Llywodraeth Cymru
Welsh Government

ATISN 15542

27 October 2021

Dear

ATISN 15542 – COVID-19

Thank you for your request to the Welsh Government for information under the Freedom of Information Act (2000) received on 24 September. You asked the following questions -

1] Why has no-one is the NHS or the Government promoted the use of safe Nutraceuticals like D3, Zinc, Selenium, and Vit C, as safe prophylactics, that help can boost immunity within the general public as a first line defence against the alleged virus?

Vitamin C high dose was introduced into REMAP-CAP: a platform trial for severely ill patients with COVID-19 as a treatment arm.

There is also a UK wide therapeutics taskforce which is actively considering new treatments (more info at https://www.gov.uk/government/groups/the-covid-19-therapeutics-taskforce) and is open to considering new treatments to test and you would need to contact them directly. therapeuticstaskforce@dhsc.gov.uk

2] Why has the Government prohibited the safe and effective use of Ivermectin, and Hydroxychloriquine as safe and effective alternative treatments given their track record over many decades?

In March 2020, the Welsh Government issued a Community Framework for the management of COVID-19. The Community Framework included a clinical pathway for the assessment, management and escalation of COVID-19 disease.

Through Health and Care Research Wales, the Welsh Government is involved in UK-wide research to investigate potential vaccines, therapeutics and diagnostics in response to the coronavirus pandemic. Throughout the pandemic, Wales has worked closely with the UK Government's COVID-19 Therapeutics Taskforce, which is responsible for identifying potential treatments for COVID-19 and ensuring they are robustly tested before being recommended. In response to emerging evidence from this taskforce, the community pathway has been updated throughout the pandemic.

In the case of hydroxychloroquine there is now overwhelming evidence, including evidence from the UK's RECOVERY trial, that it is of no benefit either in the treatment or prophylaxis of COVID-19.

In regards to Ivermectin, on 23 June, investigators considering the use of possible COVID-19 treatments for recovery at home and in other non-hospital settings, agreed to include Ivermectin within the PRINCIPLE trial (Platform Randomised trial of Interventions against COVID-19 In older people).

The inclusion of Ivermectin in the trial will help us definitively answer whether or not it has a role in the management of COVID-19.

Further information on the research underway in Wales is available via the Health and Care Research Wales website:
COVID-19 research in Wales | Health Care Research Wales (healthandcareresearchwales.org)

3] Now that the Governments of the world are weaponising the Covid Vaccines so as to limit access to daily life including prohibiting the access to venues and medical services, do you think that the same should prevail over infectious diseases like the flu which kills far more people [re; 2018 figures]. Given that the SarsCov2 virus was down-graded from a "high consequence disease" on March 19th 2020.

The provisions enshrined within the Freedom of Information Act 2000 provides right of access to what is held as recorded information at the time the request is made. However, the act does not require us to share our opinion on matters. Consequently, we have concluded that this aspect of your request is not a valid Freedom of Information request and therefore we will not be responding to this aspect of your request.

4] What ingredients are in the Astra Zenica Vaccine including the "Proprietary ingredients" which may cause me to suffer allergic reactions and Cytokine storm and systemic inflammation?

A full list of contents of the AstraZeneca COVID-19 vaccine including excipients can be found in the vaccine patient information leaflet that can be accessed at https://www.medicines.org.uk/emc/product/12333/pil. We do not hold information regarding the adverse reactions that may be associated with individual excipients contained in the vaccine

5] Regarding the standard Reference Material (sequences) used to Calibrate rtPCR's, can you confirm whether these sequences are 100% theoretical Computer Generated and what source provided the Computer sequencing - was it Human, Animal or a combination?

Welsh Government does not hold this information, you could request further information on this from Public Health Wales (Home - Public Health Wales (nhs.wales)) and UKHSA (UK Health Security Agency - GOV.UK (www.gov.uk)

6] How many amplification cycles are carried out in NHS authorised Labs on PCR' tests, and do the test Cycles vary lab-to-lab based on the sequences used to calibrate the tests?

Welsh Government does not hold this information, you could request further information on this from Public Health Wales (Home - Public Health Wales (nhs.wales)) and UKHSA (UK Health Security Agency - GOV.UK (www.gov.uk))

7] Can you confirm that the higher the amplification cycles above 25, greater is the error for false positives PCR results to occur?

