

<https://www.polfed.org/media/14239/the-office-of-constable-with-links-2018.pdf>

Every constable is an independent legal entity; the public's guarantee of impartiality. Officers of the crown operate independent of undue influence, interference and with a personal responsibility which requires a unique type of person and commitment.

Holding the Office of Constable means a police officer executes their duty independently, without fear or favour.

With the Office of Constable comes personal accountability and responsibility for the protection of life and property, the prevention and detection of crime, the maintenance of law and order and the detection and prosecution of offenders.

Police officers must be allowed to police using common sense, free from political preference and political targets.

The Office of Constable and the rule of law protect this.

(Existing Oath)

I, of do solemnly and sincerely declare and affirm that I will well and truly serve *Our Sovereign Lady* the Queen in the office of constable, *without favour or affection, malice or ill will*; and that I will to the best of my power cause the peace to be kept and preserved, and prevent all offences against *the persons and properties of Her Majesty's subjects*; and that while I continue to hold the said office I will to the best of my skill and knowledge discharge all the duties thereof faithfully according to law.

(Revised Oath)

"I do solemnly and sincerely declare and affirm that I will well and truly serve the Queen in the office of constable, with fairness, integrity, diligence and impartiality, upholding fundamental human rights and according equal respect to all people; and that I will, to the best of my power, cause the peace to be kept and preserved and prevent all offences against people and property; and that while I continue to hold the said office I will to the best of my skill and knowledge discharge all the duties thereof faithfully according to law."

<https://www.legislation.gov.uk/ukpga/2002/30/notes/division/4/1/18/2?view=plain>

<https://www.legislation.gov.uk/ukpga/2002/30/section/83>

The Office of Constable and the rule of law protect this.

Policing by consent

When saying 'policing by consent', the Home Secretary was referring to a long-standing philosophy of British policing, known as the Robert Peel's 9 Principles of Policing. However, there is no evidence of any link to Robert Peel and it was likely devised by the first Commissioners of Police of the Metropolis (Charles Rowan and Richard Mayne). The principles which were set out in the 'General Instructions' that were issued to every new police officer from 1829 were:

1. To prevent crime and disorder, as an alternative to their repression by military force and severity of legal punishment.
2. To recognise always that the power of the police to fulfil their functions and duties is dependent on public approval of their existence, actions and behaviour and on their ability to secure and maintain public respect.
3. To recognise always that to secure and maintain the respect and approval of the public means also the securing of the willing co-operation of the public in the task of securing observance of laws.
4. To recognise always that the extent to which the co-operation of the public can be secured diminishes proportionately the necessity of the use of physical force and compulsion for achieving police objectives.
5. To seek and preserve public favour, not by pandering to public opinion; but by constantly demonstrating absolutely impartial service to law, in complete independence of policy, and without regard to the justice or injustice of the substance of individual laws, by ready offering of individual service and friendship to all members of the public without regard to their wealth or social standing, by ready exercise of courtesy and friendly good humour; and by ready offering of individual sacrifice in protecting and preserving life.
6. To use physical force only when the exercise of persuasion, advice and warning is found to be insufficient to obtain public co-operation to an extent necessary to secure observance of law or to restore order, and to use only the minimum degree of physical force which is necessary on any particular occasion for achieving a police objective.
7. To maintain at all times a relationship with the public that gives reality to the historic tradition that the police are the public and that the public are the police, the police being only members of the public who are paid to give full time attention to duties which are incumbent on every citizen in the interests of community welfare and existence.
8. To recognise always the need for strict adherence to police-executive functions, and to refrain from even seeming to usurp the powers of the judiciary of avenging individuals or the State, and of authoritatively judging guilt and punishing the guilty.
9. To recognise always that the test of police efficiency is the absence of crime and disorder, and not the visible evidence of police action in dealing with them.

