OPEN LETTER TO: Rt Hon Gavin Williamson CBE MP
The Department for Education
Department of Health and Social Care

FROM: UK Medical Freedom Alliance

Proposed testing of pupils in Primary and Secondary School

The UK Medical Freedom Alliance is an alliance of UK medical professionals, scientists and lawyers who believe that the Government's response to COVID-19 is misguided and not based upon the best available scientific evidence. We are campaigning for Medical Freedom, Informed Consent and Bodily Autonomy to be preserved and protected.

We wish to set out our concerns relating to recent Government proposals to carry out "mass-testing" of children before they return to school, initially in secondary schools and then in primary schools.

<u>Government Proposals Are Deeply Concerning</u>

The Department for Education, Department of Health and Social Care and the Rt Hon Gavin Williamson CBE MP (together "the Government") have issued the following press releases:

1. 15 December 2020 entitled "Secondary Schools and Colleges to get weekly coronavirus testing"[i]. Whilst this press release is less than clear, and does intimate mass weekly rapid tests, it appears that testing is limited to those pupils *"identified as a close contact of someone who tested positive"*.
2. 17 December 2020 entitled "Staggered rollout of coronavirus testing for secondary schools and colleges"[ii]. This states that tests will be offered to all secondary school pupils and teachers during the first week of the return to school, requiring a staged return to school. This is not limited to those who have been in close contact with a "positive case" but is intended to be rolled out to all pupils. There is also a very alarming and concerning statement that ***"Armed***

forces personnel will support directly through planning with schools and colleges". We address this further below.

Whilst there is recognition by the Government that "*Testing will be optional but strongly encouraged, particularly in areas of higher prevalence of the virus. Consent will be required from the student or parent as appropriate",* we are concerned that many schools already appear to be acting beyond the scope of this statement and are requiring that all children MUST be tested in January before being allowed back into school, irrespective of close contact with a "positive case". This infringes on individual medical freedom to refuse medical screening and testing.

Asymptomatic Spread is Not Established by the Government

The proposed testing in schools is being justified based on the apparent spread of SARS-Cov-2 by so called "asymptomatic" (healthy) children. The Government have stated that they estimate between 1 in 3 and 1 in 4 people spread the virus without displaying any symptoms. They have not provided scientific evidence to back up this claim. A detailed analysis of this statement is beyond the scope of this letter. However, we dispute the claim of widespread viral spread by healthy pupils and ask you to consider the evidence and statements below that challenge the theory of asymptomatic spread:

1. Dr Clare Craig FRCPath and Jonathan Engler published an article on 19 December 2020[iii] stating that *"The existence of transmission of SARS-CoV-2 from asymptomatic individuals has become an accepted truth, but the* ***evidence for this phenomenon being anything, other than mistaken interpretation of false positive test results, is weak.*** *Examination of the underlying data from the most frequently-cited meta-analyses reveals that the* ***conclusions are based on a surprisingly small number of cases (six in total globally)*** *and, moreover, the possibility that they are all coincidental contacts with false positive results cannot be ruled out.* ***Transmission which is pre-symptomatic is rare and represents a negligible risk to the population****"*
2. An article in The Times 21 July 2020 quoting SAGE epidemiologist Mark Woolhouse says, *"As schools prepare to welcome all pupils back from September,* ***a leading scientist has said it is 'extremely difficult' to find evidence of any***

teachers having contracted coronavirus from a pupil anywhere in the world*"* …… *"**Epidemiologist and SAGE member Mark Woolhouse** told The Times, "One thing we have learnt is that **children are certainly, in the 5 to 15 brackets from school to early years, minimally involved in the epidemiology of this virus. There is increasing evidence that they rarely transmit**"."*[iv]

3. A Government publication on 22 July 2020, together with 2 more recent reports confirming the low levels of Covid-19 transmission between pupils and teachers, can be found in the reference section.[v] [vi] [vii]

