



INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

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8th October, 2021

Case Number before Hon'ble Prime Minister of India	PMOPG/E/2021/0539805
Case Number before Hon'ble President of India	PRSEC/E/2021/28462
Case Number before Central Vigilance Commission	185934/2021/vigilance-7

MOST URGENT

To,

1. Hon'ble Prime Minister of India
2. Hon'ble Home Minister of India
3. Hon'ble Health Minister of India

With copy to:

4. Hon'ble Chief Ministers of all States in India
5. Hon'ble Health Ministers of all the States in India

Sub: 1. Immediate direction to C.B.I. for investigation and prosecution under Section 52, 409, 420, 115, 109, 323, 511, 120(B) etc. of Indian Penal Code, Sec. 54 of Disaster Management Act and provisions of Prevention of Corruption Act against Dr. Randeep Guleria, and others for misuse and fraud on power in:

- i) Giving Emergency Use Authorization for Children's Vaccines, when there is no emergency as there is no serious threat to children;

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- ii) Running false narratives and conspiracy theories to create fear in the mind of parents, children and teachers about Covid-19, when children are most safe and not having any serious risk from infection from SARS-CoV-2.
- 2. Immediately directing investigation about corruption being done to give undeserving advantage of around Rs. **80,000 Crores** to children's Vaccine manufacturers.
- 3. Immediate direction for stopping any process for including children's corona vaccines in National Immunization Programme.

Sir/Madam,

1. The research available with the Government and specifically pointed out by thousands of renowned doctors worldwide and also made available to Hon'ble Prime Minister of India by hundreds of doctors in their representation dated **05.10.2021** and also by Shri. Bhaskaran Raman Department of Computer Science and Engineering, IIT, Powai in his letter dated **6th July, 2021** the following crucial things emerges:

- (i) Children don't get affected with Covid-19. If infected, they generally remain asymptomatic or exhibit mild symptoms and do not get severe disease.

[Admitted by our Health Minister Shri. Mansukh Mandaviya.

Link: <http://164.100.47.193/Loksabha/Questions/QResult15.aspx?qref=24892&lsno=17>]

- (ii) The doubt raised by the honest scientific community about the rush to vaccinate children who are at essentially zero risk.

Link: <https://www.lifesitenews.com/opinion/leave-those-kids->

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- (iii) As per recent example in UK, the death of school children increased by 400% due to vaccination.

Link: <https://theexpose.uk/2021/10/05/ons-data-shows-400-percent-increase-male-children-deaths-since-they-had-covid-vaccine/>

- (iv) On one hand, our children have acquired immunity post Covid and on the other hand these experimental vaccines wherever in the world they are rolled out, are not found to be safe enough, so it is totally irresponsible and unethical to go ahead with any vaccine roll out for children.

According to new study, teenage boys are six times more likely to suffer heart problems from Covid-19 vaccine than to be hospitalised from Covid.

“The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. Such data may not be available for several months.”

- (v) Given that the inoculations were tested only for a few months and only very short-term adverse effects could be obtained, it is questionable how well even these short-term effects obtained from the clinical trials reflect the short-term effects from the initial mass inoculation results reported in VAERS.

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

- (vi) When overall mortality rates are nearly 0% percent for children, and we don't have long term studies, no universal drive for vaccinating all comorbid children should be started.
2. A copy of representation sent by 'Indian Doctors For Truth' & Prof. Bhaskaran Raman Department of Computer Science and Engineering, IIT, Powai, Mumbai are annexed herewith. 'Annexure - A'.
 3. That, it is a prerequisite for any decision that not only the injection must be proven safe, but its necessity must also be shown in terms of risk. Neither of these 'musts' have been met.
 4. However, few corrupt official are involved in a criminal conspiracy and running false narratives and conspiracy theories with ulterior motive to reap profits for vaccine companies.
 5. In furtherance of said conspiracy, they are giving interviews, public statements and building the atmosphere for vaccination of children.

Many corrupt politicians, Ministers and bureaucrats are involved in the conspiracy.

6. That, Dr. Randeep Guleria in his interview had propagated false narrative that vaccination of children is the only way to get rid of the pandemic. The article published is as under;

***" Vaccination Of Children Only Way To Get Rid Of Covid
Pandemic: AIIMS Chief."***

Link: <https://www.ndtv.com/india-news/vaccination-of-children-only-way-to-get-rid-of-covid-pandemic-aiims-chief-dr-randeep-guleria-2561838>

7. That the conspiracy theories and narrative run by Dr. Randeep Guleria and other is proven to be false many times. Recently in Harvard

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Business School, UK there was a Covid-19 outbreak even if the 96% students were vaccinated. The positivity rate of outbreak was 12 times higher than that of rest of Harvard.

Link: <https://theexpose.uk/2021/10/01/harvard-business-school-shuts-down-after-massive-covid-19-outbreak-despite-almost-all-students-being-fully-vaccinated/>

8. That recently there is 400% of increase in death of school children due to vaccination.

Link: <https://theexpose.uk/2021/10/05/ons-data-shows-400-percent-increase-male-children-deaths-since-they-had-covid-vaccine/>

9. The record also shows and it is observed by Division Bench of Hon'ble High Court that the vaccinated person can get infected with corona and he can also be a super spreader. Many vaccinated people died due to corona and also due to side effects of vaccines.
10. This proves falsity, dishonesty and criminality of Dr. Randeep Guleria. By giving such false statement irresponsibly and trying to create fear by false alarm makes it clear that, he is not acting for the welfare of public at large but for the sole motive to give undue profit to vaccine companies. It is an offence under Section 54 in the Disaster Management Act, 2005. It reads thus;

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

- 10.1. In fact attempts of Dr. Randeep Guleria are actuated with ulterior

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purposes to push the children to the risk of death and it is an offence punishable under section 115 of Indian Penal Code.

Section 115 of Indian Penal Code reads thus;

“115. Abetment of offence punishable with death or imprisonment for life - if offence not committed. - Whoever abets the commission of an offence punishable with death or 1[imprisonment for life], shall, if that offence be not committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; If act causing harm be done in consequence. - and if any act for which the abettor is liable in consequence of the abetment, and which causes hurt to any person, is done, the abettor shall be liable to imprisonment of either description for a term which may extend to fourteen years, and shall also be liable to fine.

Illustration: A instigates B to murder Z. The offence is not committed. If B had murdered Z, he would have been subject to the punishment of death or 1[imprisonment for life]. Therefore A is liable to imprisonment for a term which may extend to seven years and also to a fine; and if any hurt be done to Z in consequence of the abetment, he will be liable to imprisonment for a term which may extend to fourteen years, and to fine.

CLASSIFICATION OF OFFENCE

Para II: Punishment - Imprisonment for 14 years and fine - According as offence abetted is cognizable or non-cognizable - non-bailable - Triable by court by which offence abetted is triable - Non-compoundable."

11. The vested interest of corrupt members of National Task Force, ICMR, AIIMS, PHFI, DGHS, NTAGI, NAEFI Committee, ITSU, DCGI, CDSCO etc. are ex-facie clear and also exposed in the notice for proceedings under Contempt & Section 80 of C.P.C. dated 23.09.2021 issued to Hon'ble Health Minister Shri. Mansukh Mandaviya.

