

Response to your request

In relation your questions 1,2 and 3 (1. An explanation of where the COVID-19 virus was manufactured or originated, 2. Proof that it was manufactured or originated at that location, and 3. Evidence that the

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



INVESTORS
IN PEOPLE

Accredited
Until 2020



virus actually exists)

The first reported cases of the current novel coronavirus (COVID-19) outbreak, which began in December 2019 were identified in Wuhan City, Hubei Province of China. The report on this outbreak, by the World Health Organisation (WHO) can be found online ([WHO | Pneumonia of unknown cause – China](#)). Additionally, the WHO have a dedicated area on their website for COVID-19 questions, [Coronavirus disease \(COVID-19\) \(who.int\)](#) which you may find informative.

The answer to your fourth question, An explanation why unlike other viruses we are told will just go away – you're offering a rushed and unsafe vaccine.

All our decision making in responding to Covid-19 is guided by the latest scientific evidence from the Scientific Advisory Group for Emergencies ([SAGE](#)), advice from Health Protection Scotland and our Interim Chief Medical Officer. The Joint Committee on Vaccination and Immunisation (JCVI) provides advice on immunisation to all UK Health Departments, including on the efficacy and safety of vaccines.

Each vaccine goes through a rigorous and independent three-phase testing process long before it can be licensed as safe and effective for use. Regulators such as the European Medicines Agency and the UK's Medicines and Healthcare products Regulatory Agency review trial results and decide whether to approve the vaccine. During a pandemic, the timeframes can be compressed, but never at the expense of safety. This will be the case for all other COVID-19 vaccines approved for use in the UK.

The safety of all vaccines and medicines is monitored by the Medicines and healthcare products regulatory agency (MHRA) on a UK wide basis. This includes reports from the Yellow Card Scheme which allows health professionals and patients across the UK to flag up suspected adverse reactions to any vaccine or medicine, as well as reports from worldwide use and on-going scientific evidence.

Concerns over the safety of vaccines are not taken lightly. Please be assured that the MHRA keep the safety of all vaccines under close and continual review, and would take appropriate regulatory action if new evidence emerged which called into question the safety of any vaccines currently in use in Scotland. If at any time surveillance information suggests that the safety profile of the vaccine is changing then Scottish Ministers would of course consider the implications of that immediately. The Joint committee on vaccination and immunisation (JCVI) also continues to monitor all available evidence and advice can be updated if new information becomes available. Scottish Ministers will of course consider carefully any future JCVI recommendations in respect of the vaccines administered in Scotland.

The answer for your fifth question, Evidence that the 'COVID-19' related deaths are in fact deaths from the virus solely and not just deaths recorded with the smallest hint of being around COVID-19, a cough, temperature, etc. and so recorded as such.

There are two measures of COVID-19 deaths reporting.

(1) Health Protection Scotland (HPS) report deaths of people who have died within 28 days of their

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

first laboratory positive test for COVID-19. These are reported on a daily basis to the Scottish Government. Public Health Scotland also publish this information on their daily dashboard. A link to that dashboard is provided here:

https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview

(2) National Records of Scotland (NRS) publish statistics on deaths from COVID-19 every Wednesday, using a wider measure which takes into account any death where COVID-19 is written on the death certificate by the medical examiner, either as a suspected or probable involvement in the death. A link to the NRS publications is provided here:

<https://www.nrscotland.gov.uk/covid19stats>

We recognise the importance of high-quality, accurate completion of the Medical Certificate of Cause of Death (MCCD). Scotland's Chief Medical Officer (CMO), jointly with Police Scotland, Crown Office and Procurator Fiscal Service (COPFS) and National Records of Scotland (NRS) issued [guidance](#) to doctors for death certification during the COVID-19 pandemic.