4. Post-lockdown SARS-CoV-2 nucleic acid screening in nearly **ten million residents of Wuhan**, China in May 2020 found **no new symptomatic cases** and only **300 asymptomatic cases.** There were **no positive tests amongst 1,174 close contacts of asymptomatic cases.**[viii] This evidence is the polar opposite of China's original stance on this issue that is currently driving all of the UK's lockdown measures. Never before 2020 has asymptomatic spread of a respiratory virus been even a theoretical hypothesis. Any scientific evidence originating from China needs to be independently verified and should in no way be cited as independently valid given China's long history of propaganda.
5. A BMJ editorial from Allyson Pollack, Professor of Public Health, on 21 December[ix] addresses the issue of asymptomatic transmission and reviews the evidence. She states that it is unclear to what extent asymptomatic people transmit SARS-CoV-2 as the only test for live virus is viral culture, and PCR and lateral flow tests do not distinguish live virus. She confirms that a person who tests positive with any kind of test may or may not have an active infection with live virus, and may or may not be infectious, and argues that 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." She argues that mass testing risks the harmful diversion of scarce resources and that the use of inadequately evaluated tests as screening tools in healthy populations is concerning.
6. A large meta-analysis of 54 studies with 77 758 participants, looking at close-contact, household transmission, published on 14 December 2020[x] found that "The lack of substantial transmission from observed asymptomatic index cases is

notable" and was found to be 0.7%, compared to 18% risk of transmission from symptomatic index cases. The study concludes the asymptomatic index cases have a limited role in household transmission. In schools, contact is likely to be less close or prolonged, compared to within households, so it is plausible that risk of asymptomatic spread is even lower that 0.7% in schools.

We would therefore ask that the Government immediately release to us the scientific data it is using to support the continual statements and assumptions made about asymptomatic spread, and which is informing all the pandemic policies.

Lateral Flow Tests and PCR Tests are Fundamentally Unreliable and Flawed

We will briefly set out our concerns over the tests being used to determine if a pupil (or indeed anyone) is infectious with the SARS-Cov-2 virus.

The tests proposed by the Government are lateral flow tests which involve a nasal swab and deliver results within 30 minutes. According to the press release relating to schoolchildren being tested, if the result is positive this would then be confirmed by a PCR test (nasal and throat swab) in a laboratory setting.

Lateral flow tests were deployed in Liverpool in the Government's pilot, mass-testing scheme earlier in the Autumn. The Government claim in their paper "Lateral Flow Testing – New rapid tests to detect Covid 19"[xi] (8 December 2020), that "t*hese tests can reliably be used to detect individuals with the virus that we would not otherwise be able to find",* the BMJ disagree. In a BMJ article (15 December 2020)[xii] it is reported that "*The Innova Lateral Flow SARS-CoV-2 antigen test failed to detect three in 10 cases with the highest viral loads, in preliminary data released from the field evaluation of testing in asymptomatic people"*[xiii]. It is not appropriate for the Government and schools to deny pupils their fundamental human right to attend school if they do not undergo and pass such flawed and unreliable tests.

Numerous scientific studies have questioned the efficacy and reliability of **PCR tests** to detect people who are infected with, or infectious for, SARS-CoV-2[xiv] and with good reason. The following are some of the main concerns.

PCR testing is invalid because no one knows the official false positive rate

To have meaning it is essential to know the false positive rate of any diagnostic test. But, astonishingly, **the official false positive rate of the PCR test is not known even to the UK government**. On 14 October 2020 Lord Bethal acknowledged in Parliament that her majesty's government '*does not know the operational false positive rate for PCR mass testing'*. Lord Bethal is the Parliamentary Under Secretary to the DHSC and is responsible for the government's SARS-Cov-2 policy and testing[xv]. The lack of a known value of the official false positive rate for the PCR test, as configured, completely invalidates it even as a candidate test.

Even assuming a false positive rate of around 1% there are a very large number of false positive cases.

Despite Lord Bethal's words, the Health Secretary Matt Hancock, in an interview on Talk Radio[xvi], asserted that the PCR false positive rate was "under 1%". Even if Matt Hancock's assertion of 1% were reliable, **there have been up to 489,265 false positive cases** from a total of **48,926,548 PCR tests**[xvii] as of 22 December 2020. All of those false positive people, plus their close contacts, will have had to isolate for 14 days.

