IN THE HIGH COURT OF JUDICATURE AT BOMBAY

CIVIL APPELLATE JURISDICTION

WRIT PETITION NO. OF 2021

Yohan Tengra) ...Petitioner

Versus

1. The State of Maharashtra & Ors) ... Respondents

SYNOPSIS

I] The petitioner has filing the present Writ Petition under Article 226 of the Constitution of India

Sr. No.	Dates	Particulars
1.	**10th August, 2021**	Under Secretary of Maharashtra issued discriminatory Order/directions thereby allowing only Vaccinated people to travel through local train.
2.	**11th August, 2021**	Chief Secretary of Maharashtra issued discriminatory Order/directions thereby restricting the entry to the malls to unvaccinated people and also asking the office staff/employees to get 100% Vaccination to work in full capacity.
3.		Both the circular/ SOP/Orders are highly discriminatory and without any logic and against the guidelines given

		by the Central Government and also against the law laid down by Hon'ble Supreme Court and various High Courts. The fundamental rights of the Petitioner under Article 14,19,21 are violated. In order to enforce my rights and to quash the said unlawful & arbitrary directions/ circulars/ SOP, the petitioner is approaching this Hon'ble Court.
		Hence, this petition.

II] Acts and Authorities relied upon;

1. THE CONSTITUTION OF INDIA ACT, 1950 AND OTHERS ACTS.
2. INDINA PENAL CODE.
3. DISASTER MANAGEMENT ACT 2005.

Dated _____ Day of August, 2021

Place: Mumbai.

Advocate for Petitioner

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

Petitioner

IN THE HIGH COURT OF JUDICATURE AT BOMBAY

CIVIL APPELLATE JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT: MUMBAI

)
)
)
)
)
) **...Petitioner**

Versus

1. The State of Maharashtra)

Through Chief Secreatary)
The Government of Maharashtra)
Mantralaya, Mumbai – 4000 23.)

2. Under Secretary)
Disaster Management Unit,)
Mantralaya, Mumbai - 4000 23.)

3. Shri. Iqbal Chahal)
Municipal Commissioner,)
M.C.G.M. Annex Building,)
Mahapalika Marg No. 1,)
Fort, Mumbai – 4000 01.)

4. Shri. Shrirang Gholap)
Under Secretary)
Disaster Management Unit,)
Government of Maharashtra.)

5. Shri. Sitaram Kunte)
Chief Secretary, Maharashtra State.)

6. Ministry of Railways)
Rail Bhawan, Rafi Marg,)
New Delhi – 1100 01.)

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

7. The Union of India)
Through Chief Secretary)
To the Government of India)

New Delhi 1100 01.)

8. Central Bureau of Investigation)
Plot No. 5-B, 6th Floor, CGO Complex,)
Lodhi Road, New Delhi – 110003)...**Respondents**

To,
The Hon'ble Chief Justice and the
Hon'ble Puisne Judges of the High Court of Bombay

The humble petition of the
Petitioner Abovenamed.

MOST RESPECTFULLY SHEWETH

1. That, the Petitioner is a citizen of India and residing at above mentioned address.
2. That, the Petitioner is a Functional Medicine Consultant, Independent Researcher and Social Activist.

3. The petitioner by way of this petition is challenging the discrimination in the arbitrary & unlawful circulars issued by the State of Maharashtra.

4. In this circular, the State without any logic and scientific base has allowed only the vaccinated people to travel through local train and the non-vaccinated people are prohibited from traveling through the local train.

   A copy of said circular dated **10th & 11th August, 2021** are annexed herewith at **Annexure –A & B** respectively.

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

5. In the another circular, the State of Maharashtra has allowed people to enter Maharashtra only when they are having two doses of vaccines or an RT-PCR test within 14 days, and as a result not allowing those who haven't done either of the above.

   A copy of said circular dated **15th July 2021** is annexed herewith at **Annexure -C**

   That both of the above circulars are unconstitutional, arbitrary, unlawful & illogical and violates the fundamental rights of the petitioner and other citizens.

6. In order to quash the said circular, the petitioner approaches this Hon'ble Court on the basis of following facts and grounds which are without prejudice to each other.

7. The Present petition is sub divided in to following parts for the sake of convenience.

Sr. No	Points	Para Nos	Page Nos
1.	Grounds for the Petition	8	5
2.	Vaccination is voluntary & not compulsory according to various court judgments and Universal Declaration on Bioethics & Human Rights 2005.	9	45
3.	Illogical & Unscientific Use of the PCR Test & the myth of Asymptomatic Transmission	14	67

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

8. GROUNDS FOR THE PETITION:

8.1. The circulars are against the Government of India's & ICMRs guidelines which says that the vaccines are not mandatory but voluntary.

8.1.1. Vaccines have not completed Phase 3 trials, and have been given Emergency Use Authorization. They are not FDA approved either.

8.1.1. That the Ministry of Health and Family Welfare on its website under the heading "Frequently Asked Questions on Covid-19 Vaccine" has stated that the Covid-19 vaccine is voluntary. The link to the FAQ's Ministry of Health and Family welfare (MOHFW) is asunder:

A copy of "Frequently Asked Questions on Covid-19 Vaccine" is annexed herewith at **Annexure – D.**

https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf

8.1.2. In a reply to RTI filed by Mr. Tarun, dated 16-04-2021 file number MOHFW/R/E/21/01536, the Ministry of Health and Family Welfare, replied to *the* 1st question, *"Is Covid Vaccine Voluntary or*

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

Mandatory?", thus: ***"Vaccination for Covid-19 is Voluntary"***. Further when the applicant asked in his subsequent questions, "Can any government or private organization hold our salary or terminate us from job in case of not taking Covid vaccine?" and "Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?" the reply was, "In view of above reply, these queries do not arise".

A copy of the RTI reply **dated 16.04.2021** is annexed herewith at **Annexure – E**

8.1.3. To an answer given on 19.03.2021 in the Lok Sabha to an Unstarred Question No. 3976 by the Minister of State in the Ministry of Health & Family Welfare, Government of India stating that there is no provision of compensation for recipients of Covid-19 Vaccination against any kind of side effects or medical complication that may arise due to inoculation. The Covid-19 Vaccination is entirely voluntary for the beneficiaries.

A copy of answer given by the Minister of State in the Ministry of Health & Family Welfare the dated 19th March, 2021 is annexed herewith at **Annexure – F**

8.1.4. Further in a reply to RTI application dated 9th March 2021 filed by Anurag Sinha of Jharkhand, the Central Ministry of Health and Family Welfare has stated very clearly that "taking the Covid Vaccines was entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc to the vaccine".

A copy of the RTI reply dated **09.03.2021** is annexed herewith at **Annexure – G**

8.1.5. In a reply dated 23rd March 2021 to the RTI filed by Mr. Dinesh Bhausaheb Solanke, RTI number A.60011/06/2020 -CVAC, the Ministry of Health and Family Welfare, stated that, *"the Covid-19 Vaccine being voluntary, there is no provision for compensation as of now."*

A copy of the RTI reply dated **23.03.2021** is annexed herewith at **Annexure – H**

8.1.6. A perusal of the above RTI replies makes it is clear that the Union of India has made the vaccination drive completely voluntary, to coerce someone to take vaccine is not only contrary to the guidelines of the Union of India but violation of Article 14 and 21 of the Constitution of India.

8.1.7. In **Noida Entrepreneurs Association Vs. Noida (2011) 6 SCC 508**, it is ruled by Hon'ble Supreme Court that what is not allowed to be done directly should not be done indirectly. It is ruled as under;

> *"22. It is a settled proposition of law that whatever is prohibited by law to be done, cannot legally be affected by an indirect and circuitous contrivance on the principle of* ***"quando aliquid prohibetur, prohibetur at omne per quod devenitur ad illud", which means" "whenever a thing is prohibited, it is prohibited whether done directly or indirectly".*** *(See: Swantraj and Ors. v. State of MaharashtraMANU/SC/0224/1974 :AIR 1974 SC 517;*

NOTARY M.M. PABAIE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

Commissioner of Central Excise, Pondicherry v. ACER India Ltd. MANU/SC/0804/2004 : (2004) 8 SCC 173; and Sant Lal Gupta and Ors. v. Modern Co-operative Group Housing Society Ltd. and Ors. MANU/SC/0859/2010 : JT (2010) 11 SC 273."

8.1.8. That as per **Section 51(b), 53 of Disaster Management Act, 2005** anyone either officer, or a person if refuse to follow the directions issued by the Central Government is liable to punished.

Said section reads thus;

"Section 51 in the Disaster Management Act, 2005

51. Punishment for obstruction, etc. :-

Whoever, without reasonable cause (1) Whoever, without reasonable cause;

(b) *refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act, shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years. notes on clauses Clauses 51 to 58 (Secs. 51 to 58) seeks to lay down what will constitute an offence in terms of obstruction of the functions under the Act, false claim for relief, misappropriation of relief material or funds, issuance of false warning, failure of an officer to perform the duty imposed on him under the Act*

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

without due permission or lawful excuse, or his connivance at contravention of the provisions of the Act. The clauses also provide for penalties for these offences.

53. Punishment for misappropriation of money or material, etc.:-

Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine. —Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine."

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. —Whoever makes or circulates a false alarm or warning as to disaster

NOTARY M.M. PABALE Mumbai Maharashtra Reg No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine."

55. Offences by Departments of the Government:-

(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence. (1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence."

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act:-

Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine. —Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine."

8.1.9. ICMR's latest advisory dated 04/05/2021 clearly states the following:

RTPCR test must not be repeated in any individual who has tested positive once either by RAT or RTPCR. The need for RTPCR test in healthy individuals undertaking inter-state domestic travel may be completely removed to reduce the load on laboratories.

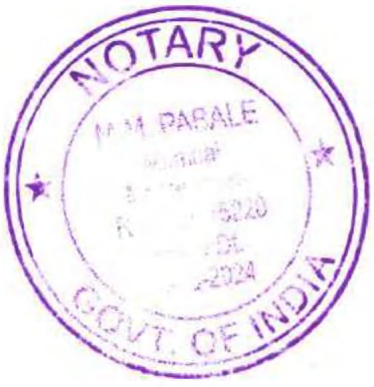
8.1.10. Vaccines are still experimental as they have not completed Phase 3 trials, and have been given Emergency Use Authorization. They are not FDA approved either.

According to the Ministry of Health & Family Welfare website's FAQ section:

What is Phase I, II and III of clinical trial for a vaccine?

Vaccine trial phases includes:-

- Pre-clinical: Vaccine development in laboratory animals
- Phase 1 Clinical trial (small number of participants): Assess vaccine safety, immune response and determine right dosage (short duration)
- Phase 2 Clinical trial (few hundred participants): Assess safety and the ability of the vaccine to generate an immune response (short duration)
- Phase 3 Clinical trial (thousands of participants): Determine vaccine effectiveness against the disease and safety in a larger group of people (duration 1-2 years)



Covishield & Covaxin have only completed Phase 1 & 2 trials. Phase 3 trials, which are done on thousands of people, are still ongoing and will be completed after a few years. The vaccines have been given EUA before these trials have been completed, based on interim data from the phase 3 trials.

A copy of ICMR's advisory dated **4th May, 2021** is annexed herewith at **Annexure – I**

8.1.11. Violation of Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR).

"Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent Page 81 of 132 with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law. 3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent."

8.1.12. Hence, the act of Respondent No. 1 to 6 does not stands to the scrutiny of any legal and logical standard and hence unconstitutional & unlawful.

8.2. There is no difference between a vaccinated & an unvaccinated person. Both can be super spreaders and can transmit the virus. Both can get seriously ill & die due to the virus.

8.2.1. The proofs and scientific studies available have proved that the present vaccines are not protecting people from Covid-19 and the vaccinated people can also get infected with Covid-19, they can transmit the virus. The Government's own circular says that the vaccinated people should also follow the Covid appropriate behaviour.

Do I need to use the mask/other COVID-19 appropriate precautions after receiving the vaccine?

Yes, it is absolutely necessary that everyone who has received the COVID-19 vaccine should continue to follow the COVID-19 appropriate behaviour i.e., mask, do gaj ki doori and hand sanitization to protect themselves and those around from spreading the infection.

Source:

https://www.mohfw.gov.in/covid_vaccination/vaccination/faqs.html#what-to-expect-after-vaccination

Link and complete article dated **25th March, 2021** is annexed herewith at **Annexure – J**

8.2.2. Upto 40,000 post-vaccination breakthrough cases in Kerala District (Breakthrough defined as positive Covid case after 14 days of vaccination) Over 40,000 "breakthrough" cases, or COVID-19 infections in people who have been vaccinated, have been found in Kerala, top official sources in the Ministry of Health and Family Welfare have told NDTV.

Link and complete article is annexed herewith at **Annexure – K**

Source:

https://www.ndtv.com/india-news/over-40-000-breakthrough-infections-or-covid-cases-in-vaccinated-people-in-kerala-source-2507884

8.2.3. The tiny Kerala district of Pathanamthitta has so far reported over 20,000 breakthrough infections, or infections in people vaccinated against Covid-19, officials in the district administration have told The Print of these, 5,042 infections happened after the patient had received both doses of the vaccine, among which 258 tested positive two weeks after being fully vaccinated. Similarly, 14,974 cases occurred in people who had received only one dose, of which 4,490 tested positive after two weeks of taking the shot. The duration of a fortnight is significant since it takes that long for the human body to generate antibodies against the virus. The district has been administering both the indigenous Covaxin and AstraZeneca's Covishield.

