

(English version)

**Question for written answer E-001906/26
to the Commission
Gerald Hauser (Pfe)
(8 May 2026)**

Subject: Ivermectin was and continues to be permitted for use in the treatment of COVID-19

The Austrian Supreme Administrative Court ruled in a final judgment that ivermectin was and continues to be permitted to be prescribed for the treatment of COVID-19 ⁽¹⁾.

Doctors are obliged to provide conscientious care to patients. This may even go beyond 'conventional medical' knowledge if the patient's well-being so warrants it. What matters is whether a medicine is necessary. There is extensive scientific literature on ivermectin, as well as clinical experience from doctors, which proves precisely this ⁽²⁾. Ivermectin has been successfully and safely used against COVID-19 throughout the world, including in several EU Member States. EMA and WHO recommendations to use ivermectin only in clinical trials are not legally binding. Guidelines cannot replace the treating physician's expertise and freedom to choose a course of treatment.

1. Why was ivermectin, which has been on the WHO list of essential medicines for decades, not recommended by the Commission and the EMA for the treatment of COVID-19?
2. Why was the use of ivermectin even hindered by the Commission and the EMA using all means available?
3. What conclusions does the Commission draw from the fact that, according to scientific literature, around half of the COVID-19 deaths in the EU could have been prevented if the patients had received ivermectin?

Submitted: 8.5.2026

**Answer given by Mr Várhelyi on behalf of the European Commission
(9 July 2026)**

As the Commission pointed out in its reply to written questions E-004556/2021 and P-003029/2023, evidence during the COVID-19 pandemic showed that no clinical data from appropriately conducted trials were available to support the claim that ivermectin is efficacious to prevent or treat COVID-19, while bearing a significant risk of toxicity at higher than approved doses (which would be required to be effective against SARS-Cov-2).

Ivermectin medicines are not authorised for use in COVID-19 in the EU and the European Medicines Agency (EMA) has not received any application for such use either.

EMA published a press release ⁽¹⁾ in March 2021, explaining why it advised against the use of ivermectin for the prevention or treatment of COVID-19 outside randomised clinical trials.

The EMA's preliminary assessment of the analysis referenced in the footnote of the parliamentary question shows that such analysis does not appear to have been published in a peer reviewed scientific journal. It also shows that the analysis findings are likely subject to significant methodological limitations.

In particular, the analysis combines a large number of heterogeneous studies, including those of low quality and, in some cases, potentially biased or unreliable, and merges non-comparable data into a single pooled estimate.

Moreover, sufficiently rigorous quality assessment or control measures do not seem to have been applied in the analysis. Taken together, these limitations are likely to bias the analysis towards demonstrating an apparent treatment effect, even where higher-quality evidence does not confirm such findings.

¹ https://www.ris.bka.gv.at/Dokument.wxe?SkipToDocumentPage=True&Abfrage=Vwgh&Dokumentnummer=JWT_2025090078_20260223L00.

² <https://c19early.org/imeta.html>.

⁽¹⁾ <https://www.ema.europa.eu/en/news/ema-advises-against-use-ivermectin-prevention-or-treatment-covid-19-outside-randomised-clinical-trials>.