The ratio of false positive PCR test results to actual positive PCR test results is unacceptably high.

Finally, the false positive rate should also be considered relative to the prevalence of the disease in the population as a whole, to determine the ratio of false positives to true positives. According to the Office for National Statistics on 12 December 2020 prevalence of SARS-Cov-2 in the UK was around 1%. If the official false positive rate is also 1%, the result is that **50% of all positive tests are false positives**. i.e. **1,070,775 false positive cases** out of the 2,141,551 total positive test results published by the government at 23 December 2020. If the false positive rate rises above 1% then false positive results would exceed true positives even in this high prevalence scenario.

The WHO recommends that diagnoses based on PCR tests should also consider clinical signs and symptoms to be reliable.

Concerns over the efficacy and interpretation of PCR positive test results has long been raised by scientists and, more recently, by the **World Health Organisation** itself, especially when using high cycle thresholds (used in UK labs) which pick up tiny fragments of virus which can persist in small amounts for weeks after a patient has fully recovered from an infection. The WHO issued an Information Notice on 7 December 2020[xviii] in which they reported that they had "*received user feedback on an **elevated risk for false SARS-CoV-2 results when testing specimens using RT-PCR reagents on open systems**".* As a result, the WHO recommended that *"**healthcare providers are encouraged to take into consideration testing results along with clinical signs and symptoms, confirmed status of any contacts, etc**".*

The important point to note here is **reference to "*clinical signs and symptoms*"**. Such *"signs and symptoms*" are clearly absent where there is mass testing of pupils who have NO symptoms.

The WHO Notice cautions about the danger of using high cycle thresholds to produce a positive result. In general, high viral loads (from an infectious person) are detected at low cycle thresholds. Conversely, a low viral load will only be found from running the test at a high cycle threshold and a positive result from such tests is unlikely to mean that the patient is actively infected or infectious.

In conclusion, neither the lateral flow test or the PCR test is suitable to mass screen healthy, asymptomatic children to determine who is infected or infectious. False positive results will be used to justify the unnecessary isolating of hundreds of thousands of children and denying them access to their schools and education.

Informed Consent Must Be a Prerequisite to Testing

Whilst the Government have recognised the need to obtain consent for a test, we are concerned by the statement that testing will be "strongly encouraged". Furthermore, we are aware that some schools have already indicated to parents that all children will have to be tested before they are allowed access to school in January 2021.

Informed consent, whether by the parent for the pupil, or the pupil under the Gillick principle, has, by law, to comply with the following principles:

1. You should be **free to accept or refuse treatment** that is offered.[xix]
2. Your decision should be **voluntary and must not be influenced by pressure** from medical staff, friends or family. **Your decision must be respected**.[xx]
3. 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 expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice**."[xxi]

Any attempt by the Government to "strongly encourage" a test is a direct breach of the above, as consent must be "free" and "voluntary". "Strongly encouraging" a test is clearly intended to put pressure or coercion on the parent or the pupil to have a test. Informed consent by the individual is a requirement for all medical screening programs, as the risks and harms to the individual, resulting from both false positives and false negatives, are real and significant.

Furthermore, requiring a pupil to have a test before being allowed back into school is in direct breach of the requirement for informed consent. Attaching such a stringent condition, means the consent is not "free" or "voluntary" **and amounts to coercion.** Any school requiring tests in order to allow pupils back to school in January is directly interfering with the right to "free" and "voluntary" informed consent, which is a direct violation of the pupil's right to bodily integrity and/or personal autonomy, and thus constitutes an abuse.

We would also respectfully draw your attention to **the school's and each teacher's duties towards all pupils** whilst on their premises and/or in their care. Those duties include, *inter alia*, the **duty of care** at common law and also various statutory duties which provide that teachers have a duty of care towards pupils under their supervision, which includes **promoting the safety and welfare of the children in their care.** This level of duty is classed as being **that of a 'reasonable parent'**.