Link and complete article is annexed herewith at **Annexure – L**

Source: https://theprint.in/health/over-20000-breakthrough-covid-cases-in-kerala-district-has-centre-worried/710338/

https://economictimes.indiatimes.com/news/india/covid-19-over-7000-breakthrough-infections-in-kerala-district/articleshow/85088255.cms?from= mdr

8.2.4. Banaras Hindu University study of 1500 participants, 1435 participants received 2 doses and 65 single dose of covishield - 41.5% in 65 single dose group (27 participants)and 18.9% in double dose group (271 participants) were diagnosed as confirmed case of SARS-COV-2 infection. (4 deaths were reported) Among 1650 enrolled vaccine recipients, 1500 participants of the study (Female/Male: 472/1028; mean age 38.8 years) completed at least 2 months of follow-up, after the second dose.

The common comorbidities in study participants were hypertension (170, 11.3%), diabetes (142, 9.5%), and hypothyroidism (54, 3.6%). Of those who received a single dose of vaccine (n=65), laboratory confirmed SARS-CoV-2 infection was observed in 27 individuals (41.5%) and 3 were suspects. Severity wise, infections were mild in 21 out of 30 (70%) cases, moderate in five (16.7%) and severe in two (6.7%).

Of those who received both doses of vaccine (n=1435), 388 were diagnosed as confirmed or suspect cases of SARS-CoV-2 infection. Of these 388, RT-PCR positivity was seen in 271 (18.9%) individuals, 82 (5.7%) were labelled as 'suspects' and 35 (2.4%) were RT-PCR negative suspects. Severity wise, majority of SARS-CoV-2 infections were 'mild' (331/388, 85.3%), followed by 'moderate' (33/388, 8.5%) and 'severe' (6/388, 1.5%).

8.2.5. Occurrence of COVID-19 in doctors: 131 doctors got covid after both the doses out of 377

404 out of the 1500 total participants were doctors including consultant/teaching faculty, resident doctors, and those in general practice. Among the 377 doctors who received both doses of vaccine, 160 were diagnosed as confirmed or suspect cases of SARS-CoV-2 infection. Of these, 131 (34.7%), 17 (4.5%) and 12 (3.2%) were laboratory confirmed cases, 'suspects' and RT-PCR negative suspects respectively. The infection was asymptomatic, 'mild', 'moderate' and 'severe' in 9 (5.6%), 130 (81.3%), 16 (10%) and 5 (3.1%) respectively. Breakthrough infections occurring at > 14 days after receiving the second dose were seen in 148 doctors who received both doses (39.2%), or 119 doctors (31.6%) if only laboratory confirmed cases were considered. Four deaths occurred in the study participants during the study period, two in partially vaccinated group and two in fully vaccinated group. Two of these participants, both in partially vaccinated group had developed SARS-CoV-2 infection during their follow-up.

Link and complete article is annexed herewith at **Annexure – M**

Source: https://www.researchsquare.com/article/rs-772465/v1

8.2.6. Indian Doctors getting Covid-19 after vaccination

(A) 26 Years old Mumbai doctor got Covid twice after receiving both doses.

A 26-year-old doctor has tested positive for the coronavirus (Covid-19) disease thrice in the past 13 months -- twice after receiving both doses of a vaccine against the virus. Swab samples of Dr Shrusthi Halari, who

worked at the Mulund Covid Centre in the city, have been collected for genome sequencing as part of a study into occurrence of the infection after being completely inoculated.

According to reports, the doctor's family members, including her father, mother and brother, all of whom have comorbidities, have also contracted the virus. All of them got infected for the first time this month, after receiving both doses of the vaccine.

> *"The reinfections are confusing," Dr Halari, adding that ahead of being infected for the third time she was mostly at home preparing for post-graduation with very little chances of being exposed to the virus.*

Link and complete article is annexed herewith at **Annexure – N**

Source: https://www.hindustantimes.com/cities/mumbai-news/covid19-mumbai-doctor-tests-positive-thrice-infected-twice-postvaccination-101627439030500.html

(B) Many people and specially eminent cardiologist and Former President of Indian Medical Association (IMA) Dr. KK Aggarwal died due to corona despite double vaccination

Former President of Indian Medical Association, Dr KK Aggarwal, also passed away due to deadly Coronavirus. He was on ventilator since a week and has now succumbed to the COVID-19 disease. Dr KK Aggarwal helped in spreading awareness about Coronavirus via his social media accounts.

Link and complete article is annexed herewith at **Annexure – O**

Source: https://timesofindia.indiatimes.com/india/eminent-cardiologist-dr-kk-aggarwal-dies-of-covid-19/articleshow/82728423.cms

8.2.7. Breakthrough infections in those vaccinated may be higher in India, finds study - had been carried out at the Post Graduate Institute of Medical Science and Research, Chandigarh.

Among those fully vaccinated, the rate of breakthrough infections of Covid-19 was found to be 1.6 % in the largest such study from India so far while another one by top government agencies has found the B.1617.2 variant to be causing a large number of such cases in Delhi.

A person is considered fully vaccinated two weeks after the second dose of the vaccine is administered.

The study had been carried out at the Post Graduate Institute of Medical Science and Research, Chandigarh and has been published in the prestigious The New England journal of Medicine. It followed 12,248 health care workers, 7170 of whom had received the first dose of vaccine, with 3650 subsequently receiving the second dose.

A total of 5078 health care workers were unvaccinated while the rest had all received Covishield.

The researchers found that a total of 184 of the 7170 health care workers (2.6%) tested positive after receiving at least one dose of vaccine and the median time between receipt of the first dose and the positive test was 44 days.

A total of 72 of the 3650 health care workers (2 %) on the other hand tested positive after the second dose and the median time from receipt of the second dose to the positive test was 20 days.

Among the health care workers who received both doses and completed at least 14 days of follow-up after the second dose, the incidence of breakthrough infection was 1.6% (48 of the 3000 health care workers) and the median time from receipt of the second dose to breakthrough infection was 29.5 days.

Link and complete article is annexed herewith at **Annexure – P**

Source:

https://www.nejm.org/doi/full/10.1056/NEJMc2107808#article_citing_articles

https://media.mercola.com/ImageServer/Public/2021/July/PDF/covid-vaccine-failure-pdf.pdf

8.2.8. Data from ICMR study on breakthrough infections show Delta variant predominant; 3 died post vaccination.

The first official study on breakthrough infections in India shows that a vast majority of such cases, 89 per cent, involved infection by the Delta variant.

The study was conducted by Pune-based National Institute of Virology. Genome analysis of the SARS-CoV2 virus from 677 people who got infected even after taking the vaccine.

Here are some of the findings from the study:

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 10-2024 INDIA

(i) 482 of the 677 cases (71 per cent) were symptomatic

(ii) 71 people (9.8 per cent) required hospitalization

(iii) Three of the 677 people died

(iv) Fever was the most consistent symptom in the infected people, experienced by 69 per cent of the respondents. Body ache, headache and nausea was reported by 56 per cent of infected people, cough by 45 per cent, sore throat by 37 per cent, loss of smell and taste by 22 per cent, diarrhoea by 6 per cent, breathlessness by 6 per cent and ocular irritation and redness by one percent.

(v) 604 of the 677 (89 per cent) infected had received the Covishield vaccine, 71 (10.5 per cent) had taken Covaxin. Two people had taken Sinopharm.

(vi) People from southern, western, eastern and north-western regions of the country predominantly reported breakthrough infections from Delta and Kappa variants

(vii) People in northern and central regions reported such infections due to Alpha, Delta and Kappa variants.

Link and complete article is annexed herewith at **Annexure -Q**

Source:

https://www.medrxiv.org/content/10.1101/2021.07.13.21260273v1

8.2.9. More than half of the hospitalized Covid-19 cases in Bengaluru are among the vaccinated:

About 56% of people hospitalised for Covid-19 in Bengaluru in July had received at least one dose of the vaccine.

NOTARY M.M. BABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

Sources in the Bruhat Bengaluru Mahanagara Palike (BBMP) said that about 2,700 people were hospitalised between July 2 and 27. Of these, 1,600 had received at least one dose of a vaccine, comprising 1,200 Covishield and 400 Covaxin receivers.

Of the 1,200 Covishield receivers, about 450 had got the second dose. Among the 400 Covaxin receivers, 180 had the second dose.

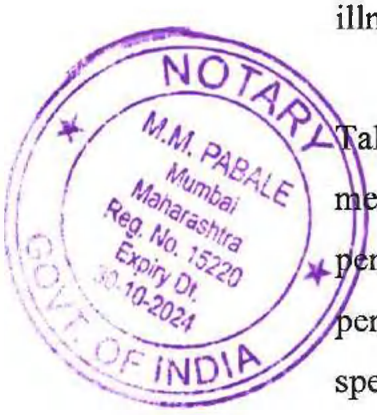
Link and complete article is annexed herewith at **Annexure – R**

Source:https://www.deccanherald.com/amp/state/top-karnataka-stories/more-than-half-of-hospitalised-covid-19-cases-among-vaccinated-in-bengaluru-1015918.html?__twitter_impression=true&s=04

8.2.10. Case Studies of outbreak in vaccinated people around the World

Majority of Hospitalized COVID-19 Patients at Hospital in Israel Are Fully Vaccinated: Doctor -

An Israeli doctor says that the majority of COVID-19 patients hospitalized at his hospital are fully vaccinated and those with severe illness have also been vaccinated.



Talking with Channel 13 TV News on August 5, Dr. Kobi Haviv, medical director of Herzog Hospital in Jerusalem said that "85 to 90 percent of the hospitalizations are in fully vaccinated people," and "95 percent of the severe patients are vaccinated." Herzog Hospital specializes in nursing care for the elderly.

Haviv said the rising cases of vaccinated people getting COVID-19, a disease caused by the CCP (Chinese Communist Party) virus is because "the effectiveness of the vaccine is waning."

Data from the Israeli Minister of Health in July suggested that the effectiveness of the Pfizer vaccine in preventing infection and symptomatic illness had dropped from 90 percent to only 39 percent and 41 percent, respectively. However, the levels of protection against severe illness (88 percent) and hospitalization (91.4 percent) remained high. Link and complete article is annexed herewith at **Annexure – S**

Source: https://www.ntd.com/majority-of-hospitalized-covid-19-patients-are-fully-vaccinated-at-israel-hospital-doctor_656475.html

https://twitter.com/RanIsraeli/status/1423322271503028228

Vaccine Induced Herd Immunity Not Possible Iceland –

Link and complete article is annexed herewith at **Annexure – T**

Source:https://www.icelandreview.com/society/covid-19-in-iceland-vaccination-has-not-led-to-herd-immunity-says-chief-epidemiologist/

In the past two to three weeks, the Delta variant has outstripped all others in Iceland and it has become clear that vaccinated people can easily contract it as well as spread it to others, Þórólfur stated in a briefing.

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Regd. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

As a reminder, Iceland has over 70% of its population vaccinated, and nearly everyone over 16 has received their shots.

I hate to be the bearer of bad news, but Iceland (93% of the population 16 years of age or older vaccinated) is experiencing its largest wave of Covid-19 yet. At this point, I think it is unreasonable to assume that increased vaccine coverage will result in herd immunity **pic.twitter.com/ k8mUZAtIGO** - Elías Eyþórsson (@eliaseythorsson) **August 7, 2021**

Denmark:

Before the emergence of more contagious coronavirus variants, estimates placed the threshold for herd immunity at between 60 to 70 percent of the population. Yet, the growing dominance of the Delta strain, which is also more adept at dodging vaccines, has challenged this calculation based on high vaccination rates.

With the onslaught of the more contagious Delta strain, the State Serum Institute, Denmark's infectious diseases agency, has said it no longer believes it will be possible to achieve herd immunity through vaccination, implying that COVID-19 could circulate for years to come.

"It is not realistic to achieve herd immunity, understood as meaning that we will not see any spread of infection at all", SSI's acting academic director Tyra Grove Krause told the newspaper BT.

Herd immunity means that enough people are immune to infection from an illness that its reproduction number or R-rate (the number of people each infected person infects) falls below one, without any other anti-infection measures in place.

Link and complete article is annexed herewith at **Annexure – U**

Source:https://nation.com.pk/09-Aug-2021/not-realistic-denmark-iceland-say-vaccination-has-not-led-to-herd-immunity

UK Expert to CNBC -

Link and complete article is annexed herewith at **Annexure – V**

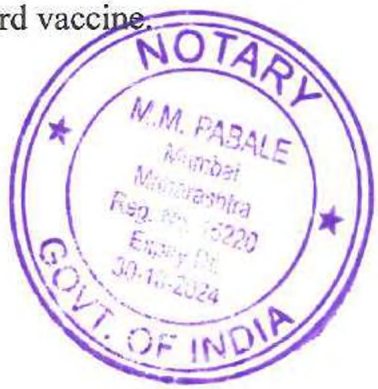
Source: https://www.cnbc.com/2021/08/12/herd-immunity-is-mythical-with-the-covid-delta-variant-experts-say.html

Achieving herd immunity with Covid vaccines when the highly infectious delta variant is spreading is "not a possibility," a leading epidemiologist said.

Experts agree on several reasons why such a goal — where overall immunity in a population is reached and the spread of the virus is stopped — is not likely.

Sir Andrew Pollard, head of the Oxford Vaccine Group, told British lawmakers Tuesday that as Covid vaccines did not stop the spread of the virus entirely — with vaccinated people still able to be infected and transmit the virus — the idea of achieving herd immunity was "mythical."

"I think we are in a situation here with this current variant where herd immunity is not a possibility because it still infects vaccinated individuals," said Pollard, one of the lead researchers in the creation of the AstraZeneca-University of Oxford vaccine.