A copy of said notice is annexed herewith and it is also available at following link.

Link: https://drive.google.com/file/d/160ksZL71vi9rgxstf21_-dyf9jDVAfvf/view?usp=sharing

12. Under these circumstances the act of Shri. V.G. Somani Drug Controller General of India in granting Emergency Use Authorization to vaccine for children is itself sufficient to draw an inference of his corrupt motives and ulterior purposes.

13. That section 52 of I.P.C. reads as under;

"52. "Good faith". - Nothing is said to be done or believed in "good faith" which is done or believed without due care and attention."

14. That, Hon'ble Supreme Court in Noida Vs Noida (2011) 6 SCC 508, had ruled as under;

"Undue haste without urgency proves malafides of the said public servant. C.B.I. should be directed to investigate the case."

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15. In Raman Lal Vs. State 2001 Cri.L.J. 800, it is ruled as under;

“Conspiracy – I.P.C. Sec. 120 (B) – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal omission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Co-conspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against petitioner who is a Judge of Constitutional Court cannot be quashed.”

16. That earlier also many children died and around 4,50,000 children suffered lifetime disability due to unnecessary polio vaccine programme sponsored by Vaccine Syndicate’s Kingpin Bill Gates.

Link: <https://greatgameindia.com/bill-gates-agenda-in-india-exposed-by-robert-kennedy-jr/>

17. Parliamentary Committee’s 72nd report exposing corruption by ICMR and other officials involved in conspiracy to help vaccine syndicate sponsored by Bill and Melinda Gates Foundation and also responsible for offences of murder of female children. Supreme Court judgment upheld the evidentiary value of Report Parliamentary Committee.

17.1. That, the ‘toxic philanthropist’ and ‘vaccine Syndicate’ Kingpin Mr. Bill Gates, through his foundation ‘Bill & Melinda Gates Foundation’ had sponsored a vaccine trial in India by name ‘Program for Appropriate Technology in Health (PATH)’. In the said program, they have

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malafidely, unauthorisedly, illegally and unlawfully conducted trials of HPV vaccines i.e. Human Papilloma Virus (HPV) on female school children in India.

- 17.2. The said program was funded by Bill & Melinda Gates Foundation.
- 17.3. Said illegal act has resulted into death of 8 female children in states of Gujarat and Andhra Pradesh in the year 2010.
- 17.4. Government of India constituted a parliamentary committee of 31 members to enquire the matter.
- 17.5. The committee submitted its 72nd report on 30th August, 2013 in Rajya Sabha.
- 17.6. In the said enquiry report, it is specifically concluded that the program was to serve the ulterior, commercial interests of vaccine manufacturer to include the said vaccine in universal immunization programme which would have generated windfall profit for the manufacturer(s) by way of automatic sale year after year, without any promotional or marketing expenses.
- 17.7. The committee also concluded that the officers of Indian Council of Medical Research (ICMR), in an unauthorized manner, had signed Memorandum of Understanding (MoU) in 2007 even before the vaccines were approved for use in the country, which actually happened in the year 2008.

The decision of ICMR of committing itself to promote the drug for inclusion in the Universal Immunization Programme (UIP) without an independent study regarding its utility was strongly objected. It was suggested that the investigation should be done by the premier investigation agency i.e. C.B.I. and appropriate legal action be taken

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against them.

- 17.8. A copy of 72nd Report of Parliamentary Committee dated 30.08.2013 and it is available at following link.

Link: <http://164.100.47.5/newcommittee/reports/EnglishCommittees/Committee%20on%20Health%20and%20Family%20Welfare/72.pdf>

18. Recommendation of the Parliamentary Committee asking for investigation and legal action against Bill Gates and officials of ICMR.

- 18.1. That the recommendations are as under;

"7.13. Coming to the instant case, it is established that PATH by carrying out the clinical trials for HPV vaccines in Andhra Pradesh and Gujarat under the pretext of observation/ demonstration project has violated all laws and regulations laid down for clinical trials by the Government. While doing so, its sole aim has been to promote the commercial interests of HPV vaccine manufacturers who would have reaped windfall profits had PATH been successful in getting the HPV vaccine included in the UIP of the Country. This is a serious breach of trust by any entity as the project involved life and safety of girl children and adolescents who were mostly unaware of the implications of vaccination. The violation is also a serious breach of medical ethics. This act of PATH is a clear cut violation of the human rights of these girl children and adolescents. It also deems it an established case of child abuse. The Committee, therefore,

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recommends action by the Government against PATH. The Committee also desires that the National Human Rights Commission and National Commission for Protection of Children Rights may take up this matter from the point of view of the violation of human rights and child abuse. The National Commission for Women should also suomotu take cognizance of this case as all the poor and hapless subjects are females.

7.14. The Ministry of Health and Family Welfare should without wasting time report the violations indulged in by PATH to international bodies like WHO and UNICEF so as to ensure that appropriate remedial action is initiated by these agencies worldwide.

7.15. The Committee also desires that the Ministry of Health and Family Welfare may take up the matter through the Ministry of External Affairs with the US Government so as to ensure that appropriate action is taken against PATH under the laws of its country of origin in case of any violations of laws there.

6.26. The Committee observes that the wrongful use of the NRHM logo for a project implemented by a private, foreign agency as well as the identification of this project with the UIP has adversely affected and damaged the credibility of the programme as well as that of the NRHM. The Committee, therefore, recommends that such practices of diverting public funds for advancing interests of a private agency should never be allowed in future. The Committee strongly recommends that strict action should be taken

against those officials responsible for such lapses.

6.27. Besides, the Committee notes that no information had been provided to Indian authorities about funding of the project except that it was reportedly funded by Bill and Melinda Gates Foundation and that the vaccines had been donated by the manufacturers. The information regarding financial investments of ICMR and State Governments in the project was not provided, though the States clearly provided cold chain and manpower for immunization. The Committee, accordingly, observes that it might have been more prudent if the National Technical Advisory group on Immunization (NTAGI) had been brought into the picture right in the beginning to review and give its views on the study prior to its approval and implementation.

7.11. The Committee is concerned that if PATH can set up an office in India so easily without getting the required mandatory approvals/permissions, then individuals and entities inimical to the interest of the country can do the same. The Committee expresses its concern that paper and shell companies can be easily registered in many jurisdictions and then set up a place of business in India as "Liaison offices" with no questions being asked. It is surprising that security and intelligence agencies did not raise an eyebrow on the way a foreign entity entered India virtually incognito through the backdoor. The Committee desires that such incidents should not be allowed in future. The Government should tighten the rules lest one day foreign citizens, with deep roots in

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organizations/nations inimical to India, set up offices in the country to engage in anti-national and/or unlawful activities.

6.29. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations.

2.5. The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation. Had PATH been successful in getting the HPV 4 vaccine included in the universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing

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expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination. To achieve this end effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as "Observational Studies" or "Demonstration Project" and various such expressions. Thus, the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined and self-servicing nomenclature which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining three countries viz. Uganda, Vietnam and Peru. The Government should take up the matter with the Governments of these countries through diplomatic channels to know the truth of the matter and take appropriate necessary action, accordingly. The Committee would also like to be apprised of the responses of these countries in the matter.