8] Has the alleged SarsCov1 or SarsCov 2 Virus ever been isolated and Purified from an Infected person according to Koch's Postulates?

9] Has the SarsCov1/2 complete genomic library been sequenced from an isolated virus of an infected person, without first being contaminated with Human and Chimpanzee tissue?

The information being requested in question 7-9 is readily available and previously published, therefore has been exempted under Section 21 on the Freedom of Information Act 2000. I have provided a link to the Welsh Government's Disclosure Log where this information can be located for your convenience: FOI Release 15388: Isolation of COVID-19 virus | GOV.WALES

10] If the entire Genome of the virus has been isolated without Contamination from other sources, then why are theoretical computer generated sequences being relied upon and not the viruses own genetic data when it comes to PCR calibration and testing.

Each RNA virus replication is likely to have errors, so even with a full sequence we expect some variation from unit to unit of the virus genome.

11] You are aware that anyone testing positive Via a PCR test and dies for any other reason within 28 days, is record as a COVID death, but that anyone dying for any reason, within 28 days of the Experimental EUA Vaccinations / Injections is not recorded as a Vaccine death. Is that medically, morally and ethically acceptable?

A report of a suspected adverse drug reaction (including death) to the Medicine and Healthcare products Regulation Authority (MHRA) Yellow Card scheme does not necessarily mean that it was caused by the vaccine, only that the reporter has a suspicion it may have. Underlying or previously undiagnosed illness unrelated to vaccination can also be factors in such reports. The relative number and nature of reports should therefore not be used to compare the safety of the different vaccines. All reports are kept under continual review in order to identify possible new risks. This information is published and can be accessed here:

Coronavirus vaccine - weekly summary of Yellow Card reporting - GOV.UK (www.gov.uk)

12] Are you aware of the MHRA yellow scheme for reporting adverse reactions to the "Experimental" (Emergency Use Authorisation) Gene Therapy injections, and the number of Deaths and Severe adverse reactions being reported onto this system to then continue mislead the public by still referring to these "Jabs" as "safe & Effective". Isn't that Malfeasance in public office?

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concluded that this aspect of your request is not a valid Freedom of Information request and therefore we will not be responding to this aspect of your request.

13] Why isn't the public being informed via the Welsh / English Governments and Media of the alleged deaths and of the leading adverse reactions like Deaths, Mycarditis, Thrombotic and other blood clotting problems, seizures, female menstrual bleeding, infertility, male sterility, muscle spasms, epilepsy and other CNS complications etc, and that the Jabs are known to lower natural Immunity ?

No effective medicine or vaccine is without risk and any side effects need to be continuously balanced against the expected benefits in preventing illness. Vaccines are the best way to protect people from COVID-19 and have already saved thousands of lives. We would encourage everyone to take up the vaccine when offered an appointment unless specifically advised otherwise.

The MHRA continually monitors safety during widespread use of any vaccine to ensure vaccines are performing as expected, to identify any new side effects that may arise, and to ensure the benefits continue to outweigh the risks.
Data on any ADRs reported to the MHRA regarding the COVID-19 vaccines is routinely published and can be found here.

Coronavirus vaccine - weekly summary of Yellow Card reporting - GOV.UK (www.gov.uk)

14] Can you confirm that the Vaccines contain Graphene Oxide?

Lists of ingredients in the each of the UK approved vaccines can be found using the following links;

Regulatory approval of Pfizer/BioNTech vaccine for COVID-19 - GOV.UK (www.gov.uk)
Regulatory approval of COVID-19 Vaccine AstraZeneca - GOV.UK (www.gov.uk)
Regulatory approval of COVID-19 Vaccine Moderna - GOV.UK (www.gov.uk)
Regulatory approval of COVID-19 Vaccine Janssen - GOV.UK (www.gov.uk)

15] Why is the public not being informed that the EUA "Vaccines" are "Experimental Gene Therapies" still under trial till early 2023? Why does Moderna refer to its injections, not as "Vaccines" but as an "Operating System with Plug and Play features"?

An Emergency Use Authorisation (EUA) is a regulatory mechanism to facilitate the availability and use of medical countermeasures, including unapproved or investigational health products, during public health emergencies, such as the current Covid-19 pandemic. National Regulatory Authorities (NRAs) can issue an EUA when certain legal criteria have been met such as a national health emergency and/or no adequate, approved, and available alternatives.