"And that does mean that anyone who's still unvaccinated, at some point, will meet the virus. That might not be this month or next month, it might be next year, but at some point they will meet the virus and we don't have anything that will stop that transmission."

8.2.11. Vaccinated people make up 74% of total cases in Massacheusettes outbreak according to CDC Study. Delta variant produces similar viral loads in vaccinated, unvaccinated: CDC Director Rochelle Walensky:

During July 2021, 469 cases of COVID-19 associated with multiple summer events and large public gatherings in a town in Barnstable County, Massachusetts, were identified among Massachusetts residents; vaccination coverage among eligible Massachusetts residents was 69%. Approximately three quarters (346; 74%) of cases occurred in fully vaccinated persons (those who had completed a 2-dose course of RNA vaccine [Pfizer-BioNTech or Moderna] or had received a single dose of Janssen [Johnson & Johnson] vaccine ≥14 days before exposure). Genomic sequencing of specimens from 133 patients identified the B.1.617.2 (Delta) variant of SARS-CoV-2, the virus that causes COVID-19, in 119 (89%) and the Delta AY.3 sublineage in one (1%). Overall, 274 (79%) vaccinated patients with breakthrough infection were symptomatic. Among five COVID-19 patients who were hospitalized, four were fully vaccinated; no deaths were reported. Real-time reverse transcription–polymerase chain reaction (RT-PCR) cycle threshold (Ct) values in specimens from 127 vaccinated persons with breakthrough cases were similar to those from 84 persons who were unvaccinated, not fully vaccinated, or whose vaccination status was unknown (median = 22.77 and 21.54, respectively). The Delta variant of SARS-CoV-2 is

highly transmissible (1); vaccination is the most important strategy to prevent severe illness and death. On July 27, CDC recommended that all persons, including those who are fully vaccinated, should wear masks in indoor public settings in areas where COVID-19 transmission is high or substantial.

Link and complete article is annexed herewith at **Annexure – W**

Source:https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w

People with breakthrough infections make up an increasing portion of hospitalizations and in-hospital deaths among COVID-19 patients, coinciding with the spread of the delta variant.

Link and complete article is annexed herewith at **Annexure – X**

Source: https://apnews.com/article/science-health-coronavirus-pandemic-d9504519a8ae081f785ca012b5ef84d1

8.2.12. Almost half of UK COVID infections are in people who are at least partly vaccinated, study suggests.

Almost half of COVID-19 cases in the UK are among people who are partly or fully vaccinated people, according to data from a large study.

The finding came from the ZOE COVID Study run by King's College London. It uses information logged daily by over a million people to predict COVID-19 trends.

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

As of July 15, an estimated 17,581 new daily UK cases of COVID-19 were in unvaccinated people, the study authors said in a press release on Thursday.

That compares to an estimated 15,537 new COVID-19 cases in people who had at least one dose of the vaccine, which is about 47% of all cases. Spector is the lead author of the ZOE COVID Study.

Link and complete article is annexed herewith at **Annexure – Y**

Source:

https://covid.joinzoe.com/post/new-top-5-covid-symptoms

https://www.businessinsider.in/science/news/almost-half-of-uk-covid-infections-are-in-people-who-are-at-least-partly-vaccinated-study-suggests-but-the-cases-were-much-milder-/articleshow/84473793.cms

8.2.13. 14 Israelis who got 3rd shot later infected with COVID-19

Fourteen Israelis have been diagnosed with COVID-19 despite having been inoculated with a third COVID-19 vaccine dose, according to Health Ministry data reported by Channel 12 news on Sunday.

According to the network, two of those infected after receiving the booster shot have been hospitalized.

It was not immediately clear whether the 14 contracted the virus before or after receiving the booster. Such sporadic instances would not be enough for medical officials to draw conclusions as to the third dose's general effectiveness in fighting off the Delta variant of the disease.

Eleven of the 14 cases were over the age of 60, and the remaining three were immunocompromised individuals under 60, the network said. The two that were hospitalized were over 60.

Link and complete article is annexed herewith at **Annexure – Z**

Source:

https://www.timesofisrael.com/tv-14-israelis-who-got-3rd-shot-later-infected-with-covid-19/

8.2.14. Covid-19 outbreak in Israel, with most cases coming from vaccinated people, in a country which has reached herd immunity.

About a month ago, Israel celebrated what seemed like the end of its domestic pandemic. The country dropped all coronavirus restrictions, including mask mandates and social distancing requirements, reported Reuters. Unfortunately, the celebration was premature.

COVID-19 cases have begun to rise in Israel over the last few weeks, reported Reuters. The outbreaks started in schools among unvaccinated children then began spreading to vaccinated adults. Last week, Israel recorded an average of 775 new daily cases last week, according to data from Reuters. This is Israel's highest number of daily new infections since March, Reuters reported.

The average number of weekly hospital admissions is currently 120 people, according to The Washington Post. The country has reimposed mask mandates, social distancing requirements and quarantines for everyone arriving in Israel. Just like in many other countries, the recent

NOTARY M.M. PASALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

outbreak has been driven by the more contagious and "more vaccine-resistant" delta variant, reported The Washington Post.

Who is testing positive for COVID-19 in Israel?

Unlike in many other countries, most of the people testing positive in Israel are vaccinated, reported The Washington Post.

Link and complete article is annexed herewith at **Annexure – AA**

Source:

https://www.google.com/amp/s/www.deseret.com/platform/amp/coronavirus/2021/7/20/22584134/whats-going-on-in-israels-outbreak-among-vaccinated-people

8.2.15. By vaccination we are inviting more danger. Britain's Royal Navy reports Covid outbreak in Defense aircraft carrier which was at sea in pacific ocean. Said infection rate is around 7 times higher them the actual infection rate of corona.

100 fully injected crew members had tested positive onboard the British Defense aircraft carrier HMS Queen Elizabeth. The Navy ship has a case rate of 1 in 16 — the highest case rate recorded. Which is much times more than the actual infection without any medicine. This suggests that, by taking vaccines the risk of infection increases by around 7 times higher. Then it makes no sense rather it will be foolish decision to force the vaccination. This also suggests that vaccine-induced herd immunity is impossible, as these injections apparently cannot prevent COVID-19 even if 100% of a given population gets them.

Link and complete article is annexed herewith at **Annexure – BB**

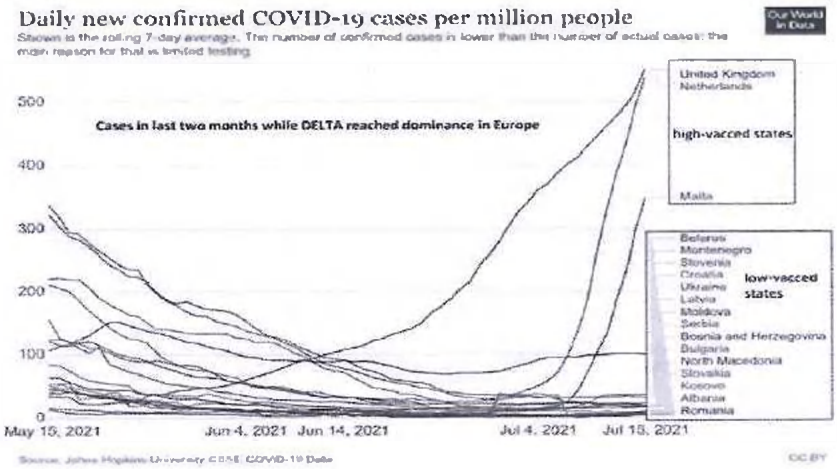
Source:

https://www.newindianexpress.com/world/2021/jul/14/britains-royal-navy-reports-covid-outbreak-in-carrier-strike-group-2330103.html

8.2.16. COVID Surges in Countries with Highest Injection Rates

Bhutan offers an interesting glimpse into the effects of mass COVID "vaccination". **They managed to get 64% of residents injected in just one week, starting March 27, 2021, and almost immediately, there was a rapid uptick in cases.**

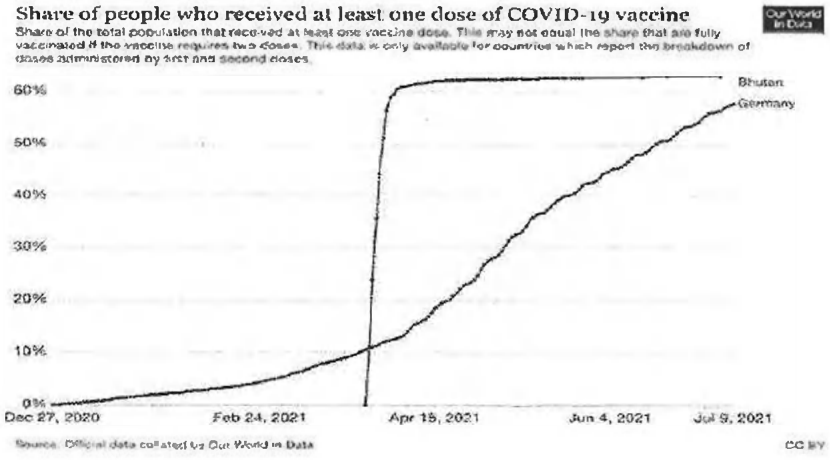
We also have data showing that countries with the highest COVID injection rates are also experiencing the greatest upsurges in cases, while countries with the lowest injection rates have the lowest caseloads. This trend "is worrying me quite a bit," Dr. Robert Malone, inventor of the mRNA vaccine technology, said in a July 16, 2021, Tweet.



Bhutan offers an interesting glimpse into the effects of mass COVID "vaccination". They managed to get 64% of residents injected in just one

week, starting March 27, 2021, and almost immediately, there was a rapid uptick in cases.

In the first graph below, you see the extraordinarily rapid injection rate in Bhutan, going from zero to 64% in a matter of days. In the second graph, you can see the effect on cases in the weeks that followed. They went from near-zero cases at the outset of the injection campaign, to a high of more than 400 cases per million in the weeks following.



Link and complete article is annexed herewith at **Annexure – CC**

Source:

https://threadreaderapp.com/thread/1415989536933490688.html

8.2.17. Infact, there is scientific evidence that the people who contracted covid-19 and recovered from it have better immunity than those who are vaccinated.

8.3.1. Coronavirus patients who recovered from the virus were far less likely to become infected during the latest wave of the pandemic than people who were vaccinated against COVID, according to numbers presented to the Israeli Health Ministry.

Health Ministry data on the wave of COVID outbreaks which began this May show that Israelis with immunity from natural infection were far less likely to become infected again in comparison to Israelis who only had immunity via vaccination.

A copy of Israel Research Report dated **24th April 2021** is annexed herewith at **Annexure – DD.**

Source:

https://drive.google.com/file/d/1wloFQ1WqZYODnZ5BC6qX3poP7GCS3lT3/view?usp=sharing

More than 7,700 new cases of the virus have been detected during the most recent wave starting in May, but just 72 of the confirmed cases were reported in people who were known to have been infected previously – that is, less than 1% of the new cases.

Roughly 40% of new cases – or more than 3,000 patients – involved people who had been infected despite being vaccinated.

With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID.

By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection, with over 3,000 of the 5,193,499, or 0.0578%, of Israelis who were vaccinated getting infected in the latest wave.

According to a report by Channel 13, the disparity has confounded – and divided – Health Ministry experts, with some saying the data proves the higher level of immunity provided by natural infection versus vaccination, while others remained unconvinced.

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

Link and complete article is annexed herewith at **Annexure – EE**

Source

https://www.israelnationalnews.com/News/News.aspx/309762

8.3.2. Proofs of Sweden has reached natural herd immunity against several variants of SARS-CoV-2 despite using limited restrictions.

Time to revisit Sweden as much of the world starts locking down and masking again regardless of vaccination levels, blaming the Delta variant. And those impudent Swedes are pretty much refusing to die of Covid at all.

Not to say that vaccines haven't contributed to the current low numbers, but … cases peaked during the first week of January while vaccinations didn't even *begin until the end of that month*. Currently Sweden ranks 18th in Europe in vaccines per capita, right in the middle. Likewise, there are those who say Sweden finally buckled down and imposed serious restrictions. It didn't. It imposed more restrictions in the second week of January, perhaps more in response to international opprobrium than anything else. But yes, it was after cases not only had started dropping but actually plummeted by more than half.

What's happening? According to an as-yet unpublished but online study by two Svenske researchers, it appears the country has reached that Holy Grail of Covid called "herd immunity." That means a level where those already protected are significantly guarding those without exposure. Mind, they say, it's not all from Covid-19 per se but possibly in great part to "pre-immunity" from other infections. Four

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

coronaviruses are known to cause colds, but the researchers actually don't even mention that. It's just that previous exposure to *something* seems to be providing natural inoculation. And it shouldn't be as unique to Sweden as Ingrid Bergman.

Mind, the current figures are just a snapshot. Did the country pay an awful price en route to the apparent herd immunity? Well, certainly the Swedish death rate is higher than its Nordic neighbors Norway, Denmark, and Finland. Those are the comparisons you'll hear. But it's well below the rates for larger-population European countries including Belgium, Italy, the U.K., Romania, Spain, France, and Portugal. The U.S., too.

Sweden's chief epidemiologist **Anders Tegnell,** who caught absolute hell, feels vindicated.
"Locking down is saving time," he said last year. "It's not solving anything." In essence the country "front-loaded" its deaths and decreased those deaths later on.

Link and complete article is annexed herewith at **Annexure – FF**

Source:
https://www.globalresearch.ca/sweden-despite-variants-no-lockdowns-no-daily-covid-deaths/5752004

https://www.medrxiv.org/content/10.1101/2021.07.07.21260167v1.full

8.3.3. Research proving natural immunity developed due to contact with Covid-19 infection is far better than the vaccine.