3.18. The Committee feels that there was serious dereliction of duty by many of the Institutions and individuals involved. The Committee observes that ICMR representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH in promoting the interests of manufacturers of the HPV Vaccine. 7 3.19 It was unwise on the part of ICMR to go in the PPP mode with PATH, as such an involvement gives rise to grave Conflict of

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Interest. The Committee takes a serious view of the role of ICMR in the entire episode and is constrained to observe that ICMR should have been more responsible in the matter. The Committee strongly recommends that the Ministry may review the activities of ICMR functionaries

involved in PATH project.

6.10. The Committee notes that once this matter was taken up by it, the Government appointed an Inquiry Committee on 15 April, 2010 to inquire into 'alleged irregularities in the conduct of the studies using HPV vaccines by PATH in India'. The Committee has noted the serious conflict of interest of members of this Inquiry Committee with the subject matter. The Committee, therefore, strongly deprecates the Government for appointing a committee to inquire into such a serious matter in such a casual manner even without ascertaining as to whether any of the members of the said Inquiry Committee were having any conflict of interest with the subject matter of inquiry.

6.17. The Committee, accordingly, concludes that most, if not all consent forms, were carelessly filled-up and were incomplete and inaccurate. The full explanation, role, usefulness and pros and cons of vaccination had not been properly communicated to the parents/guardians. The Committee observes that there is a gross violation of the consent and legal requirement of consent which had been substantiated by the experts. The Committee takes a

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serious view of the violations and strongly recommends that on the basis of the above facts, PATH should be made accountable and the Ministry should take appropriate action in the matter including taking legal action against it for breach of various laws of the land and

possible violations of laws of the Country of its origin.

6.29. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations."

18.2. That, the evidentiary value and legality of the above report and its use as per **section 74** of the Evidence Act is again confirmed by the Constitution Bench of the Supreme Court in the case of **Kalpna Mehta Vs. Union Of India (2018) 7 SCC 1.**

The above order is passed after hearing the Bill Gates entity 'PATH'.

18.3. Even otherwise, as per Section 35 of the Evidence Act, and as per the

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law laid down by the Full Bench in P.C. Reddiar's case AIR 1972 SC 608, it is clear that the findings of compensation to public can be based on above said report.

18.4. On the basis of the findings of above mentioned Committee and considering all other material available on record, it is sufficient to draw a conclusion that the accused Bill Gates is a habitual offender and he, along with his organized crime syndicate, needs to be punished forthwith by constituting a special court or Tribunal headed by former

CJI R.M. Lodha or any other deserving Judge with special provisions of disposing of each claim within 2 months fixed as maximum time limit and allowing only one appeal before a special Bench of the Supreme Court and that too be decided within 3 weeks of filing.

19. That, it is therefore requested for:

1. Immediate direction to C.B.I. for investigation and prosecution under Section 409, 420, 115, 109, 323, 511, 120(B) etc. of Indian Penal Code and provisions of Prevention of Corruption Act against Dr. Randeep Guleria, and others for misuse and fraud on power in:

- i) Giving Emergency Use Authorization for Children's Vaccines, when there is no emergency as there is no serious threat to children;

- ii) Running false narratives and conspiracy theories to create fear in the mind of parents, children and teachers about Covid-19, when children are most safe and not having any serious risk from infection

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from SARS-CoV-2.

2. Immediately directing investigation about corruption being done to give undeserving advantage of around Rs. **80,000 Crores** to children's Vaccine manufacturers.
3. Immediate direction for stopping any process for including children's corona vaccines in National Immunization Programme.

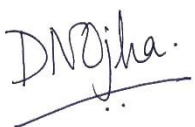


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PMOPG/E/2021/0539124

7.10.21

To,

The Hon'ble Prime Minister of India,

Sub: Urgent Need To Rectify The Current Utter Disregard For Science While Deciding Corona Related Measures Which Have Special Worrying Effects On Children.

Dear Sir,

Indian Doctors for Truth has already written a letter to you on July 21st, 2021 regarding the **Urgent need to stop the overzealous universal vaccination drive against Covid-19.**

<https://docs.google.com/document/d/1YkNVv6hHuHk9YAW8jkS0sfPhajZ8hqbAwBgmomlQwHk/edit>

While there has been no response to that letter and the vaccination drive still continues, the 4th round of sero-survey has vindicated the stand taken in that letter. Sadly, as unscientific measures continue to be implemented, harming the adult population, their livelihood, health and life in general, more urgent matters have come up with regard to the health of our children. **Clearly our policies with regard to Covid-19 do not match the prevailing scientific knowledge and opinion of experts in the field.**

CHILDREN OF INDIA SHOULD NOT BE GIVEN THIS NOT FULLY APPROVED (APPROVED FOR RESTRICTED USE ONLY) COVID-19 VACCINE WITHOUT ANY KNOWLEDGE OF LONG-TERM EFFECTS AS THEY HAVE ALREADY DEVELOPED IMMUNITY AND ARE AT NO RISK OF SEVERE COVID.

In the light of the fact that the majority of children in our country have recovered from Covid and on an average 56% of them have antibodies without developing serious disease, **there is no scientific basis to expect children to be more affected in the 3rd wave and policies**

should be framed accordingly. AIIMS Director, Dr Randeep Guleria and The Indian Academy of Paediatrics have given statements to this effect. (1, 2)

Sri Mansukh Mandaviya, Minister for Health and Family Welfare, in an answer to Lok Sabha on 23rd July 2021 said, *"There is however no scientific evidence either from India or globally, to show that children get disproportionately infected with Covid-19 including delta variant. Children, if infected, generally remain asymptomatic or exhibit mild symptoms and do not get severe disease."*

<http://164.100.47.193/Loksabha/Questions/QResult15.aspx?qref=24892&lsno=17>

So why is there a push to vaccinate children despite there being no threat to them and plenty of evidence in favour of naturally acquired immunity?

Experts have confirmed that letting children catch Covid may be safer than giving them vaccines. Allowing children to catch Covid may be better than exposing them to the "risk" of vaccines, a member of the Joint Committee on Vaccination and Immunisation (UK) has said. (3)

<https://www.telegraph.co.uk/politics/2021/06/20/jvci-scientists-left-dark-whether-children-will-offered-covid/>

"There is no scientific evidence that any wave would affect children disproportionately," said epidemiologist Dr Chandrakant Lahariya in a panel discussion on CNBC-TV18. He was responding to NIDM and others unnecessarily creating a scare. ***"Children do not need to take vaccine shot to go to school," he said.*** (4)

The same view has been reiterated by experts in Government arranged programs, opined in public forums and when asked by the press. (5, 6, 7)

Latest preprint study of eminent Stanford epidemiologist, Dr John Ioannidis, representing 14 countries, points to a survival **rate of 99.9973% up to the age of 19.** (8)