Any vaccines procured for use in the UK needs to be approved by the Medicine and Healthcare products Regulation Authority (MHRA). A vaccine that is needed to protect public health in an emergency situation is going to be unlicensed, simply because the pharmaceutical companies haven't had time to get the necessary permissions to make it licensed.

Unlicensed does not mean untested. Unlicensed vaccines have previously been used in the UK in some situations, but only when tests have shown them to be safe.

The licensing process can take weeks or even months. This happens after the trials are complete, which usually means the vaccine has already been tested on thousands of adults. If a vaccine is deemed safe and effective, it can be put to use while the administrative side of the licensing process is underway. Licensing is when experts within the national Medicines and Healthcare products Regulatory Agency review the results of the trials. The standards of vaccines generally have to be much higher than those for medication to treat illnesses.

You will find the MHRA regulatory approvals for Covid vaccines here:
Regulatory approval of Pfizer/BioNTech vaccine for COVID-19 - GOV.UK (www.gov.uk)
Regulatory approval of COVID-19 Vaccine AstraZeneca - GOV.UK (www.gov.uk)
Regulatory approval of COVID-19 Vaccine Moderna - GOV.UK (www.gov.uk)
Regulatory approval of COVID-19 Vaccine Janssen - GOV.UK (www.gov.uk)

16] Why are the Vaccine inserts absent of any information listing the ingredients and side-effects and blank?

Patient leaflets and information are available to people prior to vaccination so they can make an informed decision. The Public Health Wales website also provides a link to the detailed patient information leaflet which is given to everyone prior to vaccination; COVID-19 Vaccine (Temporary Authorisation – Review Product Information tab before reading) - Patient Information Leaflet (PIL) - (emc) (medicines.org.uk)

17] Why is the medical profession claiming Natural immunity is less effective than vaccine immunity?

The Welsh government does not speak for the medical profession, but we have no evidence that the medical profession is suggesting those things. Immunity covers a wide variety of terms, and vaccine response and immune response are likely to vary from person to person.

Immunity gained from vaccines against hospitalisations and deaths is much stronger than immunity against infections. Immunity from vaccines wanes more quickly and dramatically in the Astra Zeneca vaccine compared with Pfizer. The latest paper from the Vaccine Effectiveness Expert Panel (VEEP) reflects the consensus view of the panel on vaccine effectiveness, split by variant, vaccine and dose.
S1359_VEEP_Vaccine_Effectiveness_Table__1_.pdf (publishing.service.gov.uk)

18] Why isn't the public being informed that the UK Gov have already stated in March 2021, that "In the third wave, the greatest number of deaths will occur amongst the Vaccinated, not the unvaccinated"?

Public Health Wales publishes the number of vaccinated being admitted to hospital however, the data should not be interpreted as measures of vaccination effectiveness. In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated.

The best way to understand vaccine effectiveness is to look at population level epidemiological studies, using adjustments for other effects and confounders, rather than routine descriptive data. Vaccine efficacy/ effectiveness estimates from trials and post-implementation studies are summarised in the Vaccine Effectiveness Expert Panel (VEEP) table (S1328_Vaccine_Effectiveness_table_.pdf (publishing.service.gov.uk)). Protection against hospitalisation is estimated at around 95% after the second dose of vaccine.

19] Do you think the public should be provided with weekly televised updates of the deaths and side effect recorded into the MHRA reporting system? Why are the Governments of the UK and the Public Health Departments of England and Wales not calling for the experimental EUA jabs programme to be halted as it is manifestly unsafe and ineffective according to the MHRA yellow Card Scheme data ?

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Next Steps

If you are dissatisfied with the Welsh Government's handling of your request, you can ask for an internal review within 40 working days of the date of this response. Requests for an internal review should be addressed to the Welsh Government's Freedom of Information Officer at:

Information Rights Unit,
Welsh Government,
Cathays Park,
Cardiff,
CF10 3NQ
or Email: Freedom.ofinformation@gov.wales

Please remember to quote the ATISN reference number above.

You also have the right to complain to the Information Commissioner. The Information Commissioner can be contacted at:

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

However, please note that the Commissioner will not normally investigate a complaint until it has been through our own internal review process.

Yours sincerely,