Essentially, as explained by the notable police historian Charles Reith in his 'New Study of Police History' in 1956, it was a philosophy of policing 'unique in history and throughout the world because it derived not from fear but almost exclusively from public co-operation with the police, induced by them designedly by behaviour which secures and maintains for them the approval, respect and affection of the public'.

It should be noted that it refers to the power of the police coming from the common consent of the public, as opposed to the power of the state. It does not mean the consent of an individual. No individual can choose to withdraw his or her consent from the police, or from a law.

WITNESS STATEMENT

Dear Sir/Madam,

We are a group of law-abiding parents who have become increasingly concerned with the actions of both our national and local governments.

We have discovered factual information from official government sources that is in direct contradiction to the well-being of our health and also to our inalienable rights as sovereign human-beings. We are here today to hand in this statement of fact. We hope the relevant bodies of crime investigation will complete the necessary due diligence in assisting us in protecting ourselves and our families. We are imploring the United Kingdom Law Enforcement to uphold their oath of office to “protect and serve the people” and investigate these matters for the sake of all our families.

Firstly, on March 19th 2020 the Government of the United Kingdom issued an update on their official website downgrading COVID-19. “As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK.

<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

There are several HCID diseases on the government website of which COVID-19 is not one of them.

On March 20th 2020 the government of the United Kingdom unlawfully placed the public under “lockdown”. We ask you to please explain how this is lawful for a disease that was downgraded only the day before?

Secondly the testing apparatus for COVID-19 i.e., swabs are sterilised with one of the most carcinogenic chemicals known to science in ETHYLENE OXIDE which poses a severe risk to human health. There are thousands of non-toxic, non-carcinogenic sterilisation products that can be safely used yet the governing bodies are using ETHYLENE OXIDE – we would like to know why? This should be of great interest to the police as their health is at risk from frequent testing too.

<https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/ethylene-oxide>

<https://www.safetyandhealthmagazine.com/articles/19951-extremely-hazardous-alert-warns-against-using-ethylene-oxide-to-sterilize-masks-respirators>

Thirdly the Office of National Statistics (ONS) has reported deaths in England are running at a five-year low. How is that possible during a pandemic?

Fourthly – The Government of the United Kingdom are coercing – public into having a rushed untrials “vaccination” that has skipped animal testing and is still in trial until 2023.

We would like to draw your attention to The Nuremberg Code of Principles which states that “The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.” It is also worth noting that those whose defence was they were “just following orders” were also tried to the full extent of the law for crimes against humanity.

It is impossible to have informed consent as this “vaccine” is an unknown technology. Lastly – We believe that the Government of the United Kingdom is serving the interests of a global elite and not We The People. We urge those in Law Enforcement and Military to uphold their oaths to serve and protect the public.

Signed by witnesses

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10.

Fit-For-Purpose

FirstName-SecondNameSurname
% XXXXXXXX
XXXX
England

NOTICE- OF-LIABILITY-FOR-HARM-AND-DEATH

SILENCE-IS-ACQUIESCENCE TO TYRANNY

NOTICE-TO-PRINCIPAL-IS-NOTICE-TO-AGENT;-NOTICE-TO-AGENT-IS-NOTICE-TO-PRINCIPAL

Applicable to All Successors

This legal and lawful Notice of Liability is designed to be used as evidence in court if needed and intends to enlighten you and protect you from attracting civil and criminal liability in your public and private capacity related to your actions and your omissions with respect to your role in the measures that have been, and are being, taken in England related to Covid-19/SARS-CoV-2 including but not limited to clinical trials and the administration of experimental Covid-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines.

Oath of Office

Oaths of office are clear regarding the adherence to the Constitution. If you and/or any of the Respondents have sworn an oath of office, including but not limited to uphold the Constitution and the protection through it of our inalienable freedoms and rights, I hereby accept your oath of office. I have the reasonable expectation you will act in accordance with the Rule of Law, the Constitution, Natural Law, Common Law, Treaty Law, Articles 6 and 7 of the International Criminal Court Statute, the Nuremberg Code (see Exhibit 1), the Geneva Conventions and the United Nations Declaration of Human Rights.