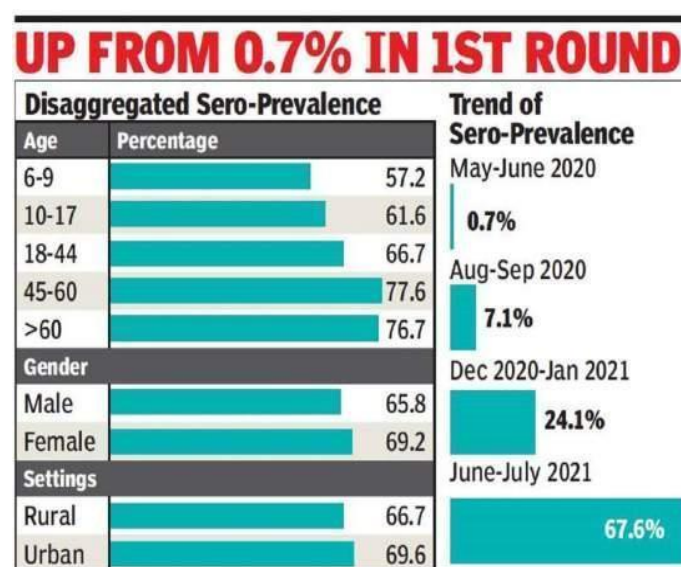
Considering that children get very mild disease, scarce resources would be better utilized for providing Wholesome Nutrition for children. "In our country, 2,200 children die of malnutrition every day. As per information available till now, Covid-19 does not make children severely ill. Even today, I do not think you will find so many children dying of Covid-19 in a



month [as they do of malnutrition]. In a nutshell, I can say Covid-19 remains a very mild disease for children.” Dr Sanjay Rai, AIIMS.

<https://thewire.in/health/in-2018-more-than-14-indian-children-died-every-hour-due-to-pneumonia-un-study>
<https://www.newsclick.in/difficult-predict-how-many-waves-Covid-19-india-vaccine-specialist-sanjay-rai>

Key findings of the Sero-Survey:



<https://blog.forumias.com/explained-icmrs-fourth-serosurvey-and-its-findings/>

Linking Multisystem Inflammatory Syndrome in children (MIS-C) to Covid-19 has been the cause of much needless fear and worry amongst parents. However, most children who develop Multisystem Inflammatory Syndrome (MIS-C) after infection with SARS-CoV-2 recover relatively quickly and without significant sequelae, according to a research letter published online in JAMA Paediatrics.

<http://www.medscape.com/viewarticle/957534>

On the one hand our children have already acquired immunity post Covid infection and on the other hand these experimental vaccines wherever they are rolled out, are not found to be safe enough, so it is totally irresponsible and unethical of us to go ahead with any vaccine roll out for children.



Worldwide a cascade of serious Adverse Effects have been seen in adults and children in 2021 after the Emergency Use Authorisation was granted for restricted use of Covid-19 vaccines. (9)

When scientific evidence shows that there is absolutely no need for our children to be vaccinated, it is incomprehensible that Clinical Trials and EUA for vaccinating children are underway in India. According to new study, teenage boys are six times more likely to suffer heart problems from Covid-19 vaccine than to be hospitalised from Covid,

<https://dailysceptic.org/2021/09/10/teenage-boys-six-times-more-likely-to-suffer-heart-problems-from-vaccine-than-to-be-hospitalised-from-covid-according-to-new-study/>

While giving advice for vaccinating children in the UK, JCVI categorically said, “The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. Such data may not be available for several months.”

<https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021>

Even in the US where the vaccine has been rolled out questions are being raised by the scientific community about the risk vs benefit of the Covid-19 vaccine, as this extensive study in Science Direct paper reveals. The study raises two important issues. *“First, that there is no data to justify the inoculation of children, much less most people under forty.”*

“Secondly, it questions the rush to vaccinate a group at essentially zero risks. Given that the inoculations were tested only for a few months and only very short-term adverse effects could be obtained, it is questionable how well even these short-term effects obtained from the clinical trials reflect the short-term effects from the initial mass inoculation results reported in VAERS.”

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>



As per a recent report in Children's Health Defense titled "*Safety Signals for COVID Vaccines Are Loud and Clear. Why Is Nobody Listening?*", the question raised above have been confirmed by a large study/analysis comparing the results of adverse effects between Flu vaccines and Covid vaccines when mass inoculation started.

The Adverse Effects comparison with flu vaccines for the age group 12 to 17 years, you see that for every million vaccine doses administered, there were 25 times more reports to VAERS for COVID-19 vaccines than for flu vaccines, 34 times more serious events, 32 times more deaths, 7 times more reports of Guillain-Barré syndrome (GBS) and 1251 times more reports of myopericarditis. (10)

Knowing how gene based vaccines are causing side-effects way beyond expected limits in age groups having the least risk from Corona, we strongly oppose the EUA given to Zydus Cadila's DNA vaccine ZyCoV-D.

<https://timesofindia.indiatimes.com/india/govt-plans-covid-vaccines-for-comorbid-kids-aged-12-17-by-october-november/articleshow/86184764.cms>

"This week's U.S. data for 12- to 17-year-olds show:

- ***19,827 total adverse events, including 1,169 rated as serious and 19 reported deaths.***
- ***2,972 reports of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to Pfizer's vaccine.***
- ***488 reports of myocarditis and pericarditis (heart inflammation) with 481 cases attributed to Pfizer's vaccine.***
- ***106 reports of blood clotting disorders, with all cases attributed to Pfizer."***

<https://childrenshealthdefense.org/defender/vaers-cdc-covid-deaths-vaccine-injuries/>

Dr Rajesh Kulkarni, Dept. of Paediatrics, BJ Govt. Medical College and Sassoon General Hospital has been quoted saying "severe acute malnutrition with anaemia in children could also be a risk factor for severe Covid. *"Nearly 12 malnourished children in the study developed severe Covid."* If we are particularly worried about malnourished children, our planning for these children should focus on large scale nutrition programs and not vaccines. (11)



http://timesofindia.indiatimes.com/articleshow/86408882.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

NTAGI chairman Dr N K ARORA has said that Vaccination of healthy children would commence next year, but the immunization of kids with comorbidities would start next month. When overall mortality rates are nearly 0% percent for children, and we don't have long term studies, no universal drive for vaccinating all comorbid children should be started. Only depending on the severity of the comorbidity, parents and the treating physician should be left to decide the need for the vaccine. We are also deeply concerned that malnutrition will be considered a comorbidity and thus a reason to vaccinate lakhs of undernourished children in the country.

http://timesofindia.indiatimes.com/articleshow/86520048.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Opening the schools without any restrictive measures is another important issue that needs urgent attention. UNICEF has said that closing schools during the pandemic was the biggest mistake. There is no relation between Pandemic and schools functioning.

<https://news.un.org/en/story/2020/12/1079462>

It is also important to take into consideration a German Court Verdict, that masks, distancing and regular testing of children for Covid-19 should not be done. These measures are not only not useful but are actually harmful. (Ref. Weimar Local Court, Order dated 08.04.2021, Ref.: 9 F 148/21) (12)

While children are the urgent focus of attention, adults are also affected by the complete unscientific attitude of our experts, who are deciding our Public Health Policy, even after having deeper understanding of Covid-19 and knowing that we have the capacity to fight it. This in turn is impacting the economic health of the nation and the future of our children.

We have to pay attention to what prominent Epidemiologists of our country are saying about handling of the Covid-19 when community transmission has set in. Quarantine and isolation has no meaning today since seroprevalence is high.