When doctors complete a death certificate they are advised to consider a range of factors in order to determine whether, on balance, "COVID-19 Disease" or "presumed COVID-19 disease" can legitimately be recorded as the cause of death. These factors include, but are not limited to:

- Presence of COVID-19 symptoms
- Reports of symptoms from family and friends
- The wider facts and circumstances surrounding the death such as:
 - that COVID-19 pandemic had struck in the locality; or
 - evidence of medication suitable for treating the symptoms of a COVID-19 found in or near the deceased's possessions.

The certification of a person's death is a matter that falls within the clinical responsibility of medical practitioners, who require to be satisfied, on the balance of probabilities, as to the likely cause of death. Medical Practitioners are aware that the MCCD is a legal document and information included in such a document must be to the best of their knowledge and belief.

The answer to your 6th question, An explanation as to why testing does not work but is still being rolled out as working when it is giving off so many false positives.

The tests being used in laboratory testing are real-time Reverse Transcription Polymerase Chain Reaction (RT-PCR) assays which are used to identify the causative agent of COVID-19 disease, known as SARS-CoV-2 virus, in clinical samples. All these assays have been designed to target a section of the SARS-CoV-2 genetic material which is specific to the virus.

There are a variety of RT-PCR tests currently in use in Scotland to confirm the presence of the virus SARS CoV-2, all of which are regulated and approved by the Medicines & Healthcare products Regulatory Agency (MHRA), and thereafter validated for use by the Scottish laboratory performing the test.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

Sensitivity is the number of true positive samples called positive by the test. For example, if the sensitivity value of a test is 95%, then out of 100 true positive samples, 5/100 would be incorrectly be called negative by the test. This is also known as a false negative result.

Specificity is the number of true negative samples called negative by the test. For example, if the specificity value of a test is 95%, then out of 100 true negative samples, 5/100 would incorrectly be called positive by the test. This is also known as a false positive result.

It is extremely rare for a laboratory test to be 100% sensitive and 100% specific. Using real-time PCR is best technology for detecting respiratory viruses and is the gold standard against which other tests are measured.

The analytical sensitivity of a real time RT-PCR is not the only factor to be considered when testing clinical samples. The quality and timing of the clinical sample also need to be taken into account, particularly when the amount of viral material present in a patient sample will change during the course of infection.

The tests in use are analytically very sensitive but the timing and quality of clinical samples are important determinants of clinical diagnostic sensitivity.

There is a reflex testing procedure in place for Scotland which was put in place to reduce the likelihood of false positive results further details can be found in the [COVID-19 Guidance for sampling and laboratory investigations](#) produced by Public health Scotland.

Questions 7 and 8,

7. Complete exposure by your department that this is not some form of social control or propaganda for nefarious means used against the British public.

8. Finally, please assure me that this is not some form of operation globally to bring us all under some form of New World Order or financial reset.

The above questions are not a request for recorded information, so I will provide a response out with the scope of The Freedom of Information (Scotland) Act 2002.

On Friday 23 October 2020, The First Minister announced the [Coronavirus \(Covid-19\): Scotland's Strategic Framework](#). In this framework we have set out how we will work to suppress the virus and present an honest reflection of the decisions we will need to make, and the balance we will have to reach, and it does so rooted in tackling the four harms we know the virus causes. 1) direct health impacts caused by COVID 19; 2) health impacts not directly related to COVID-19 - such as wider health and social care services; 3) societal impacts; and 4) economic impacts.

The 'lockdown' measures set out in emergency legislation have been carefully considered in light of medical and scientific advice. They are necessary to protect public health in Scotland and are proportionate to the nature of the disease and the scale of the crisis. Our decision making process through the pandemic has been based on the best available evidence from Scotland, the rest of the

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

UK and other countries. Our response to emergency situations including Covid-19 is firmly based around expert medical and scientific advice provided by SAGE (Scientific Advisory Group for Emergencies) and NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group). The Scottish Government receives advice from the Chief Medical Officer (CMO) and expert groups in Scotland including the Scottish Government Covid-19 Advisory Group, Scientific Advisory Group, Scottish Government Covid Modelling Team, Public Health Scotland, academia and the 3rd sector. Our response to Covid-19 has and continues to take full account of the evolving data and intelligence.