Primum non nocere-First do no Harm

First do no harm. It is your lawful and legal duty, moral and ethical duty to uphold the law and to cause no harm, loss or injury and to prevent harm, loss and injury. As a Maxim in Law, 'He who does not prevent what he is able to prevent, is considered as committing the thing' Black's Law Dictionary 2nd Edition.

QUI-NON-OBSTAT-QUOD-OBSTARE-POTEST-FACERE-VIDETUR

The code of ethics to do no harm or injustice underpins our societies, including in law and medicine. The Hippocratic Oath attributed to Hippocrates (460 B.C. to 375 B.C) states to do no harm or injustice, 'I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman.'

Duty of Care

You have a duty of care and a duty to do no harm and to prevent harm. Since preventions and treatments are available and approved for years by regulatory authorities in England and world-wide as safe and effective, for influenza like illness, including for Covid-19 symptoms, you have a duty to ensure, in your current role, that lifesaving prevention and treatment is made available to prevent illness, suffering and death.

A person with full knowledge of a potential harm, whether caused directly by the person or not, and that person is endowed the ability and or duty to act upon the said knowledge in a way to avoid or otherwise mitigate the potential harm, and fails to do said actions, is liable for the inevitable harm caused, and or may be found negligent where there is a duty of care.

These include, but are not limited to, your duty of care, negligence, nonfeasance, misfeasance, malfeasance in office, misprision, and by your actions, and/or your omissions, any failure of you to prevent and/or stop measures causing harm to living men and women including, but not limited to adverse events, severe adverse events and/or deaths due to the Covid-19/SARS-CoV-2 measures which are harming men and women in England, including new and expectant mothers, children, unborn children, young adults, patients and the elderly, including those in care homes, hospitals and institutions.

Your Private and Public Liability

Such harm loss and/or injury and death from the measures and actions taken by you, and/or supported by you and/or by your omissions not stopped by you, to respond to Covid-19/SARS-CoV-2, you are liable as an individual for these measures and actions, in your private and public capacity.

Take note "An officer may be held liable in damages to any person injured in consequence of a breach of any of the duties connected with his office. The liability for nonfeasance, misfeasance, and for malfeasance in office is in his 'individual', not his official capacity" Redfield v Fisher, 292 P 813, at 819 [1930]

"There is no question that a police officer, like anyone else, may be liable in tort to a person who is injured as a direct result of his acts or omissions." Lord Keith of Kinkel observed [at 59B-59I] regarding Hill v Chief Constable of West Yorkshire [1988] 2 WLR 1049.

Furthermore, you may be held privately and publicly liable for your actions and your omissions causing harm, loss, injury and death to men and women, including new and expectant mothers, children, unborn children, young adults, patients and the elderly, including those in care homes, hospitals and institutions

Severe illness and death reported due to the Covid-19/SARS-CoV-2 measures

Severe illness and death is being reported due to the Covid-19/SARS-CoV-2 measures including but not limited to the experimental measures being carried out in relation to SARS-CoV-2, including the clinical trials, in England (See reports of adverse events, injuries and deaths below) where in the EU alone there are over 1.19 million injuries reported to EudraVigilance and over 12,100 deaths reported in relation to the administration of the experimental SARS-CoV-2 mRNA gene therapies/injections/vaccines.

SARS-CoV-2 measures causing more harm than good

I have assessed the harm-benefit calculus, and I have determined it is clear, the continuation of experimental SARS-CoV-2 mRNA gene therapies/injections/vaccinations is not justified based on the evidence, is not safe and the experimental mRNA gene therapies/vaccines/injections in clinical trials are causing more harm than good and should be stopped immediately.