Insisting that the 3rd wave is a stretch of someone's imagination, Dr Jayaprakash Muliyl, epidemiologist and chairperson, Scientific Advisory Committee, National Institute of Epidemiology, says that



“There is no need to keep doing RT PCR tests. Only those who are symptomatic should be tested. [ICMR](#) has also said this. It’s extremely rare to see a child under 12 years of age dying of Covid. It is less than one in one lakh.” (13)

Another Epidemiologist, Dr Amitav Banerjee, Professor & Head, Community Medicine and Clinical Epidemiologist at Dr DY Patil medical college, Pune, writes:

“First, let us consider the futility and utility of testing and tracing. From the scientific perspective, testing and tracing do not make any sense once community transmission has set in.” (14)

As advised by WHO, testing and tracing are not useful in a community when a large portion of the community is already infected, which is the case in our country as shown by recent sero-surveys. (15)

A study in Singapore has also indicated that even asymptomatic infections provide robust and lasting immunity and therefore our sero-prevalence data, as shown above, is proof enough of lasting immunity. There is therefore no need for a vaccine drive. (16)

While most Virologists and Epidemiologists now agree that there will not be any third wave, while attributing the seasonal increase in respiratory diseases in the April-May 2nd wave to the Delta variant. (17)

Our analysis of the data clearly shows that even the infectiousness of Delta variant has not been proven by the data. Inexplicably, the percentage of Delta variant was shown to increase from 53.9 % in the month of April to 83.3% in July, the number of cases actually started declining by Mid-April and touched the baseline by the end of May. Increase in percentage of Delta variant had no effect on increase in cases.

Similarly, vaccination had no effect on the number of cases as Vaccination peaked in the month of June and cases started falling much before that. (18)

While the Delta variant itself is irrelevant as can be seen, saying that we require 80 to 85% of people to have antibodies is more illogical.

The serosurvey done in June-July this year will not include the people who were infected in the year 2020 because antibodies decline in around 4 months but these people continue to be immune to infection because of cellular immunity. All the serosurveys conducted during last year showed 30 to 50 % of people had antibodies in their blood. (Full details in our previous



letter referenced above). If this scientific fact is taken into account practically everyone in our country is immune.

Amongst all the data being collected on the basis of RT-PCR test, we should not forget the fact RT-PCR test itself is nonspecific and is not diagnostic, as shown in the CDC document. (19)

Considering all the scientific facts presented above,

WE DEMAND:

- 1. All Covid-19 vaccine clinical trials on children should be stopped.**
- 2. The Covid-19 vaccination for children should not be rolled out even if vaccines are given EUA for restricted use, and no vaccines, currently under trial, to be given EUA.**
- 3. Immediate reopening of schools and colleges without any delay or restrictions as advised by experts.**
- 4. No testing of asymptomatic children at school or home**
- 5. No experimental and unapproved drugs should be used in the treatment of children who test positive and/or have Influenza Like Illness (ILI) rather children should be subject to standard of care using proven, tested and repurposed drugs and Ayush protocols under an Integrated Medicine Healthcare approach. It is our experience that experimental drugs have proved harmful for adults in the 1st and 2nd wave.**
- 6. No testing, tracing, quarantine at mass level either routinely or as part of job, earning activity, entry to certain places or for travel as has been scientifically advised once community transmission has set in.**

Indian Doctors for Truth seek the opportunity to meet with you at the earliest to discuss the issues pertaining to the Covid-19 pandemic and the various countermeasures adopted for the Citizens of this Country. We look forward to a favourable reply.



Yours Faithfully,

Indian Doctors for Truth & Concerned Citizens of India,

Dr. Maya Valecha, MD, DGO, Bharuch

Dr. Ajay Gupta, MBBS, MS-Ortho (AIIMS), New Delhi

Dr. Amitav Banerjee, MD, Community Medicine, PD in Clinical Epidemiology, Pune

Dr. Tarun Kothari, MBBS, MD, New Delhi

Dr. Priya Mohod Shirsat, MBBS, CIDESCO (Zurich), DGA, DBC, DBT, Mumbai

Dr. Banu Prakash A.S., Neurosurgeon, MBBS, MS, MCh.NS, PGIMER,

Dr. Praveen Saxena, Radiologist & Clinical metal toxicologist, MBBS, DMRD Osmania

Dr. Lalitkumar Anande, MBBS, PG Diploma in Clinical Research, Mumbai

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Dr. Ajita Gill, MBBS, Delhi

Dr. Rajiv Nangrani , MBBS, Pune

Dr. Manoj Krishna, MBBS, DNB Family Medicine, Lucknow, UP

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Dr. Swati Thakur , MBBS , Himachal Pradesh

Dr. Renu Mahtani, MD Internal Medicine, Pune



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Neema sudhakar, BAMS, Bangalore
Dr. Saurav Agarwal, MD (Ayu), Siliguri, West Bengal
Dr. Gaurav Gaba, BAMS, Rajasthan
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Dr Joshila khaitan, BHMS, Kollam, Kerala
Dr. Rekha AR , BAMS, MD, Tamil Nadu
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THAMPI NAGARJUNA , Indian Indigenous Medical Practitioner (Vaidyar), Kochin
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Dr. Barin Kumar Roy, Kolkata

Dr. Gaurav Shrivastav, Indore

Dr. Kapileswar Mishra, Bhubaneswar

Dr. Ramhari Tanaji Kadam, Pandharpur

Dr. S. Ramesh, Visakhapatnam

Dr. Tukaram Narayan Sawant, Pandharpur

Dr. V J Reddy, Hyderabad

Medha Patkar, Mumbai

Aruna Rodrigues, Mhow, Madhya Pradesh

Darryl D'Souza, Goa

Jagannath Chatterjee, Orissa

Nisha Koiri, Naturopath, Mumbai

Jagdish Chanda, Kolkata, West Bengal

Virender Singh, Haridwar

Saraswati Kavula, Hyderabad, Telangana

Vikash Diwan, Gaya, Bihar

Feroze Mithiborwala, Mumbai

Bhaskaran Raman, Professor, Department of CSE, IIT Bombay

Loretta Rodrigues, Goa

Narasimha Reddy Donthi, Hyderabad

Dola Dasgupta, Maharashtra

Rahul Goswami, Goa

Rosamma Thomas, Pala, Kottayam, Kerala

Pritam Sinha, Bangalore

Many citizens have endorsed this letter and their signatures can be found after the references.



References:

1. "Data from Indian states, including the latest and fourth national sero survey, shows that children have already got Covid-19 infection at a similar or even higher rate than adults (mostly asymptomatic and with far lower rate of moderate to severe disease). Therefore, they are already protected and not at additional risk,"
The Indian Association of Preventive and Social Medicine.
<https://timesofindia.indiatimes.com/india/health-experts-body-calls-for-reopening-all-schools/articleshow/85991181.cms>
2. AIIMS Director Dr. Randeep Guleria on Monday pointed out that though it has been said children will be infected the most during the third Covid-19 wave, the Pediatrics Association has stated that this is not based on facts. It might not impact children and so people should not fear, he added.

The Indian Academy of Pediatrics (IAP) has said that though children remain susceptible to infection, it was "highly unlikely that the third wave will predominantly or exclusively affect children". It also said that there was no evidence to suggest that most children with Covid-19 infection will have severe disease in the third wave.