8.3.3.1. This study followed 254 Covid-19 patients for up to 8 months and concluded they had "durable broad-based immune responses." In fact, even very mild Covid-19 infection also protected the patients from an earlier version of "SARS" coronavirus that first emerged around 2003, and against Covid-19 variants. "Taken together, these results suggest that broad and effective immunity may persist long-term in recovered COVID-19 patients," concludes the study scientists.

Link and complete article is annexed herewith at **Annexure – GG**

Source:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8253687/

8.3.3.2. This study of airline passengers in Qatar found that both vaccination and prior infection were "imperfect" when it comes to preventing positive Covid-19 test results, but that the incidence of reinfection is similarly low in both groups.

Link and complete article is annexed herewith at **Annexure – HH**

Source:

https://jamanetwork.com/journals/jama/fullarticle/2781112

8.3.3.4. This study followed 52,238 employees of the Cleveland Clinic Health System in Ohio. **For previously-infected people, the cumulative incidence of re-infection "remained almost zero."** According to the study, "Not one of the 1,359 previously infected subjects who remained unvaccinated had a [Covid-19] infection over the duration of the study" and vaccination did not reduce the risk.

"Individuals who have had [Covid-19] infection are unlikely to benefit from COVID-19 vaccination," concludes the study scientists.

Link and complete article is annexed herewith at **Annexure – II**

Source:

https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2

8.3.3.5. This study found strong immune signs in people who had previously been infected with Covid-19, including "those [who] experienced asymptomatic or mild disease." The study concludes there is "reason for optimism" regarding the capacity of prior infection "to limit disease severity and transmission of variants of concern as they continue to arise and circulate."

Link and complete article is annexed herewith at **Annexure – JJ**

Source:

https://www.medrxiv.org/content/10.1101/2021.05.28.21258025v1

8.3.3.6. This study of real world data extended the timeframe of available data indicating that patients have strong immune indicators for "almost a year post-natural infection of COVID-19." The study concludes the immune response after natural infection "may persist for longer than previously thought, thereby providing evidence of sustainability that may influence post-pandemic planning."

Link and complete article is annexed herewith at **Annexure – KK**

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

Source:

https://www.thelancet.com/action/showPdf?pii=S2589-5370(21)00182-6

8.3.3.7. This study examined bone marrow of previously-infected patients and found that even mild infection with Covid-19 "induces robust antigen-specific, long-lived humoral immune memory in humans." The study indicates "People who have had mild illness develop antibody-producing cells that can last lifetime."

People who have had mild illness develop antibody-producing cells that can last lifetime.

Link and complete article is annexed herewith at **Annexure – LL**

Source:

https://www.nature.com/articles/s41586-021-03647-4

8.3.3.8. This scientific brief issued by WHO states that after natural infection with Covid-19, "available scientific data suggests that in most people immune responses remain robust and protective against reinfection for at least 6-8 months."

Link and complete article is annexed herewith at **Annexure – MM**

Source:

https://www.livemint.com/news/world/natural-infection-gives-same-immunity-as-inoculation-11621363241230.html

8.3.3.9. This study found humoral and cellular immunity in recovered Covid patients. "Production of S-RBD-specific antibodies were readily

detected in recovered patients. Moreover, we observed virus-neutralization activities in these recovered patients," wrote the study authors.

The adaptive immune system consists of three major lymphocyte types: B cells (antibody producing cells), CD4+ T cells (helper T cells), and CD8+ T cells (cytotoxic, or killer, T cells.

Link and complete article is annexed herewith at **Annexure – NN**

Source:

https://www.cell.com/immunity/fulltext/S1074-7613(20)30181-3?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1074761320301813%3Fshowall%3Dtrue

https://www.cell.com/cell/fulltext/S0092-8674(20)31235-6?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867420312356%3Fshowall%3Dtrue

8.3.3.10. This study found a rare Covid-19 positive test "reinfection" rate of 1 per 1,000 recoveries.

Link and complete article is annexed herewith at **Annexure – OO**

Source:

https://www.medrxiv.org/content/10.1101/2021.03.06.21253051v1

8.3.3.11. Research funded by the National Institutes of Health and published in Science early in the Covid-19 vaccine effort found the "immune systems of more than 95% of people who recovered from COVID-19 had durable memories of the virus up to eight months after

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

infection," and hoped the vaccines would produce similar immunity. (However, experts say they do not appear to be doing so.

Link and complete article is annexed herewith at **Annexure – PP**

Source:

https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19

8.3.3.12. This study found Covid-19 natural infection "appears to elicit strong protection against reinfection" for at least seven months. "Reinfection is "rare," concludes the scientists.

Link and complete article is annexed herewith at **Annexure – QQ**

Source:

https://www.medrxiv.org/content/10.1101/2021.01.15.21249731v2

8.3.3.13. This study confirmed and examined "immune memory" in previously-infected Covid-19 patients.

Link and complete article is annexed herewith at **Annexure – RR**

Source:

https://www.nature.com/articles/s41586-020-2550-z

8.3.3.14. This study concluded "T cell" immune response in former Covid-19 patients likely continues to protect amid Covid-19 variants.

Link and complete article is annexed herewith at **Annexure – SS**

Source:

https://www.biorxiv.org/content/10.1101/2021.02.27.433180v1

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

8.3.3.15. This study found that "neutralizing antibodies are stably produced for at least 5–7 months" after a patient is infected with Covid-19.

Link and complete article is annexed herewith at **Annexure – TT**

Source:

https://www.cell.com/immunity/fulltext/S1074-7613(20)30445-3?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1074761320304453%3Fshowall%3Dtrue

8.3.3.16. This study found that all patients who recently recovered from Covid-19 produced immunity-strong T cells that recognize multiple parts of Covid-19.

They also looked at blood samples from 23 people who'd survived a 2003 outbreak of a coronavirus: SARS (Cov-1). These people still had lasting memory T cells 17 years after the outbreak. Those memory T cells, acquired in response to SARS-CoV-1, also recognized parts of Covid-19 (SARS-CoV-2).

Much of the study on the immune response to SARS-CoV-2, the novel coronavirus that causes COVID-19, has focused on the production of antibodies. But, in fact, immune cells known as memory T cells also play an important role in the ability of our immune systems to protect us against many viral infections, including—it now appears—COVID-19.

"Immune T Cells May Offer Lasting Protection Against COVID-19"

Link and complete article is annexed herewith at **Annexure – UU**

Source:

NOTARY M.M PABALE Mumbai Maharashtra Reg. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

https://www.nature.com/articles/s41586-020-2550-z

8.4. Expert Reports that Vaccines May Do More Harm Than Good To Those Recovered From Covid-19.

8.4.1. Experts argue that when the current evidence shows that people recovered naturally from Covid-19 are well-protected from future infection or severity of the disease, there is no point including them in the current vaccination drive.

8.4.2. A section of infectious disease experts in India believes that vaccines have no benefits to such individuals who have naturally recovered from Covid-19. Instead, it might cause some harm to them and lead to Serious Adverse Event Following Immunization (SAEFI).

8.4.3. Deaths, blood clotting or other health complications have been reported due to SAEFI from across the world and health experts say that it has nothing to do with any deficiency in the safety aspects of approved Covid-19 vaccines.

"Even a good vaccine can cause health complications due to adverse side effects as each human body responds to inoculation differently. But when you have to protect a larger population, this is the price one has to pay," an epidemiologist associated with the government said requesting not to be named.

He added, "This is true with all vaccines and vaccination programmes ever introduced in human history."

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expiry Dt.
30-10-2024
GOVT. OF INDIA

8.4.4. Experts argue that when the current evidence shows that people recovered naturally from Covid-19 are well-protected from future infection or severity of the disease, there is no point including them in the current vaccination drive and risking their lives even if the risk is minuscule.

8.4.5. Dr. Sanjay Rai, Professor, Community Medicine in All India Institute of Medical Sciences, New Delhi, says that all available evidence demonstrates that the natural infection provides better and longer protection that may even be lifelong.

"There is no need to vaccinate individuals who had documented COVID-19 infection in the past. These individuals may be vaccinated after generating evidence that vaccine is beneficial after natural infection," Dr. Rai said.

He added," Based on the available shreds of evidence, we can say that there is no additional benefit of vaccination in COVID recovered individuals. Actually, it may cause harm due to few known and unknown severe adverse events following immunization."

8.4.6. Noted epidemiologist Dr. Jayaprakash Muliyil, who is a core member of the National Technical Advisory Group on Immunization (NTAGI), agrees that vaccinating a confirmed Covid-19 recovered person doesn't have any additional benefit "but there is some small chance of adverse reaction."

Health experts say that there are two ways to find out if a person is a confirmed Covid-19 recovered case. First, those people who developed symptoms after contracting the virus and got it confirmed through the RT-PCR test.

"A reliable test of antibody can be another way to establish if a person is a confirmed Covid-19 recovered case," Dr. Muliyil said.

He added, "At present, the available evidence suggests that natural infection is superior to vaccination. So in retrospect, it is a good and convenient way to say who needs vaccination and who doesn't."

8.4.7. As the current vaccination drive in India doesn't have any provision to exclude naturally-recovered persons, a lot of such people say that they have to get vaccinated even if they didn't want because they were under pressure from their employers.

Some of them have to go abroad and many countries have made vaccination a pre-requisite condition for issuing a visa as they still believe that vaccinated individuals don't spread infection. This is contrary to the growing evidence that a vaccinated person can be a spreader of infection.

Outlook has earlier highlighted how health experts had suggested the introduction of a "Natural Certificate" for those travellers who are unvaccinated but have recovered from Covid-19.

8.4.8. European nations have reportedly introduced a **'Digital Green Certificate'** for safe and free movement during the pandemic within the

EU. The certificate is **issued to the three categories of people (a) a person has been vaccinated against Covid-19, (b) has received a negative test result or (c) has recovered from Covid-19.**

8.4.9. "There is a wrong notion among many doctors that natural immunity is transient. It is because, during the initial days of Covid-19, the World Health Organisation had made this baseless statement which many doctors still believe to be true," a senior government doctor said. Link and complete article is annexed herewith at **Annexure – VV**

Source:

https://www.outlookindia.com/website/story/india-news-vaccines-may-do-more-harm-than-good-to-those-recovered-from-covid-19-experts/390974

9. VACCINATION IS VOLUNTARY & NOT COMPULSORY ACCORDING TO VARIOUS COURT JUDGMENTS AND UNIVERSAL DECLARATION ON BIOETHICS & HUMAN RIGHTS 2005.

9.1. The High Court of Guwahati, Itanagar Bench, vide its Order dated **19.07.2021** in **Madan Mili Vs. UOI 2021 SCC OnLine Gau 1503**, held that there was no evidence available either in the record or in the public domain that Covid-19 vaccinated persons cannot be infected with Covid-19 virus, or he/she cannot be a carrier of a Covid-19 virus and consequently, **a spreader of Covid-19 virus**. In so far as the spread of **Covid-19** Virus to others is concerned, the Covid-19 vaccinated and unvaccinated person or persons are the same. With regard to the

NOTARY M.M. PABALE Dhanori Maharashtra Reg. No. 15220 Expiry On 30-10-2024 GOVT. OF INDIA

contention of the learned Additional Advocate General that the State Government can make restrictions curtailing the Fundamental Rights of the citizens under the Disaster Management Act, 2005 (hereinafter referred to as the "Act"), by way of the SOP, the same in considered view of the Court is clearly not sustainable, as the said clauses in the SOP which are in issue in the present case cannot be said to be reasonable restrictions made in terms of Article 19(6). The requirement of Article 19(6) of the Constitution is that the restriction has to be made in the form of a law and not by way of an executive instruction. The High Court went on to hold that the action of the State was in violation of right to freely move anywhere as provided under Article 19 and the state action was not reasonable one as required by Article 19. The relevant para reads thus;

"13. In the instant case, the classification sought to be made between the vaccinated and unvaccinated persons for Covid-19 by Clause 11 of the Order dated 30.06.2021 for the purpose of issuing a temporary permit for developmental works in both public and private sector in the State of Arunachal Pradesh is undoubtedly to contain Covid-19 pandemic and its further spread in the State of Arunachal Pradesh. There is no evidence available either in the record or in the public

domain that Covid-19 vaccinated persons cannot be infected with Covid-19 virus, or he/she cannot be a carrier of a Covid-19 virus and consequently, a spreader of Covid-19 virus. In so far as the spread of Covid-19 Virus to others is concerned, the Covid-19 vaccinated and unvaccinated person or persons are the same. Both can equally be a potential spreader if they are infected with Covid-19 Virus in them. This aspect of the matter came up for consideration by this Court in WP(C)/37/2020 (In Re Dinthar Incident Aizawl v. State of Mizoram Aizawl; in which case, this Court vide Order dated 02.07.2021, in paragraph 14 thereof, had observed as follows -

> *"14. It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated persons who are covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. Thus, even a vaccinated infected covid person can be a super-spreader. If*

vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary. As such, the submission made by the learned Additional Advocate General that the restrictions made against the un-vaccinated persons vis-à-vis the vaccinated persons is reasonable does not hold any water. As the vaccinated and un-vaccinated persons would have to follow the covid proper behavior protocols as per the SOP, there is no justification for discrimination."