We believe that **requiring a test to come back to school is a breach of the duty of care**, as pupils are being forced to have an invasive and uncomfortable test, which can be a distressing experience.

We would also state that the **proposed use of Armed Forces personnel to assist with the testing is alarming, unacceptable and ostensibly coercive**. The involvement of medically untrained and unqualified uniformed soldiers only serves to coerce and procure consent from the child and the parent through **fear and intimidation**. It is also a breach of the duty of care that the school owes to the pupils and may cause pupils **significant distress and anxiety**.

For the reasons set out in this letter we therefore believe that any school that intends to operate any form of testing prior to allowing children back to school, with or without using army personnel, will be in breach of their statutory duty of care and **the staff may be held personally liable for all emotional and physical harm or distressed caused, together with the loss of education,** being a fundamental right for a child to receive.

Our Recommendations and Requests

We consider the Government's proposed actions outlined in the press releases to be wholly disproportionate and potentially harmful, and are inconsistent with previous statements, assurances and information that were presented when schools resumed after the first lockdown. We remain deeply concerned about the harms inevitably sustained by the denying of education and the social interaction enjoyed in schools on the basis of the flawed tests and the continued, scientifically unproven, statement that asymptomatic children can spread the virus.

We repeat our request for the Government to disclose to us all the scientific evidence proving that asymptomatic spread is real and significant.

We wish to work with schools and the Government to ensure that our children do not suffer unnecessarily in the current climate. We therefore recommend the following steps:

1. **All children be allowed to return to school as normal in January** and that **NO pupil who is symptom-free be required to have a test**. A staged return to allow testing would therefore not be required.

2. The **Government must release the scientific data** being used to justify the mass-testing of healthy children and the evidence that this would prevent the spread of SARS-CoV-2;
3. An acknowledgment by the Government of the **inappropriateness of the use of PCR tests** and L**ateral Flow tests** to screen for infectious SARS-CoV-2. Where PCR tests are used to aid **symptomatic case diagnosis** in schools, we ask for **full transparency as to the maximum cycle threshold** that can be used for a test to be deemed positive. Going forward we recommend that **PCR test results must include the cycle threshold in the report**.

UK Medical Freedom Alliance

www.ukmedfreedom.org

[i] https://www.gov.uk/government/news/staggered-rollout-of-coronavirus-testing-for-secondary-schools-and-colleges
[ii] https://www.gov.uk/government/news/staggered-rollout-of-coronavirus-testing-for-secondary-schools-and-colleges
[iii] https://lockdownsceptics.org/has-the-evidence-of-asymptomatic-spread-of-covid-19-been-significantly-overstated-2/
[iv] https://www.thetimes.co.uk/article/no-known-case-of-teacher-catching-coronavirus-from-pupils-says-scientist-3zk5g2x6z
[v] https://dfemedia.blog.gov.uk/2020/07/22/reporting-on-low-levels-of-covid-19-transmission-between-pupils-and-teachers/
[vi] https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-data-and-intelligence/enhanced-surveillance-of-covid-19-in-education-settings/overview-of-enhanced-surveillance-of-covid-19-in-education-settings/
[vii] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2771181
[viii] https://www.nature.com/articles/s41467-020-19802-w
[ix] https://www.bmj.com/content/371/bmj.m4851
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[xi] https://publichealthmatters.blog.gov.uk/2020/12/08/lateral-flow-testing-new-rapid-tests-to-detect-covid-19/
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[xiv] https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1764/6018217
[xv] https://www.gov.uk/government/people/lord-bethell-of-romford
[xvi] https://www.youtube.com/watch?v=ZEqm0ldWf-8&feature=youtu.be
[xvii] https://coronavirus.data.gov.uk/details/testing - NB this page will update to the date when it is checked.
[xviii] https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users

[xix] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

[xx] https://www.nhs.uk/conditions/consent-to-treatment/

[xxi] Universal Declaration on Bioethics and Human Rights - http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html