<https://indianexpress.com/article/india/will-covid-third-wave-hit-children-hard-7328435/>

3. Professor Robert Dingwall said children may be "better protected by natural immunity generated through infection than by asking them to take the 'possible' risk of a vaccine".
<https://www.telegraph.co.uk/news/2021/06/30/letting-children-catch-covid-may-safer-exposing-vaccine-risk/>
4. Indian Doctors, led by epidemiologist Dr Chandrakant Lahariya have refuted reports of any COVID-19 wave affecting children disproportionately. They have also asked the government to immediately counter such misinformation. The remarks came after a committee of experts, constituted by the National Institute of Disaster Management (NIDM), said that children will have a similar risk as adults
<https://www.cnbctv18.com/healthcare/no-scientific-evidence-that-any-covid-wave-will-affect-kids-disproportionately-say-experts-10477581.htm>



5. Third Covid wave unlikely to hit children, say experts in a joint webinar organised by the Times Group and the Uttar Pradesh government. In the discussion where the Health Minister of UP was present it was clearly said that there was no biological reason for children to be affected in the 3rd wave.
http://timesofindia.indiatimes.com/articleshow/85054688.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
6. Speaking on disinformation and misinformation during the Infodemic Pandemic eSummit, Dr Sanjay Kumar Rai, president of the Indian Public Health Association and professor at the Department of Community Medicine, AIIMS, said, “The combination of misinformation and disinformation, which is called infodemic, has been happening since the outbreak of the Covid-19 pandemic. However, the recent example of misinformation is that – the third wave of Covid will impact children – this is complete misinformation as there is no scientific basis behind it.
<https://indianexpress.com/article/india/talk-about-third-wave-of-covid-affecting-children-is-complete-misinformation-aiims-professor-7408519/>
7. Dispelling the much-hyped fear that the third wave will impact kids, Dr Jugal Kishore, the head of community medicine at Safdarjung Hospital, said that a recent survey done by Pimpri Chinchwad Municipal Corporation of Pimpri in the Pune district shows that 70 percent of kids in the 6 to 18 age group have already got antibodies against the disease.
“The United Kingdom kept its schools open even when Covid-19 was at its peak in the country. It is because they believe that keeping children away from regular classes will have a detrimental impact on their mental growth and, second, kids are the least vulnerable of Covid-19 of all age groups” said Dr Sanjay Rai, professor, community medicine, All India Institute of Medical Sciences, Delhi.
Even countries like Sweden never shut down their schools and colleges despite having more than 9000 active cases a day in December 2020 when they had witnessed the first wave.
<https://www.outlookindia.com/website/story/india-news-govt-must-open-educational-institutions-in-a-staggered-manner-now-health-experts/387590>



8. Until people hit their seventies, all age groups have survival rates well over 99%:

0-19: 99.9973%

20-29: 99.986%

30-39: 99.969%

40-49: 99.918%

50-59: 99.73%

60-69: 99.41%

70+: 97.6% (non-institutionalized)

70+: 94.5% (institutionalized and non-institutionalized)

Across all countries, the median IFR in community-dwelling elderly and elderly overall was 2.4% (range 0.3%-7.2%) and 5.5% (range 0.3%-12.1%). IFR was higher with larger proportions of people >85 years. Younger age strata had low IFR values (median 0.0027%, 0.014%, 0.031%, 0.082%, 0.27%, and 0.59%, at 0-19, 20-29, 30-39, 40-49, 50-59, and 60-69 years).

<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>

9. *These are official statistics and those who produce them, MHRA, EMA and VAERS, concede that they are much higher, (10 to 100 times higher) than the figures they have released. In some of the tables on this page a more realistic picture is illustrated.*

<https://johnplatinumgoss.com/covid-19-vaccination-statistics/>

Covid-19 Injection Damage: EU, UK AND US SUMMARY		Estimated Numbers if those reported were just:	
		1%	10%
Region and data entry cut off date	Total Reported	Total	Total
UK Fatalities - 15th September 2021	1,662	166,200	16,620
EUdra Fatalities - 25th September 2021	26,041	2,604,100	260,410
US Fatalities - 17th September 2021	15,386	1,538,600	153,860
Total Fatalities	43,089	4,308,900	430,890
UK Injuries - 15th September 2021	1,204,555	120,455,500	12,045,550
EUdra Injuries - 25th September 2021	2,422,321	242,232,100	24,223,210
US Injuries - 17th September 2021	3,398,835	339,883,500	33,988,350
Total Injuries	7,025,711	702,571,100	70,257,110
UK Reports - 15th September 2021	363,676	36,367,600	3,636,760
EUdra Reports - 25th September 2021	988,544	98,854,400	9,885,440
US Reports - 17th September 2021	726,616	72,661,600	7,266,160
Total Number of Reports	2,078,836	207,883,600	20,788,360



10. *“The first thing to notice is that for every type of adverse event for every age group, there were more reports per million doses of COVID-19 vaccines than for flu vaccines. If you look at the bottom row for all age groups (12 and older), you see that for every million vaccine doses administered, there were 19 times more reports to VAERS for COVID-19 vaccines than for flu vaccines, 28 times more serious events, 91 times more deaths, 3 times more reports of Guillain-Barré syndrome (GBS), 276 times more reports of coagulopathy; 126 times as many reports of myocardial infarction; and 136 times more reports of myopericarditis.”*

Table 1 (below) shows a comparison of VAERS reports for COVID-19 vaccines versus flu vaccines per million doses administered for a range of different event types and age groups.

Ages	All Reports	Serious Reports	Death	GBS	Coagulopathy	Myocardial Infarction	Myo-pericarditis
12-17	25	34	32	7	74	n.e.	1251
18-49	26	25	64	3	226	403	81
50-64	18	26	85	3	239	121	22
65+	11	30	98	3	370	88	10
Overall	19	28	91	3	276	126	136

Notes: The COVID-to-Flu ratio is the ratio of the COVID-19 reporting rate to the flu reporting rate per million vaccine doses. All differences between COVID-19 and flu reporting rates are statistically significant. Myocardial infarctions for 12-17 year-olds is non-estimable (n.e.) because there were no reports of M.I. for flu vaccines in that age group. GBS is Guillain-Barré Syndrome. Flu reporting rates represent the total reports to VAERS across the 2015/16 to 2019/20 flu seasons for each age group. Covid-19 reporting rates include all reports to VAERS for COVID-19 vaccines for each age group from Dec. 15, 2020 through Aug. 6, 2021. Vaccine doses estimated using data from the CDC and the US Census Bureau. COVID-19 vaccination totals are from Aug. 5, 2021. All reports with SARS-CoV-2 infection or COVID-19 were excluded from counts. Only reports that originated from U.S. states and D.C. were included.