14. *Thus, if the sole object of issuing the Order dated 30.06.2021, by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, is for containment of the Covid-19 pandemic and its further spread in the State of Arunachal Pradesh, the classification sought to be made between vaccinated and unvaccinated persons*

for Covid-19 virus for the purpose of issuing temporary permits for developmental works in both public and private sector, vide Clause 11 thereof, prima facie, appears to be a classification not founded on intelligible differentia nor it is found to have a rational relation/nexus to the object sought to be achieved by such classification, namely, containment and further spread of Covid-19 pandemic.

15. *For the reasons stated hereinabove, it prima facie appears to this Court that Clause 11 of the Order dated 30.06.2021, issued by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&D M/01/2011-12, in so far it makes a classification of persons who are Covid-19 vaccinated and persons who are Covid-19 unvaccinated for the purpose of issuance of temporary permits for developmental works in both public and private sector in the State of Arunachal Pradesh violates Articles 14, 19 (1) (d) & 21 of the Constitution of India calling for an interim order in the case. Accordingly, till the returnable date, Clause 11 of the Order dated 30.06.2021, issued by the Chief Secretary cum*

Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, in so far it discriminates between Covid-19 vaccinated persons and Covid-19 unvaccinated persons for issuance of temporary permits for developmental works in both public and private sector in the State of Arunachal Pradesh, shall remain stayed."

A copy said order dated **19.7.2021** is annexed herewith at **Annexure - WW**

9.2. The High Court of Manipur at Imphal, vide its Order dated **13.7.2021** in **Osbert Khaling Vs State of Manipur 2021 SCC OnLine Mani 234**, held that, the **State cannot seek to impose conditions upon the citizens so as to compel them to get vaccinated, be it by holding out a threat or by putting them at a disadvantage for failing to get vaccinated**. Restraining people who are yet to get vaccinated from opening institutions, organizations, factories, shops, etc., or denying them their livelihood by linking their employment, be it NREGA job card holders or workers in Government or private projects, to their getting vaccinated would be illegal on the part of the State, if not unconstitutional. Such a measure would also trample upon the freedom of the individual to get vaccinated or choose not to do so.

A copy said order **dated 13.7.2021** is annexed herewith at **Annexure – XX**.

9.3. While dealing with the issue of MR vaccines in the case of Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji) Versus Union of India, **W.P.(C) 343/2019 & CM Nos.1604-1605/2019**, the Hon'ble High Court of Delhi directed that;

> ***"MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent.*** *The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary".*

Recently, there have been few judgments regarding vaccine coercion being illegal and to stop discrimination between vaccinated & unvaccinated people. **In Re: Dinthar Incident Aizawl Vs. State of Mizoram 2021 SCC OnLine Gau 1313,** the Division Bench of Hon'ble

Gauhati High Court vide its order dated **02.07.2021**, has categorically held as follows:

> ***"14.*** *It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated persons who are covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. Thus, even a vaccinated infected covid person can be a* ***super spreader****. If vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary."*

The above fact is now proven in the State of Kerala where 40000 breakthrough (double vaccinated with 14 days after 2nd vaccination) cases have been found recently.

A copy said order **dated 02.07.2021** is annexed herewith at **Annexure – YY**.

9.4. It is worth to state that in **Common Cause Vs. Union of India (2018) 5 SCC 1,** the Apex Court held that a person has a right to choose medication of his choice.

9.5. In the case of **Writ Petition (C.) 36065 of 2017** the Parents Teachers Association, Government Higher Secondary School, Kokkur, Kerala vs the State of Kerala, the Hon'ble High Court of Kerala observed and held that **"If at all any parent has an objection, it has to be necessarily brought before the authorities, and there need not be any vaccination administered to such children whose parents object to the Vaccination".** [

A copy said order **dated 10.11.2018** is annexed herewith at **Annexure – ZZ.**

9.6. On **23rd June, 2021** in the case between Registrar General, High Court of **Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130**, it is ruled by High Court as under;

> *"It has been brought to the notice of this High Court that the State of Meghalaya, through various orders of the Deputy Commissioners, has made it mandatory for shopkeepers, vendors, local taxi drivers and others to get themselves vaccinated before they can resume their businesses. Whether vaccination can at*

all be made mandatory and whether such mandatory action can adversely affect the right of a citizen to earn his/her livelihood, is an issue which requires consideration.

Thus, by use of force or through deception if an unwilling capable adult is made to have the „flu vaccine would be considered both a crime and tort or civil" wrong, as was ruled in Airedale NHS Trust v Bland reported at 1993 AC 789 = (1993) 2 WLR 316 = (1993) 1 All ER 821, around thirty years (30) ago. Thus, coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.

Till now, there has been no legal mandate whatsoever with regard to coercive or mandatory vaccination in general and the Covid19 vaccination drive in particular that can prohibit or take away the livelihood of a citizen on that ground.

In the "frequently asked questions" (FAQs) on COVID-19 vaccine prepared and uploaded by the Ministry of Health and Family Welfare, Government of India, in its official website, the

question which appears under serial number 3 reads, "Is it mandatory to take the vaccine?" The "potential response", which is provided in the official website reads, "Vaccination for COVID-19 is voluntary.

In this context, around one hundred and seven (107) years ago, in Schloendroff v Society of New York Hospitals reported at (1914) 211 NY 125 = 105 NE 92; 1914 NY Justice Cardozo ruled that „every human being of adult years and sound mind has a right to determine what shall be done with their body".

This finds mention in decisions of the European Commission and Court of Human Rights [X vs. Netherlands of 1978 (decision rendered on 4th December, 1978); X vs. Austria of 1979 (decision rendered on 13th December, 1979)] which has become truer in the present times across the world than ever before. Compulsorily administration of a vaccine without hampering one"s right to life and liberty based on informed choice and informed consent is one thing. However, if any compulsory vaccination drive is

coercive by its very nature and spirit, it assumes a different proportion and character.

However, vaccination by force or being made mandatory by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it."

9.7. In **Common Cause Vs. Union of India (2018) 5 SCC 1**, it is ruled as under;

"169. In the context of health and medical care decisions, a person's exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent he/she is willing to submit himself/herself to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per his or her own understanding, is in consonance with his or her own individual aspirations and values.

Q. Conclusions in seriatim

202. In view of the aforesaid analysis, we record our conclusions in seriatim:

202.8.** An inquiry into Common Law jurisdictions reveals that **all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical

treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment, even if such decision entails a risk of death. *The "Emergency Principle" or the "Principle of Necessity" has to be given effect to only when it is not practicable to obtain the patient's consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.*

202.9. *Right to life and liberty as envisaged under Article 21 of the Constitution is meaningless unless it encompasses within its sphere individual dignity. With the passage of time,* ***this Court has expanded the spectrum of Article 21 to include within it the right to live with dignity as component of right to life and liberty.***

202.12. *Though the sanctity of life has to be kept on the high pedestal yet in cases of terminally ill persons or PVS patients where there is no hope for revival, priority shall be*

given to the Advance Directive and the right of self-determination.

202.13. *In the absence of Advance Directive, the procedure provided for the said category hereinbefore shall be applicable.*

202.14. *When passive euthanasia as a situational palliative measure becomes applicable,* ***the best interest of the patient shall override the State interest.***

306. *In addition to personal autonomy, other facets of human dignity, namely, "self-expression" and "right to determine" also support the argument that* ***it is the choice of the patient to receive or not to receive treatment.***

517. *The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide whether or not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional.* ***Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;***

9.8. In a recent judgment dated 29th September 2020 passed by Hon'ble Karnataka High Court in the matter between **A. Varghese Vs. Union of India 2020 SCC OnLine Kar 2825,** it is ruled as under;

> *"2. The petition proceeds on the footing that the Standard Operating Procedures / Guidelines prescribed by the State Government as well as the Government of India compel a person suffering from Covid-19 to take treatment only by use of Allopathic drugs.*
>
> ***At least from the Standard Operating Procedures, which are placed on record, we do not find anything therein which shows that the Government can compel a patient to take only Allopathic drugs.*** *We cannot go into the question whether Covid-19 can be successfully treated either by Ayurvedic drugs or by Allopathic drugs. It is for the experts in the field of medicine to decide that question."*

9.9. Also, in the case **(W.P.(C) 343/2019 & CM Nos.1604-1605/2019) between Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji)** Versus Union of India, & **W.P.(C) 350/2019 & CM Nos. 1642-1644/2019**

between **Baby Veda Kalaan & Others Versus Director of Education & Others.**

The Hon'ble High Court of Delhi had observed that the authority is bound to advertise the side effects of the vaccines before getting their consent.

It is ruled as under;

> ***"The contention that indication of the side effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision. The respondents are not only required to indicate the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/ children."***

The Hon'ble High Court of Delhi thus passed the following orders;

"MR vaccines will not be administered to those students whose parents / guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents have given their consent either *by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary".*

01- Further on the issue of informed consent, the Hon'ble High Court had clearly directed that:

"Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents... The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalized by the Department of Preventive Medicine, All India Institute of Medical Sciences".

A copy said order **dated 22.01.2019** is annexed herewith at **Annexure – AAA**

In **Noida Entrepreneurs Assn. v. NOIDA, (2011) 6 SCC 508,** it is ruled that, **"Whenever a thing is prohibited, whether done directly or indirectly and authority cannot be permitted to evade law by Shift or Contrivance" what is not allowed to be done directly should not be allowed to be done indirectly.** It is ruled as under;

> *"**25.** It is a settled proposition of law that whatever is prohibited by law to be done, cannot legally be affected by an indirect and circuitous contrivance on the principle of quando aliquid prohibetur, prohibetur at omne per quod devenitur ad illud, which means "whenever a thing is prohibited, it is prohibited whether done directly or indirectly". (See Swantraj v. State of Maharashtra [(1975) 3 SCC 322 : 1974 SCC (Cri) 930 : AIR 1974 SC 517] , CCE v. Acer India Ltd. [(2004) 8 SCC 173] and Sant Lal Gupta v. Modern Coop. Group Housing Society Ltd. [(2010) 13 SCC 336 : (2010) 4 SCC (Civ) 904 : JT (2010) 11 SC 273])*
>
> ***26.** In Jagir Singh v. Ranbir Singh [(1979) 1 SCC 560 : 1979 SCC (Cri) 348 : AIR 1979 SC 381] this Court has observed that **an authority***

NOTARY M.M. PABALE Mumbai Maharashtra Regd. No. 15220 Expiry Dt. 30-10-2024 GOVT. OF INDIA

cannot be permitted to evade a law by "shift or contrivance". *While deciding the said case, the Court placed reliance on the judgment in Fox v. Bishop of Chester [(1824) 2 B&C 635 : 107 ER 520] , wherein it has been observed as under: (Jagir Singh case [(1979) 1 SCC 560 : 1979 SCC (Cri) 348 : AIR 1979 SC 381] , SCC p. 565, para 5)*

"5. ... 'To carry out effectually the object of a statute, it must be so construed as to defeat all attempts to do, or avoid doing, in an indirect or circuitous manner that which it has prohibited or enjoined.' [Ed.: As observed in Maxwell on the Interpretation of Statutes, 11th Edn., p. 109. See SCC p. 565, para 5 of Jagir Singh case, (1979) 1 SCC 560.] "

9.10. The relevant articles of **Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR)** are as under;

"Article 3 – Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.

2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the

prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 – Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent;

(b) research should only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take part in research should be respected.

Article 8 – Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical practice and associated technologies,

human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 10 – Equality, justice and equity

The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably.

Article 11 – Non-discrimination and non-stigmatization

No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

Article 16 – Protecting future generations

The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Application of the principles

***Article 18** – Decision-making and addressing bioethical issues*

1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best

available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted."

10. Law laid down in **Montgomery's case [2015] UKSC 11** about informed consent.

11. Surprising and illogical decision of allowing people through buses and differentiating them in train.

12. Government is bound to publish the side effects of the vaccines before advocating the public to take it.

13. Advertisements that vaccines are safe and are the only remedy is a false statement and an offence of cheating as they are deceiving people by suppressing the truth about death causing effects and also suppressing other effective remedies & prevention options such as Ivermectin, MATH+ Protocol, Vitamin D, Ayurveda, Naturopathy etc.

14. ILLOGICAL & UNSCIENTIFIC USE OF THE PCR TEST & THE MYTH OF ASYMPTOMATIC TRANSMISSION.

14.1. How the RT-PCR Test Works :

The RT-PCR test takes genetic material from the throat sample that is collected on the swab, runs it through an enzyme called Reverse Transcriptase to convert the RNA from the virus into DNA, & then multiplies the DNA exponentially to find if fragments of the Sars-Cov-2 virus are present in the person or not. Since complete live viruses are necessary for transmission & not their fragments, the RT-PCR test is not designed to tell us whether someone has an active Sars-Cov-2 infection or not. When the genetic material is being amplified, it is being done via cycles, which makes the quantity double after every cycle. For e.g. If 35 cycles of the RT-PCR are run, the first cycle will multiply the material from 1 to 2, the next one will take it from 2 to 4, & so on, until 35 cycles are completed. To put this into perspective, if the RT-PCR starts with a quantity of 2 virus fragments, at the end of 35 cycles it will create 3500 crore fragments.

Link and complete article is annexed herewith at **Annexure – BBB**

Source:

https://www.medicinenet.com/pcr_polymerase_chain_reaction/article.htm

https://www.youtube.com/watch?v=V__Zx0qS7uI

https://theinfectiousmyth.com/coronavirus/RT-PCR_Test_Issues.php

14.2. Inventor of RT-PCR (Kary Mullis) view on the test

Karry Mullis, an American Biochemist who got the Nobel Prize for his invention of the RT-PCR technique, said the following about the RT-PCR test: "With RT-PCR, if you do it well, you can find almost anything in anybody. It doesn't tell you that you're sick, & it doesn't tell you that

the thing you ended up with really was going to hurt you. I'm skeptical that any RT-PCR test is ever true."

