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Correspondence

The treatment of COVID-19 illnesses has continued to improve in the outpatient setting, especially in those cases in which the patient presents to a physician early in the illness.

Since writing my "Up Close and Personal" article for the Journal in November 2020,¹ I have continued to aggressively treat COVID-19 infections as well as COVID-like illnesses in my office. I have seen more than 150 patients who presented with various signs and symptoms of COVID-19 infections.

I have used hydroxychloroquine or ivermectin along with azithromycin or doxycycline as well as vitamins C, D3, and Zinc. Only one patient has died! She was in her late 70s, had COPD, and her personal physician would NOT see her! Her son and daughter-in-law came to my office one morning with COVID symptoms that they had had for about 10-12 days. As they were leaving, the son asked me to see his mother. I agreed to do so. They lived next door and had been in and out of her home while they were ill. His mother had had symptoms for about 10-12 days as well. When she arrived at my office, her pulse oximeter read about 95 percent on room air, she had no shortness of breath or cough, just loss of her smell and taste, with achiness and a headache. Regeneron was not yet available in Covington. I started her on hydroxychloroquine and azithromycin with the vitamins. A couple of days later, she developed shortness of breath with a cough. When her son called me about

her change in condition, I sent her to the emergency room of our local hospital. She had developed bilateral pneumonia and died several days later.

Despite the negative press these medicines have received, I am convinced that we can help people with COVID illnesses if we can treat them early and aggressively. I would encourage your readers to continue to treat their patients, for example, with the medical protocol Peter McCullough et al.² have presented.

I should also mention that one of my nursing home stroke patients who survived COVID-19 last August was placed in a room with a younger stroke patient in the fall of 2020. The younger stroke patient contracted COVID-19 in January. My older patient who had had COVID in August has shown no signs of a recurring illness despite being in the room with the "new" COVID patient.

Likewise, I continue to treat COVID patients and have not had a recurrence of my illness. This experience suggests that immunity lasts at least 6 months.

George L. Smith, III, M.D.
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