“The ratios for myopericarditis put the full significance of these results into perspective, since it is an officially recognized side effect of COVID-19 vaccines, especially among men under age 50. See for example this FDA press release and the below slide from an Aug. 30 CDC presentation to the ACIP:”



Expected vs. Observed reports after mRNA vaccination dose 2, 7-day risk period (N=765)*				
Age group, years	Females		Males	
	Cases of myopericarditis, expected	Cases of myopericarditis, observed	Cases of myopericarditis, expected	Cases of myopericarditis, observed
12–15*	0–3	12	1–5	117
16–17*	0–2	15	0–3	121
18–24*	1–8	24	1–11	213
25–29*	1–6	16	1–9	56
30–39	2–21	10	2–19	72
40–49	2–22	22	2–19	45
50–64	4–40	15	4–35	13
65+	4–44	6	4–36	8

* As of Aug 18, 2021; assumes a 7-day observation window, with 765 of 897 reports after mRNA vaccines occurring during Days 0–6 after vaccination; counts among 12–29 years from reports meeting case definition for myopericarditis; expected estimates for females 12–29 years adjusted to reflect reduced incidence in this age group

<https://childrenshealthdefense.org/defender/safety-signals-covid-vaccines-full-transparency-cdc-fda/>

11. A new study by investigators from the US Centers for Disease Control and Prevention (CDC), found underlying Medical Conditions Associated With Severe COVID-19 Illness Among Children. Children with the highest risk of severe COVID-19, marked by ICU admission, IMV, or death, were those with type 1 diabetes; cardiac and circulatory congenital anomalies; and epilepsy and/or convulsions.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780706>

12. **Weimar Local Court, Order dated 08.04.2021, Ref.: 9 F 148/21**

The compulsion imposed on school children to wear masks and to keep their distance from each other and from third parties harms the children physically, psychologically, pedagogically, and in their psychosocial development, without more than a marginal benefit at best for the children themselves or third parties. (As per surveys done by Robert Koch Institute, RKI) 100,000 elementary school students would have to put up with all the side effects of wearing masks for a week to prevent just one infection per week.

A (regular) compulsion to mass test asymptomatic children, i.e. healthy people, for which there is no medical indication, cannot be imposed because it is out of proportion to the effect that can be achieved (and) puts children under psychological pressure, because their ability to attend school is constantly put to the test. The probability of



actually being infected when receiving a positive result in mass testing with rapid tests, regardless of symptoms, is only two percent at an incidence of 50 (test specificity 80%, test sensitivity 98%). This would mean that for every two true-positive rapid test results, there would be 98 false-positive rapid test results, all of which would then have to be retested with a PCR test. (RKI)

<https://2020news.de/wp-content/uploads/2021/05/ENGLISH-TRANSLATION-COMplete-DOCUMENT->

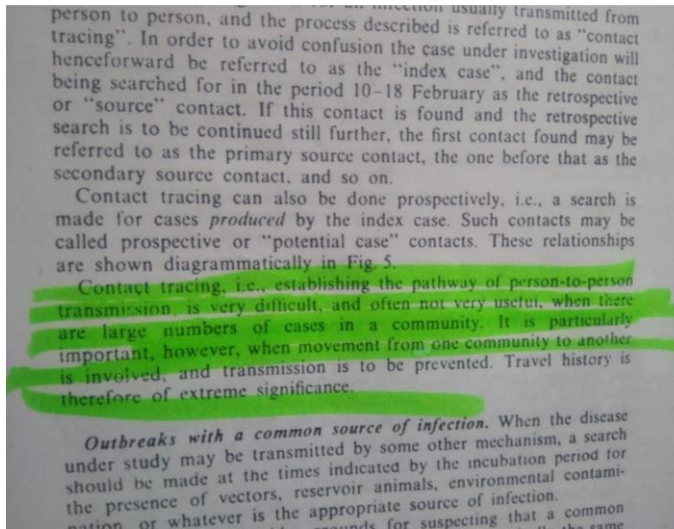
[Amtsgericht Weimar 9 F 148 21 EAO Beschluss anonym 2021 04 08-en.pdf](#)

13. *“While the third wave itself is an impossibility, children getting affected is just an imagination,”* says Dr Jayaprakash Muliyil, epidemiologist and chairperson, Scientific Advisory Committee, National Institute of Epidemiology *“I am sure there will be outbreaks here and there, but the third wave is a stretch of someone’s imagination.”* For a wave to be created, the virus must have enough people who are susceptible. And those who are susceptible don’t live together in a corner.
http://timesofindia.indiatimes.com/articleshow/85676611.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
14. The fourth round of serosurvey conducted by Indian Council of Medical Research (ICMR), showed that 67.6% of Indians had antibodies. What can be inferred is that a staggering 92 crores plus Indians have developed immunity either due to natural infection, mostly, or due to vaccination. Around the time of the survey less than 5% of the population was fully vaccinated and around 20% had taken both doses of the vaccine. So, we can assume that around 75 crore people in our country had acquired immunity from having recovered from natural infection.

The cases identified by the “test, treat, isolate” strategy stood at a minuscule of around 3 crores. So, by intense contact tracing efforts of Herculean proportions (or Thorian proportions!) we have been able to detect only 4% of the cases in the country. **Dr Amitav Banerjee, Professor & Head, Community Medicine and Clinical Epidemiologist at Dr DY Patil medical college, Pune.**
<https://www.nationalheraldindia.com/health/healthwise-cost-of-chasing-the-impossible>



15. WHO Publication: Public Health Action in Emergencies Caused by Epidemics
Prepared by P. Bres, Formerly Chief, Virus Diseases, WHO



16. Antonio Bertoletti, a professor of infectious disease at Duke-NUS Medical School in Singapore, has conducted research that indicates T cells may be more important than antibodies. Comparing the T cell response in people with symptomatic versus asymptomatic covid-19, Bertoletti's team found them to be identical, suggesting that the severity of infection does not predict strength of resulting immunity and that people with asymptomatic infections ``mount a highly functional virus specific cellular immune response.``

Le Bert N, Clapham HE, Tan AT, et al. Highly functional virus-specific cellular immune response in asymptomatic SARS-CoV-2 infection. J Exp Med 2021;218:e20202617. .doi: 10.1084/jem.20202617 pmid: 33646265

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927662/>

17. The third wave of Covid-19 was unlikely to be as severe as the second and India was now in the endemic stage of the disease, eminent virologists said.