14.3. Facts about the RT-PCR Test

A document published by FDA (U.S Food and Drug Administration) regarding the efficacy of RT-PCR test released in the beginning of the so-called pandemic released on 04th February,20202 (Please refer to page 38) The document clearly states that the RT-PCR test is only capable of checking the presence of genetic material of coronavirus in one's body. As cited in the document, CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, "Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms." Above evidence clears that RTPCR Test cannot detect any infectious virus (2019-nCov) in a person (detecting viral RNA is not same as detecting the Virus) The document further points out that, "This test cannot rule out diseases caused by other bacterial or viral pathogens" In other words, FDA document clears that RTPCR Test cannot diagnose the cause of sickness or death.

14.4. Understanding how the Gold Standard Test for detecting infectious virus (i.e. viral culture) works

The Gold Standard for testing infectious disease is known as bacteria or virus culture, where viruses are injected in laboratory cell lines to see if they cause cell damage & death, thus releasing a whole new set of viruses that can go on to infect other cells. This has always been the gold standard in other viruses & bacteria as well, like Ebola, Whooping Cough, etc. In a sick person with symptoms, if scientists are able to

culture a virus or bacteria, it means he possesses sufficient quantities of it in his body which shows that he is infected. In the case of Sars-Cov-2 as well, this is the gold standard that the RT-PCR & other quick diagnostic tests like the Rapid Antigen Tests should be compared to. A paper published by Indian scientists in 2020 titled "COVID diagnostics: Do we have sufficient armamentarium for the present and the unforeseen?", published in the Indian Journal of Medical Specialties, the authors admit that viral culture is the gold standard for Sars-Cov-2.

Link and complete article is annexed herewith at **Annexure – CCC**

Source: https://www.ijms.in/article.asp?issn=0976-2884;year=2020;volume=11;issue=3;spage=117;epage=123;aulast=Kashyap

https://www.cebm.net/covid-19/infectious-positive-pcr-test-result-covid-19/

14.5. Studies comparing RT-PCR to the Gold Standard

In a study titled "Correlation between 3790 qPcr positive samples & positive cell cultures including 1941 Sars-Cov-2" published in the peer-reviewed scientific journal "Clinical Infectious Diseases", by R Jafaar et al., in September 2020, when scientists compared the RT-PCR against the gold standard (I.e., viral culture), this is what they found: Ct = 25, up to 70% of patients have a positive viral culture. (meaning that in 30 percent of samples where RT-PCR was positive, the virus could not be cultured from those people, hence they were not infectious. Thus, at this level the false positive rate of the RT-PCR = 30%) Ct = 30, up to 20% of patients had a positive viral culture Ct= 35, less than 3 percent had a positive viral culture Hence at 25-30 cycles, false positive rate is 30%-

80% (10% increase at every cycle) 30-35 cycles, false positive rate is 80% - 97% 35 cycles & above, false positive rate is 97%-99.9% In a study titled: "Predicting Infectious Severe Acute Respiratory Syndrome Coronavirus 2 From Diagnostic Samples" published in the journal of Clinical Infectious Diseases in December 2020, the authors took 90 RT-PCR positive Sars-cov-2 samples and performed a viral culture test on them. They found that there was no viral growth in samples where the CT value of the RT-PCR was greater than 24. They also found that there was no viral growth in culture 8 days after symptoms began. Hence they concluded: "SARS-CoV-2 Vero cell infectivity was only observed for RT-PCR Ct < 24 and STT < 8 days. Infectivity of patients with Ct > 24 and duration of symptoms > 8 days may be low." According to a Meta-Analysis of 29 studies, titled: "Viral cultures for Covid-19 infectivity assessment – a systematic review" published in "Clinical Infectious Diseases" by T Jefferson et al., in September 2020 in medRxiv : "Twelve studies reported that Ct values were significantly lower & log copies higher in samples producing live virusculture. Five studies reported no growth in samples based on a CT cut- off value, which ranged from CT>24 for no growth to Ct ≥ to 34. Two studies report a strong relationship between Ct value & ability to recover infectious virus & that the odds of live virus culture reduced by 33% for every 1 unit increase in Ct. Cut-off of RT-PCR greater than 30 was associated with non-infectious samples" Conclusion of this study: "A binary Yes/No approach to the interpretation RT-PCR unvalidated against viral culture will result in false positives with possible segregation of large numbers of people who are no longer infectious & hence not a threat to public health" Basically, in this paper they are saying that after analysing 29 studies, higher CT values are not associated with active infection of Sars-Cov-2, & that with each cycle increase of the RT-PCR, the chances of

someone being infected reduce by 33%. The authors concluded by saying that RT-PCR results should be tested against viral culture, or else a large number of healthy people will be wrongly quarantined & have other restrictions imposed on them.

Link and complete article is annexed herewith at **Annexure – DDD**

Source

https://pubmed.ncbi.nlm.nih.gov/32986798/

https://pubmed.ncbi.nlm.nih.gov/32442256/

https://www.medrxiv.org/content/medrxiv/early/2020/09/29/2020.08.04.20167932.full.pdf

14.6. Practical issues with the RT-PCR.

The above has been seen in the scientific literature as well. A paper from China by Li Y et al. Titled "Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19." published in the Journal of Medical Virology on Mar 26 2020. [14] reported on consecutive testing results, defined as either Negative (N), Positive (P) or Dubious (D, presumably intermediate). Results for 29 people with contradictory results out of about 600 patients were: 1 DDPDD, 2 NNPN, 3 NNNPN, 4 DNPN, 5 NNDP, 6 NDP, 7 DNP, 8 NDDPN, 9 NNNDPN, 10 NNPD, 11 DNP, 12 NNNP, 13 PPNDPN, 14 PNPPP, 15 DPNPNN, 16 PNNP, 17 NPNPN, 18 PNP, 19 NPNP, 20 PNPN, 21 PNP, 22 PNP, 23 PNP, 24 PNDDP, 25 PNPNN, 26 PNPP, 27 PNP, 28 PNPN, 29 PNP, A study from Singapore did tests almost daily

on 18 patients and the majority went from Positive to Negative back to Positive at least once, and up to four times in one patient.

14.7. Testing data collected from Massachusetts, New York, Nevada and elsewhere show that upwards of 90 percent of people who test "positive" with a RT-PCR test are perfectly normal and disease- free. [16]

Why the RT-PCR Can Test Positive Long After Symptom Onset The RT-PCR is so sensitive that it can pick up non-infectious viral fragments in those who have already dealt with the virus and are not contagious anymore. We have seen the same phenomena in the past, where measles virus cannot be grown in cell culture but is detected as RT-PCR positive 3 months after infection. According to Sergio Santos & Matteo Chiesa, of Department of Physics and Technology, The Artic University of Norway, who wrote an article titled: "RT- PCR positives: What do they mean?" for the Center for Evidence Based Medicine.

"This detection problem is ubiquitous for RNA virus's detection. SARS-CoV, MERS, Influenza Ebola and Zika viral RNA can be detected long after the disappearance of the infectious virus. ...because inactivated RNA degrades slowly over time it may still be detected many weeks after infectiousness has dissipated." The same thing is taking place with Sars-Cov-2 as well, where people are testing positive weeks & months after the infection. But instead of questioning the validity & interpretation of the test, most people think that they have got a re-infection.

14.8. WHO's Position on the RT-PCR Test

In a notice written on January 13, 2021 and published on January 20, 2021, the WHO warned that high cycle thresholds on RT-PCR tests will result in false positives. To quote their own words: The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the CT value will be low. Conversely, when specimens return a high CT value, it means that many cycles were required to detect virus. In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain. The WHO confirmed that RT-PCR tests should not be used as the sole method of diagnosing COVID-19; they should only be used where clinical signs and symptoms are present, and they can yield false positive results at high amplification cycles. The package inserts accompanying RT-PCR test kits, state that the test should be administered only to patients with signs and symptoms suggestive of COVID-19.

Link and complete article is annexed herewith at **Annexure – EEE**

Source: https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05

14.9. Fake Epidemics Created in the Past due to RT-PCR Misuse

We have had many episodes in the past where, based on wrong use of the RT-PCR, false epidemics of diseases have been created. A striking case of this has been highlighted in a New York Times article from 2007, titled "Faith in Quick Test Leads to Epidemic that Wasn't", [20] explaining how a fake whooping cough (also known as pertussis) epidemic was created in 2006. A lady called Dr. Brooke Herndon started

coughing nonstop for 2 weeks in Mid-April of 2006. Because of this, an infectious disease expert at the hospital called Dr. Kathryn Kirkland, thought that could be the start of a whooping cough epidemic. By the end of April, few others at the hospital started coughing. Based on this fear that a whooping cough epidemic had started, the hospital tested nearly 1000 healthcare workers with the RT-PCR test, out of that 142 people were told they had the disease. These people were given antibiotics & vaccines (1445 health care workers took antibiotics & 4524 health care workers took the vaccine). Many beds at the hospital including ICU beds, were reserved solely for whooping cough patients. (Similar to what is happening now) After 8 months, healthcare workers were shocked to receive an email saying that this whole episode was a false alarm. Epidemiologists at the hospital decided to take extra steps to confirm if what they were seeing really was pertussis. Doctors sent 27 samples from patients they thought had pertussis to the American CDC. There scientists tried to grow the bacteria, & they concluded that there was no pertussis in any of the samples. They also tested 39 samples from patients who had tested positive and had not got themselves vaccinated, but only one of those cases showed an increase in antibody levels indicative of pertussis.

Link and complete article is annexed herewith at **Annexure – FFF**

Source: https://www.nytimes.com/2007/01/22/health/22whoop.html

14.10.How the Rapid Antigen Test (RAT) works:

Now that we have thoroughly dissected the RT-PCR test & its limitations / incorrect use, let us turn to the Rapid Antigen Test. Instead

of detecting the genetic fragments of the Sars-Cov-2 virus, it detects the proteins on the surface of the virus which are specific to it. Here is how this test works: "A typical antigen test starts with a health-care professional swabbing the back of a person's nose or throat. The sample is then mixed with a solution that breaks the virus open and frees specific viral proteins. The mix is added to a paper strip that contains an antibody tailored to bind to these proteins, if they're present in the solution. A positive test result can be detected either as a fluorescent glow or as a dark band on the paper strip."

This test now makes up 50% of the testing done in Mumbai [23], & amp; according to the ICMR as well as PM Narendra Modi, the RT-PCR test should make up 70% of India's testing, while the remaining 30% can be done via the Rapid Antigen Test. [24] The current mindset among people in our country is fully biased against false negatives, (I.e., if the test tests negative but the person actually has a Sars-Cov-2 infection). Hence the current guidelines in India state that if a person has symptoms & amp; he tests negative on the RAT, then he needs to retest with the RT-PCR. The reasoning according to many is that since for an antigen test to test positive one would need to have many viral particles in their body, the test could miss out on someone who has low levels of viral particles in the body. But as we have mentioned, viral culture is the gold standard for detecting viral agents, & studies have shown that the RAT correlates much better with virus culture than the RT-PCR does.

Link and complete article is annexed herewith at **Annexure – GGG**

Source:-

https://www.nature.com/articles/d41586-020-02661-2

https://www.ndtv.com/india-news/50-covid-tests-in-mumbai-are-less-reliable-antigen-tests-data-shows-2402588

https://www.livemint.com/news/india/need-to-stop-second-covid-19-peak-70-rt-pcr-test-must-for-states-pm-modi-11615972632349.html

14.11. Studies Comparing RAT to the Gold Standard

The following studies demonstrate that Rapid Antigen Tests correlate better with the Gold Standard (viral culture) than the RT-PCR. Title: "Antigen-based testing but not real-time RT-PCR correlates with SARS-CoV-2 virus culture" by A Pekosz et al., in 2020. [25] In this study 38 samples with evidence of SARS-CoV-2 by RT-PCR were collected from individuals symptomatic for COVID-19 with onset of symptoms. Samples were tested by rapid antigen test and in laboratory- based cell culture (Gold Standard) to assess infectivity. Of 38 RT-PCR- derived positive samples, 28 were positive, and 10 were negative in virus culture testing. This means that the RT-PCR had 10 false positive results (rate of 26.3%). By comparing antigen-based test results, the scientists observed that all samples except one that were positive in both the RT-PCR-based and culture-based tests, were also positive in the antigen-based test. (Only one false negative, rate of 3.5%) Of 10 samples that were positive in RT-PCR but negative in vira culture, two were positive in the antigen-based testing. (0 out of 10 RT-PCR tests matched with viral culture here, whereas 8 out of 10 rapid antigen tests matched with viral culture.)

These findings indicate the antigen tests perform better in detecting the presence of the infectious virus in patients' samples compared to RT-PCR-based tests.

