVID-19 outpatients: early risk-stratified treatment with zinc plus low-dose hydroxychloroquine and azithromycin: a retrospective case series study](#)

<sup>8</sup> [Ivermectin is effective for COVID-19: real-time meta analysis of 41 studies](#)

<sup>9</sup> [Dexamethasone in Hospitalized Patients with Covid-19 — Preliminary Report | NEJM](#)

<sup>10</sup> [Inhaled corticosteroids in virus pandemics: a treatment for COVID-19?](#)

<sup>11</sup> [Efficacy of Colchicine in Non-Hospitalized Patients with COVID-19](#)

# **Prophylaxis Protocol for patients before they are infected**

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Prophylaxis is an action taken to prevent or protect against a specified disease. Greek in origin, from the word "phylax", meaning "to guard" and "watching."

## **Low Risk Patients**

Young healthy people do not need prophylaxis against Covid 19. In young and healthy people, this infection causes mild cold-like symptoms. It is advantageous for these patients to be exposed to Covid-19, build up their antibodies and have their immune system clear the virus. This will facilitate the development of herd immunity and help prevent future Covid-19 pandemics. However, if these patients desire prophylaxis against Covid-19, then they should take the protocol noted below.

## **Moderate Risk Patients**

Patients from this category are healthy but have high potential viral-load exposure. This group includes medical personnel, caregivers of high-risk patients, people who use public transportation, first responders and other essential personnel who are crucial to the continued functioning of society. These patients should be encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

## **High Risk Patients**

Patients are considered high risk if they are over the age of 45, or if they are younger than 45 but they have comorbidities, that is, they have other health conditions that put them at risk. These patients have between a 5 to 10% mortality rate if they are infected with Covid-19. These patients should be strongly encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

### **Prophylaxis for Low Risk Patients:**

Elemental Zinc 25mg 1 time a day<sup>12</sup>

Vitamin D3 5000iu 1 time a day<sup>13</sup>

Vitamin C 250-500mg 1 time a day<sup>14</sup>

Quercetin 250mg 1 time a day<sup>15</sup> **or**

Epigallocatechin-gallate (EGCG) 200mg 1 time a day<sup>16</sup>

### **Prophylaxis for Moderate / High Risk Patients:**

Vitamin D3 5000 IU/day or 50000iu once a week

Vitamin C 1000mg once a day

Zinc 25-50mg/day

**Hydroxychloroquine** (HCQ) 200mg once a day for 5 days, then HCQ 200-400mg one time a week<sup>17</sup> **or**

**Ivermectin** 0.2 mg/kg — one dose on day 1 and day 3, then take one dose weekly

[end prophylaxis protocol]

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<sup>12</sup> [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#)

<sup>13</sup> [Vitamin D is effective for COVID-19: real-time meta analysis of 50 studies](#)

<sup>14</sup> [Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease \(COVID-19\)](#)

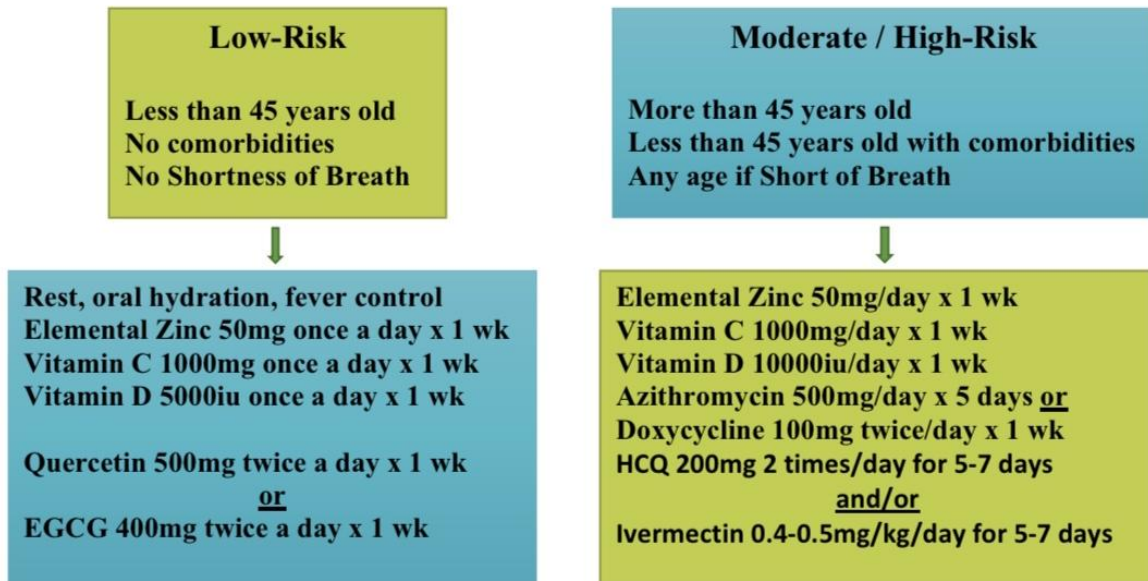
<sup>15</sup> [Zinc Ionophore Activity of Quercetin and Epigallocatechin-gallate: From Hepa 1-6 Cells to a Liposome Model](#)

<sup>16</sup> [Zinc Ionophore Activity of Quercetin and Epigallocatechin-gallate: From Hepa 1-6 Cells to a Liposome Model](#)

<sup>17</sup> [COVID-19 outpatients: early risk-stratified treatment with zinc plus low-dose hydroxychloroquine and azithromycin: a retrospective case series study](#)

# Zelenko Treatment Protocol +

Clinical Suspicion of Covid-19 Treatment Algorithm  
Risk Stratify Patients and Treat Immediately Based on Clinical Suspicion



Treatment options based on clinical judgement and patient presentation  
If patient is symptomatic more than 7 day, and/or appears toxic, and/or has  
very high risk for complications

**Other treatment options**

Dexamethasone 6-12mg/day x 1 wk or  
Prednisone 40mg/day x 1wk, taper as needed  
Budesonide 1mg/2cc via neb twice/day x 1wk  
Blood thinners (Lovenox, Eliquis, Xarelto,  
Pradaxa, Aspirin)  
Colchicine 0.6mg 2-3 times a day for 5-7 days  
Monoclonal antibodies  
Home IV fluids and oxygen



## Zelenko Prophylaxis Protocol