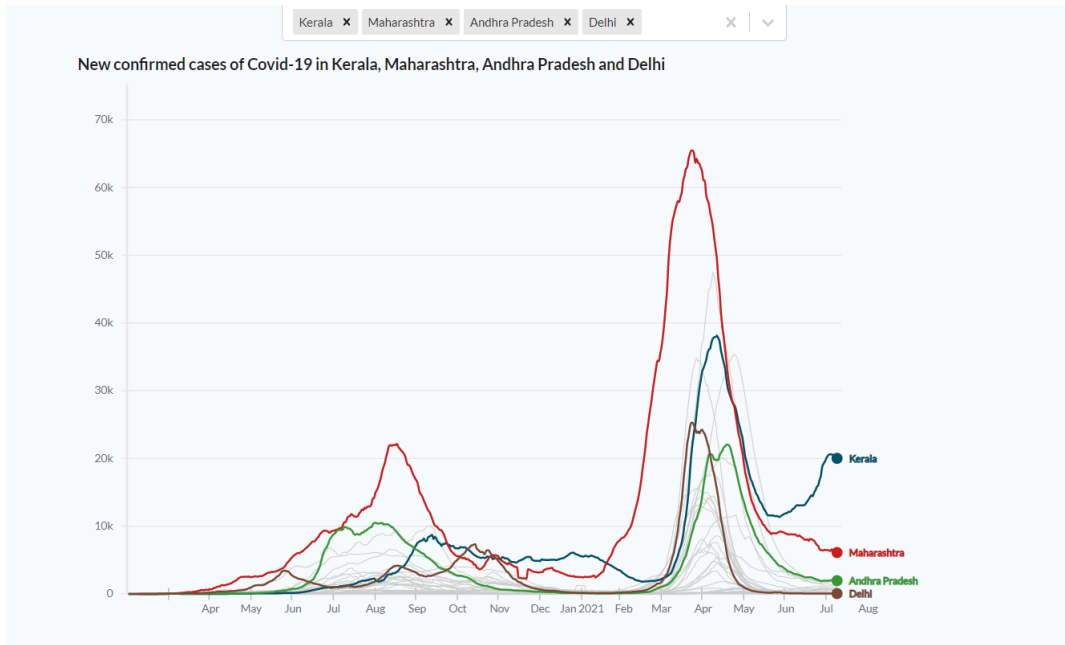
<https://timesofindia.indiatimes.com/city/mumbai/maharashtra-india-is-now-in-endemic-stage-3rd-wave-could-be-small-virologists/articleshow/86518422.cms>

18. In July, data shared by the health department at a meeting of Delhi Disaster Management Authority (DDMA) showed that the Delta variant was detected in 83.3% of the samples sent for genome sequencing. In May and June, the variant was found in

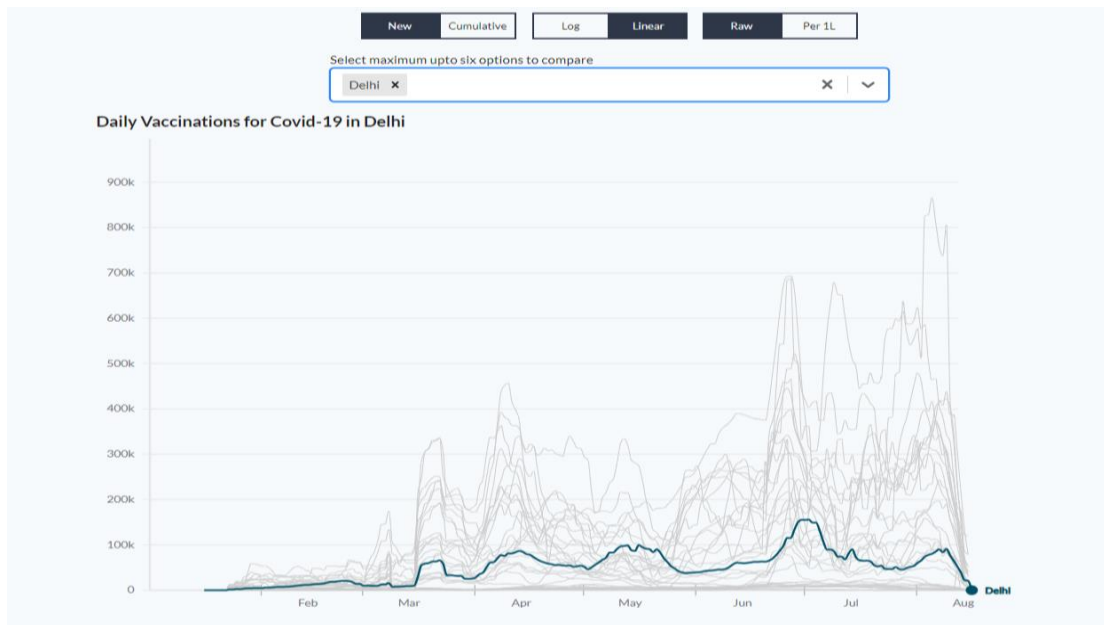


81.7% and 88.6% of the samples, respectively. In April, it was found in 53.9% of the samples.

<https://health.economictimes.indiatimes.com/news/diagnostics/delhi-80-of-july-samples-had-delta-variant/85198173>



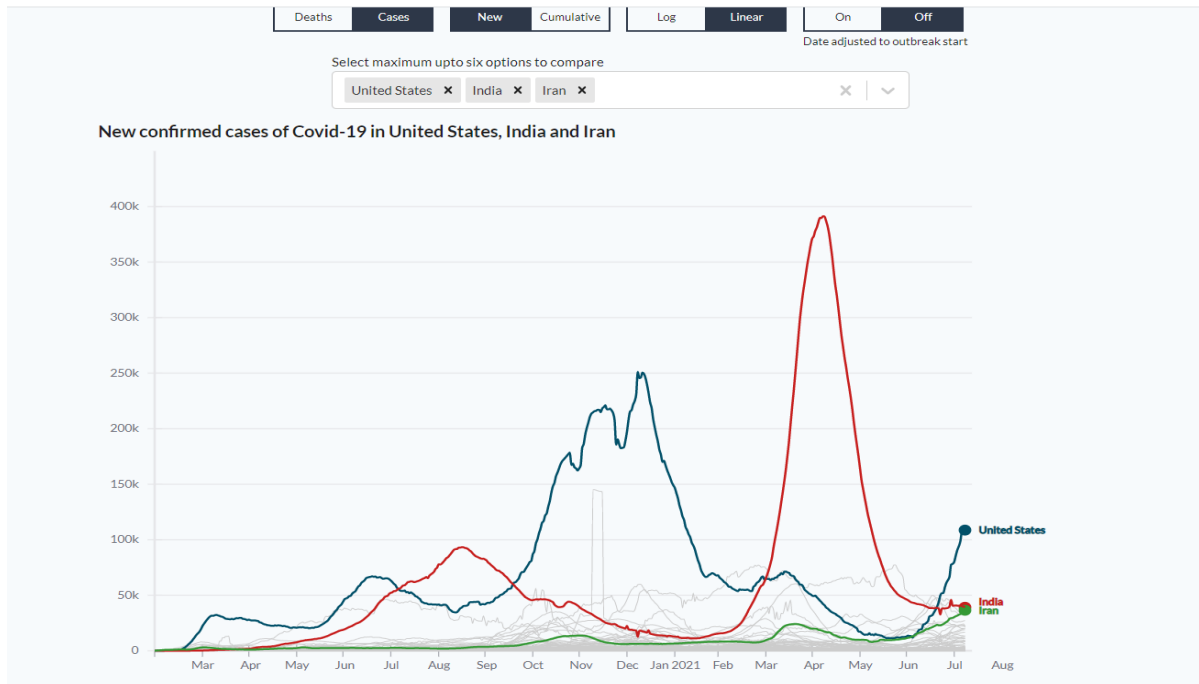
Similarly vaccination has no effect on the number of cases as Vaccination peaked in the month of June and cases started falling much before that.



Almost same picture is seen in all states and for the all-India level as shown:

<https://viz.newsclick.in/covid19-cases-graphs-maps-india-world>





19. **CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel,**
pg 38

<https://www.fda.gov/media/134922/download>

the optimum types of specimens to collect, and, during the course of infection, when these specimens are most likely to contain levels of viral RNA that can be readily detected.

- Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.
- The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.



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