Another study titled: "Evaluation of Abbott BinaxNOW Rapid Antigen Test for SARS-CoV-2 Infection at Two Community-Based Testing Sites — Pima County, Arizona, November 3–17, 2020" by JL Prince- Guerra et al., in Jan 2021, published in Morbidity & Mortality Weekly Report, [26] BinaxNOW rapid antigen test was used along with real-time reverse transcription-polymerase chain reaction (RT-PCR) testing to analyze 3,419 samples. 274 of these samples that either had a RT-PCR positive or an antigen positive were sent for viral culture. Out of these 124 were RT-PCR positive only, 147 were RT-PCR & antigen positive, & only 3 were antigen positive & RT-PCR negative. Using viral culture to compare against RT-PCR results, it was found that out of the 124 RT-PCR only positive tests, only 11 could be cultured. This indicates a 91 percent false positive rate for the RT-PCR (with a median CT value of 33.9). Out of the 147 samples that tested positive for both the RT-PCR & RAT, 85 of them could be cultured (giving the RAT a false positive rate of 42%). Using samples which tested positive using the RAT got down the false positive rate to 42%, a marginal improvement over using RT-PCR only positive samples. Further, it was found that the median CT value goes down to 22, indicating higher viral load on samples which test positive on the RAT. No virus could be cultured from the 3 samples that were RAT positive & amp; RT-PCR negative. This study confirms that the RT-PCR has a much higher rate of false positives than the RAT, that lower RT-PCR CT values correlate with higher viral load, & that the RAT correlates better with the gold standard of viral culture than the RT-PCR.

And finally, a study titled: "Evaluation of a SARS-CoV-2 rapid antigen test: Potential to help reduce community spread?" by T Toptan et al., published in December 2020 in the Journal of Clinical Virology [27], out of 32 RT-PCR samples, only 19 could be grown via cell culture, whereas out of those 32 only 27 were Antigen Test Positive.

All of these studies indicate that the RT-PCR test produces way more false positives than the antigen test, & that the antigen tests correlate with the gold standard better than the RT-PCR. Hence the worry about false negatives with the Antigen test is misleading as that is based on treating the RT-PCR as the gold standard, whereas what we have demonstrated here is that the reliability of the RT-PCR test is too low to depend on, & therefore the viral culture must be taken as the true gold standard.

Link and complete article is annexed herewith at **Annexure –HHH**

Source:

https://www.medrxiv.org/content/10.1101/2020.10.02.20205708v1

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7821766/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7832367/

14.12. Practical Issues with the RAT

Just like the RT-PCR, we have seen the same practical results with the antigen test as well, where people are getting different test results from different labs with the same sample. Tesla's CEO Elon Musk, claimed that he was tested positive twice and tested negative twice on the same

day:_"Something extremely bogus is going on," Musk tweeted. "Was tested for covid four times today. Two tests came back negative,_two came back positive. Same machine, same test, same nurse. Rapid Antigen test from BD."

In the USA, when the health care workers in Nevada and Vermont reported false positives with the RAT, US's HHS (Department of Health & Human Services) defended the Rapid Antigen Tests and threatened Nevada with unspecified sanctions until state officials agreed to continue using them in nursing homes. It took several more weeks for the U.S. Food and Drug Administration to issue an alert on Nov. 3 that confirmed what Nevada had experienced: Antigen tests were prone to giving false positives, the FDA warned in a report.

The FDA laid out various guidelines to reduce the risk of false positives from the Antigen tests, after it was found that this test was producing many false positive in nursing homes. They can be found in an article titled: "Potential for False Positive Results with Antigen Tests for Rapid Detection of SARS-CoV-2 - Letter to Clinical Laboratory Staff and Health Care Providers".[29] These guidelines must be implemented in India as well.

A paper titled: "Challenges and Controversies to Testing for COVID-19" [30], found that if a quarter of American school kids were tested three times a week with an antigen test that's 98% specific, it would produce 800,000 false positives a week.

Link and complete article is annexed herewith at **Annexure – III**

Source:

https://www.msn.com/en-us/news/technology/elon-musk-reveals-he-took-4-covid-tests-with-mixed-results/ar-BB1b024q

https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7587118/

14.13. Court Rulings Against the RT-PCR Worldwide

14.13.1. Multiple courts around the world have given judgements against the RT-PCR test. A Portuguese court issued the following ruling: "Given how much scientific doubt exists – as voiced by experts, i.e., those who matter – about the reliability of the RT-PCR tests, given the lack of information concerning the tests' analytical parameters, and in the absence of a physician's diagnosis supporting the existence of infection or risk, there is no way this court would ever be able to determine whether C was indeed a carrier of the SARS-CoV-2 virus, or whether A, B and D had been at a high risk of exposure to it," "Most importantly, the judges ruled that a single positive RT-PCR test cannot be used as an effective diagnosis of infection." "In their ruling, judges Margarida Ramos de Almeida and Ana Paramés referred to several scientific studies. Most notably [a study by Jaafar et al], which found that – when running RT-PCR tests with 35 cycles or more – the accuracy dropped to 3%, meaning up to 97% of positive results could be false positives." "The ruling goes on to conclude that, based on the science they read, any RT-PCR test using over 25 cycles is totally unreliable. The Court was

NOTARY M.M. PABALE Mumbai Maharashtra Reg. No. 15220 Expiry On 30-10-2024 GOVT. OF INDIA

declaring the RT-PCR test alone could not be sufficient for a diagnosis of disease, and it was outrageous to believe it could.

14.13.2.A "case of COVID disease" without a medical assessment of clinical symptoms in the patient is no case at all. It is a misnomer, and, the Court stated, represents a serious breach of the law. Not surprisingly, this decision received a total blackout in the mainstream media.

On December 31, anti-coronavirus activists won a court case against the Dutch state to ensure a family can return from holiday in Tanzania without having to produce negative coronavirus tests.

14.13.3. The court in The Hague ruled that the family can return from the high- risk country on January 3 without a negative test and ordered the state to pay the legal costs.

The judge said the family have the right to protest about being forced to undergo a RT-PCR test against their will. 'Introducing such a requirement for citizens of the Netherlands who want to return home requires legal grounding, and this is not covered by article 53 or 54 of the public health act,' the judge is quoted as saying.

The fact that further spreading of the virus needs to be tackled urgently is not up for discussion, the judge said. 'But such a far-reaching obligation as this, which concerns physical integrity, requires a concrete legal basis.

14.13.4. Following the Portuguese and Dutch rulings, now the Austrian court has ruled that RT-PCR tests are not suitable for COVID-19 diagnosis and that lockdowns have no legal or scientific basis. The

Vienna Administrative Court granted a complaint by the FPÖ against the prohibition of its meeting registered for January 31 in Vienna.

> "The prohibition was wrong," the court said said in the ruling. The court stated on the basis of scientific studies that the grounds for the prohibition put forward by the Vienna State Police Department are completely unfounded. It is expressly pointed out that, even according to the World Health Organization, "a RT-PCR test is not suitable for diagnosis and therefore does not in itself say anything about the disease or infection of a person".

Link and complete article is annexed herewith at **Annexure – JJJ**

Source:

https://translate.google.com/translate?hl=&sl=pt&tl=en&u=http%3A%2F%2Fwww.dgsi.pt%2Fjtrl.nsf%2F33182fc732316039802565fa00497eec%2F79d6ba338dcbe5e28025861f003e7b30

https://off-guardian.org/2020/11/20/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful/

https://www.thehagueonline.com/news/2021/01/04/negative-test-mandatory-for-entry-to-nlhttps://principia-scientific.com/austrian-court-rules-pcr-unsuited-for-covid-lockdowns-unlawful/

14.13.5. The Myth of Asymptomatic Transmission

There are many and various problems with the studies done to prove that asymptomatic transmission exists which we will highlight below, but the main reason that we cannot rely on these studies is that all of them use the PCR test to measure whether the infection is spreading or not, and we have just proved above that the PCR test cannot be used to find infectious viruses in people. Despite using RT-PCR, many studies still show that asymptomatic transmission is rare & the studies are summarised below.

14.13.6. <u>Studies on Asymptomatic Transmission</u>

As far as the scientific literature goes, the evidence is clear: truly asymptomatic transmission (when separated from pre-symptomatic transmission) is very rare. This position is supported by a large study from the city in China where the SARS-CoV-2 outbreak originated. Published in Nature.

14.13.7. Communications on November 20, the study is titled "Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China". Researchers in Wuhan did a city-wide screening between May 14 and June 1 using reverse transcription polymerase chain reaction (RT-PCR) assays to detect viral RNA fragments in residents. Among eligible residents, which was those aged six years or older, 92.9 percent participated, which amounted to 9,899,828 people. With this intensive screening program, there were positive test results for 300 individuals who were asymptomatic. Among these, 63 percent also tested positive for antibodies to SARS-CoV-2, offering additional evidence that they had indeed been infected. Nevertheless, contact tracing of 1,174 close contacts of asymptomatic individuals with evidence of infection revealed none who also tested

positive. The researchers also tried to culture virus from asymptomatic individuals who tested positive, but the results indicated that there was "no 'viable virus' in positive cases detected in this study".

14.13.8. Consequently, despite testing positive for viral RNA, none of these individuals appeared capable of transmitting the virus to others. As the authors stated, "there was no evidence of transmission from asymptomatic positive persons to traced close contacts." Three studies following up on 17, 91, and 455 close contacts of asymptomatic cases, respectively, found no evidence for asymptomatic transmission—an attack rate of "0%". A fourth study following up on 305 contacts of 8 asymptomatic cases identified one secondary case, for an attack rate of "0.3%". A fifth study following up on 119 contacts of 12 asymptomatic cases likewise identified one secondary case, for an attack rate of "0.8%". a sixth and seventh study respectively "indicated an asymptomatic secondary attack rate of 1% and 1.9%". An eighth followed up on 106 contacts of 3 asymptomatic cases and found 3 secondary cases, for an attack rate of "2.8%". The ninth and largest study followed up on 753 contacts of asymptomatic index cases and identified one secondary case, for a secondary attack rate of "0.13%".Together, the nine studies reported secondary attack rates of "zero to 2.8%", which compared with secondary attack rates for symptomatic cases of "0.7% to 16.2%", which suggests that people who are infected with SARS-CoV-2 but never develop COVID-19 "are responsible for fewer secondary infections than symptomatic and pre-symptomatic cases."

14.13.9. In other words, just because a person receives a positive RT-PCR test does not mean that they should be considered infectious, and pursuing policies based on the opposite assumption—as public health

officials in India and other countries have been doing—is a waste of precious resources.

Source:

https://www.nature.com/articles/s41467-020-19802-w
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392450/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7195694/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3566149
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392433/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7188140/
https://www.medrxiv.org/content/10.1101/2020.05.03.20082818v1
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7588541/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7906723/

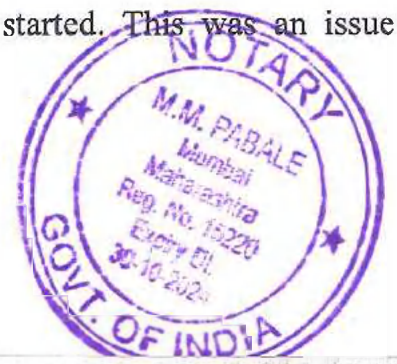
15. MISINFORMATION & PSEUDOSCIENCE ON ASYMPTOMATIC & PRESYMPTOMATIC TRANSMISSION SPREAD BY CDC

15.1. A pre-symptomatic case of COVID-19 is an individual infected with SARS-CoV-2, who has not exhibited symptoms at the time of testing, but who later exhibits symptoms during the course of the infection. An asymptomatic case is an individual infected with SARS-CoV-2, who does not exhibit symptoms during the course of infection. there are studies that estimate that individuals who are pre-symptomatic, meaning that they do go on to develop disease symptoms, are responsible for a large proportion of community spread. The estimates reported matter-of-factly by the media come from modelling studies that have

serious methodological flaws and limitations biasing results artificially toward a higher proportion of pre-symptomatic spread.

Model outputs are dependent upon the input assumptions. One key lesson from the pandemic is that findings from models may have little bearing on reality. Estimates from modelling studies do not represent real life pre-symptomatic transmission events.

15.2. Take, for instance, the modelling study from the CDC titled: "SARS- CoV-2 Transmission from People Without COVID-19 Symptoms" published in JAMA Network Open in January 2021. [46] This study has been used by the authorities & mainstream media to support the purposefully false claim that "approximately 50% of transmission" is "from asymptomatic persons". As already noted, that proportion mostly referred to pre-symptomatic transmission. Furthermore, that estimate depended on the assumption that before the person developed symptoms, there was a highly infectious virus incubation period. The incubation period is the time from infection until the development of symptoms. The reference cited as the basis for that assumption is the Nature Medicine modelling study titled "Temporal dynamics in viral shedding and transmissibility of COVID-19" was published in April 2020, but that study has numerous methodological flaws and limitations that give reasonable cause for questioning that assumption. The first thing to note about it is that the study authors, as they point out, "did not have data on viral shedding before symptom onset". They only had "viral load" data from patients who were already in the hospital and after those patients' symptoms had already developed. This introduced the problem of patient "recall bias" as to when their symptoms actually started. This was an issue with data from other



studies estimating the incubation, as well. (In simple terms, instead of the researchers themselves knowing when the patients' symptoms started, they had to rely on the patient's memory for when they started.) The authors acknowledged that recall bias would likely tend toward overestimation of the incubation period, which would in turn bias their findings toward an estimated proportion of pre- symptomatic transmission that is "artificially inflated."

15.3. In addition to an estimated mean incubation period, their calculations also depended on an estimate from another study of the mean serial interval, which is the time from symptom onset in a person who transmits the virus until symptom onset in the person to whom the virus was transmitted. If the mean serial interval is shorter than the mean incubation period, it "indicates that a significant portion of transmission may have occurred before infected persons have developed symptoms." Their data on the serial interval was based on "settings with substantial household clustering" while lockdown measures were in place in China. As the corresponding author, Eric Lau, acknowledged, more frequent and intensive contact within households "results in shorter serial intervals". This in turn results in a greater proportion of estimated pre symptomatic transmission and limits the generalizability of their findings to the broader community setting in the absence of "stay-at-home" orders and other lockdown measures. (In simple words, these findings are based on families that have to cluster together in their houses for a long period of time during lockdowns, & hence their results cannot be applied to the general population which is not under movement restrictions. The irony here is that estimates of pre- symptomatic transmission are used in order to justidy lockdowns & movement restrictions, yet it is the same lockdowns & movement restrictions which

make the estimate of pre-symptomatic spread higher in these studies!) Consequently, as noted in a systematic review of estimates on asymptomatic and pre-symptomatic transmission published on the preprint server medRxiv on June 17, it is "not possible to ascertain if the difference between calculated serial interval and incubation period are true differences, or an artefact of rounding error." It's also important to note with respect to their data on "viral loads" that when the authors of the modelling study use the term "viral shedding", they don't mean that patients were shown to be expelling infectious virus into the environment around them which was measured via a Gold Standard viral culture test. They mean that RT-PCR tests were used to detect SARS-CoV-2 RNA in patients' nasal cavity or throat. We know through the evidence discussed earlier in the article that at RT-PCR CT>30, the likelihood of being able to culture a virus goes down to 20% (80 percent false positives).

Link and complete article is annexed herewith at **Annexure – KKK**

Source:

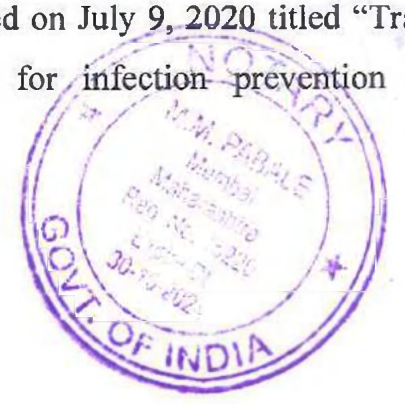
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707

https://www.nature.com/articles/s41591-020-0869-5

https://www.medrxiv.org/content/10.1101/2020.06.11.20129072v2

15.4. WHO's Statement on Asymptomatic Transmission

The WHO observed in a guidance document about modes of SARS-CoV-2 transmission published on July 9, 2020 titled "Transmission of SARS-CoV-2: implications for infection prevention precautions":



"individuals without symptoms are less likely to transmit the virus than those who develop symptoms." (Note that this statement includes pre-symptomatic as well as asymptomatic individuals.)

Link and complete article is annexed herewith at **Annexure – LLL**

Source:
https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions

15.5. Study and reasoning on Dangerous Viruses Found in Healthy People

We know from past studies, that many healthy asymptomatic humans harbour multiple viruses associated with diseases in them. For example, in a study titled "Blood DNA virome in 8000 humans" published in Plos Pathogens by A Moustafa et al., March 2017, in 8240 healthy individuals, none of whom were ascertained for any infectious disease, the researchers found that with a lower bound of 2 viral copies per 1,00,00 cells, 42% of healthy individuals had sequences of 94 different viruses, including sequences from 19 human DNA viruses, proviruses and RNA viruses (herpesviruses, anelloviruses, papillomaviruses, three polyomaviruses, adenovirus,HIV, HTLV, hepatitis B, hepatitis C, parvovirus B19, and influenza virus.) HIV was found to be 5 times more prevalent than Hepatitis C & Influenza in this healthy cohort of 8200 people. If this study group is representative of the human population, there would be around 432 million healthy people with HIV in their bloodstream worldwide. Another study published in the journal BioMed Central Biology, titled:

"Metagenomic analysis of double-stranded DNA viruses in healthy adults" by KM Wylie et al., in September 2014, scientists found that in 102 healthy adults aged 18 to 40, at least one virus was detected in 92 percent of the people sampled, and some individuals harboured 10 to 15 viruses. Herpesvirus 6 or 7 was found in 98 percent of individuals, & certain strains of Papillomavirus were found in about 75 percent of samples. Adenoviruses which are associated with the common cold & pneumonia were also very common. This study was also referenced in an Economic Times article from 2014 titled "Healthy Humans carry viruses too".Another experiment conducted by researchers at the University of Pennsylvania found that healthy human lungs are a home to a family of 19 newfound viruses – which are present at higher levels in the lungs of critically ill people. This study is titled "Redondoviridae, a Family of Small, Circular DNA Viruses of the Human Oro-Respiratory Tract Associated with Periodontitis & Critical Illness" published in Cell Host & Microbe in May 2019 by AA Abbas et al. These Redondoviruses found are known to be associated with human diseases. This paper also admits a crucial fact: "Global virome populations, I.e., "the virome" are still mostly uncharacterized", meaning that scientists haven't yet done adequate research on many people to figure out what kinds of viruses are present in healthy people' bodies.

Link and complete article is annexed herewith at **Annexure – MMM**

NOTARY
Mumbai
Maharashtra
GOVT. OF INDIA

Source:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5378407/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4177058/

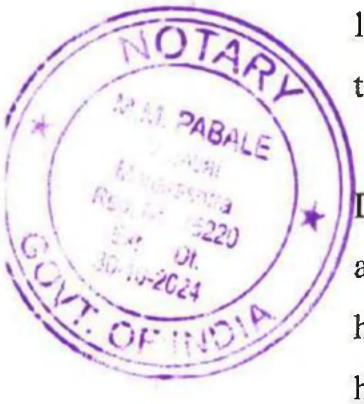
https://economictimes.indiatimes.com/magazines/panache/healthy-humans-carry-viruses-too/articleshow/42716248.cms

https://www.sciencedirect.com/science/article/pii/S1931312819301714

15.6. Conclusion on theory of infection by asymptomatic infectious people:-

Harm Caused Due to Unscientific Testing Guidelines

Because of improper use of the RT-PCR & Antigen Tests, & testing being done on asymptomatic people, we are seeing an explosion of cases as well as deaths, because a case is defined as a positive RT-PCR regardless of symptoms, & death certificates also can list someone as a Covid death just based on a RT-PCR positive and/or broad symptoms. Quick diagnostic tests should never be considered as confirmed markers of evidence, based on which strategic decisions such as isolation, lockdowns & vaccines need to be implemented. They are only temporary tests that need confirmation with the gold standard of viral culture.



Due to this, many healthy people who are not infectious or a threat to anyone have had their fundamental rights taken away from them, have had to pay a lot of money to finance their institutional quarantines, have had to miss out on income because they were wrongly quarantined, have had to be quarantined with people in a room who are true positives (big risk for the elderly & immune compromised), have had to face societal

stigma, & have taken wrong medications because of an incorrect diagnosis, which comes with many side effects. Elderly, Immunocompromised people & those with Co-morbidities, if falsely diagnosed, can die due to medicines given to them like Remdesivir, Favipiravir, etc that have now shown to not be effective & at the same time come with toxic side effects. People who suffer from Covid related symptoms but actually have influenza or the common cold, are put on wrong medications that damage their body unnecessarily. More hospital & ICU beds get occupied as well, as people wrongly think they have Covid.

False positives are not an acceptable price to pay in order to minimize false negatives. Throwing in false positive cases in isolation wards & exposing them to actual infectious disease carriers is no less than throwing innocent people in jail to live among murderers & rapists. Our whole judicial system works on the principle of innocent until proven guilty, hence we must apply the same to healthy asymptomatic people and see them as such, until proven otherwise through the evidence-based methods described above.

A "case" is defined in medicine as an active, symptomatic and diagnosed infection. Not any more: Any "positive" in the faulty RT-PCR "test" or RAT is now counted as a "case". The mass RT-PCR testing & RAT campaign of the general asymptomatic population, which has no clinical or epidemiological utility, thereby feeds media propaganda of fear, and disastrous consequences: RT-PCR/RAT → meaningless- "cases" → propaganda → arbitrary-measures/ great-harm.

Searching for people who are asymptomatic yet infectious is like searching for needles that appear and reappear transiently in haystacks, particularly when rates are falling. Mass testing risks the harmful diversion of scarce resources. A further concern is the use of inadequately evaluated tests as screening tools in healthy populations. The absence of strong evidence that asymptomatic people are a driver of transmission is another good reason for pausing the roll out of mass testing in schools, universities, and communities."

16. **Prayers:** It is therefore humbly prayed for;

a) Direct Respondent No. 1 to 6 to amend the circular/directions/SOP at **Exhibit A B, C** to the extent by permitting non-vaccinated people to travel by train and they should not be treated differently than those who are vaccinated;

b) Direct Respondent No. 7 i.e. Union of India to initiate Prosecution under Section 51(b) of the Disaster Management Act, 2005 against Respondent No. 3, 4, 5, 6, 7 and other officers/or any person involved in deliberate and wilful disregard and defiance of the directions/SOP/Circulars issued by the Central Government.

c) Appropriate directions to Respondent's authorities as per Section 2 of Epidemic & Section 12 of Disaster Management Act, 2005 for providing the compensation to the petitioner and/or any other person who are victim of

arbitrary, unlawful, illegal and discriminatory conduct of Respondent No. 1 to 6

d) Direct respondents to open local trains for all, irrespective of their status as vaccinated or non-vaccinated

e) Direct respondents to verify authenticity of RT-PCR tests in the light of information available and reproduced in the petition and also in the light of judgment given by the Portugal Court of Appeals in the case between **Margarida Ramos De Almedia,(1783/20.7TPDL.1-3)** and then take a decision of relying on the test for taking decisions of lockdown or other restrictions;

f) Direct respondents to not to check the healthy and asymptomatic people and only check the people having symptoms;

AND FOR THIS ACT OF KINDNESS THE PETITIONER AS IN DUTY BOUND SHALL EVER PRAY.

Advocate for Petitioner **Petitioner**

NOTARY
GOVT. OF INDIA

VERIFICATION

---, the petitioner do hereby on solemn affirmation state and declare that what is stated in paragraphs No. **1 to 16** is true to my own knowledge and belief and what is stated in paragraphs is based on the information and legal advice which I believe to be true and correct.

Solemnly affirmed at Bombay)

This 26th day of August, 2021)

BEFORE ME

ADV. ABHISHEK MISHRA (I-23675)

Email: adv.abhishekmishra1@gmail.com

Mob: +91- 7208456902

BEFORE ME

MANISH M. PABALE
B.Sc. LL.M.
ADVOCATE & NOTARY (GOVT. OF INDIA)
104, Natwar Chambers,
94 Nagindas Master Road,
Fort, Mumbai - 400 001.

NOTED & REGISTERED
Page No. 10/24 Sr. No. 50
Date 26 AUG 2021

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

IN THE HIGH COURT OF JUDICATURE AT BOMBAY
CIVIL APPELLATE JURISDICTION
WRIT PETITION NO. OF 2021

...Petitioner

Versus
The State of Maharashtra & Ors ... Respondents

WRIT PETITION

Dated this _____day of August, 2021

NOTARY
M.M. PABALE
Mumbai
Maharashtra
Reg. No. 15220
Expires on
30-10-2024
GOVT. OF INDIA

ADV. ABHISHEK MISHRA (I-23675)
Address: 2 & 3,Kothari House, 5/7 Oak Lane, A R Allana Marg, Near Burma Burma Restaurant,
Fort, Mumbai 400 023
Email: adv.abhishekmishra1@gmail.com
Mob: +91- 720845690

IN THE HIGH COURT OF JUDICATURE AT BOMBAY

CIVIL APPELLATE JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT: MUMBAI

)
)
)
)
)
) **...Petitioner**

Versus

1. The State of Maharashtra)
Through Chief Secreatary)
The Government of Maharashtra)
Mantralaya, Mumbai – 4000 23.)

2. Under Secretary)
Disaster Management Unit,)
Mantralaya, Mumbai - 4000 23.)

3. Shri. Iqbal Chahal)
Municipal Commissioner,)
M.C.G.M. Annex Building,)
Mahapalika Marg No. 1,)
Fort, Mumbai – 4000 01.)

4. Shri. Shrirang Gholap)
Under Secretary)
Disaster Management Unit,)
Government of Maharashtra.)

5. Shri. Sitaram Kunte)
Chief Secretary, Maharashtra State.)

6. Ministry of Railways)
Rail Bhawan, Rafi Marg,)
New Delhi – 1100 01.)

7. The Union of India)
Through Chief Secretary)
To the Government of India)
New Delhi 1100 01.)

8. Central Bureau of Investigation)
Plot No. 5-B, 6th Floor, CGO Complex,)
Lodhi Road, New Delhi – 110003)**...Respondents**

VAKALATNAMA

To,
The Registrar,
Civil Appellate Jurisdiction,
High Court Bombay.

Sir,

I, Mr. [illegible] the petitioner above named, do hereby severally appoint **Adv. Abhishek N. Mishra** Advocate Bombay High Court, to act appear and plead for me in the above matter.

In the witness whereof, I have set my hand to this writing.

Dated this ___th day of August, 2021.

Accepted:-

Mr. Yohan Tengra

(Petitioner)

ADV. ABHISHEK MISHRA (I-23675)

Address: 2 & 3,Kothari House

5/7 Oak Lane, A R Allana Marg,

Near Burma Burma Restaurant,

Fort, Mumbai 400 023

Email: adv.abhishekmishra1@gmail.com

Mob: +91- 720845690

IN THE HIGH COURT OF JUDICATURE AT BOMBAY
CIVIL APPELLATE JURISDICTION
WRIT PETITION NO. OF 2021

...Petitioner

Versus

The State of Maharashtra & Ors ... Respondents

VAKALATNAMA

Dated this _____day of August, 2021

ADV. ABHISHEK MISHRA (I-23675)
Address: 2 & 3,Kothari House, 5/7 Oak Lane, A R Allana Marg, Near Burma Burma Restaurant, Fort, Mumbai 400 023
Email: adv.abhishekmishra1@gmail.com
Mob: +91- 720845690