Take note Safe is defined by Black's Law Dictionary as the amount of exposure that will cause no harm or no damage after exposure. The Supreme Court of the United States decided that vaccine manufacturers would be exempt from strict liability as vaccines are "unavoidably unsafe

products” in Bruesewitz versus Wyeth 2010 <https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

EudraVigilance - European database of suspected adverse drug reaction reports

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

COVID-19 Vaccine Adverse Drug Reactions
12,184 DEAD
1,196,190 Injuries Through May 22, 2021

COVID-19 MRNA VACCINE MODERNA (CX-024414)
 COVID-19 MRNA VACCINE PFIZER-BIONTECH
 COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)
 COVID-19 VACCINE JANSSEN (AD26.COV2.S)

EUROPEAN MEDICINES AGENCY
 SCIENCE. MEDICINES. HEALTH.

EudraVigilance

COVID-19 Vaccine Analysis Overview

Report run date: 12/05/2021

MHRA Yellow Card Covid-19 Adverse Reaction Data
<https://yellowcard.mhra.gov.uk/>

Manufacturer	Total reports	Total reactions	Total fatalities
AstraZeneca	175,057	650,681	786
Moderna	1,462	4,168	4
Pfizer	58,065	165,986	374
Unspecified	639	2,010	16
Totals	235,223	822,845	1,180

Covid-19 VACCINE DAMAGE - MAY 2021				
	Deaths	Injuries	Cases	Date:
UK	1,180	822,845	235,223	12th May
EU	11,529	1,105,602	431,740	15th May
USA	4,057	229,270	192,954	7th May
TOTAL	16,766	2,157,717	859,917	

You are Accountable

You are a principal and a source of authority in relation to the SARS-CoV-2 response measures in England in your current position of responsibility in this position you have accepted, including if you have taken an Oath to uphold the Constitution. On your shoulders rests the responsibility of the SARS-CoV-2 measures in England and you are accountable in your private and public capacity for your actions and omissions, the accountability and responsibility is applicable to you and to all successors and assigns.

For evil to succeed, it is enough for good men (and women) to do nothing
Nuremberg Code

You are named here as a Respondent because of your current role. Under the Nuremberg Code (1947) and its 10 basic principles (Exhibit 1), 'it is a personal duty and responsibility' to ensure that measures taken, including the experimental clinical trials being carried out in England, involving men and women, meet all the requirements of the Nuremberg Code, most importantly they are safe and necessary.

Comprehensive and Complete Evidence Required

You have a duty of care, as well as a lawful, moral and ethical duty in your public and private capacity and in your current principal position and as a source of authority to ascertain whether the SARS-CoV-2 measures, including the experimental clinical trials are causing more harm than good.

If these measures, including the experimental clinical trials are causing more harm than good, you have a duty to communicate and take actions to stop these clinical trials immediately.

PARTICIPATION IN FRAUD AND CRIMES AGAINST HUMANITY

This notice is to inform you that adherence to these guidelines makes you a participant in criminal and fraudulent activity.

You are an unwitting and possibly unwilling participant in the deceit/fraud called the "COVID Pandemic".

The Coronavirus Act was passed fraudulently by use of False Representation and knowingly relying on false data and models.

I HEREBY BRING THE FOLLOWING TO YOUR ATTENTION:

- Wearing face masks to protect against a falsified fictitious virus
- Testing with the RT-PCR method or its variations based on theoretical RNA sequences
- Conditioning men women and children to accept biological testing as a requirement for employment or education
- Damaging the health of men women and children with a harmful and invasive procedure
- Damaging the health of men women and children by severely reducing oxygen levels and increasing carbon dioxide intake
- Damaging the health of men women and children by increasing the bacterial load in their airways and facial areas
- The deceit that the SARS-CoV-2 is a physically isolated, purified and identified virus. SARS-CoV-2 is merely a theorized/computed viral model
- The deceit that the **RT-PCR** test or the **Lateral Flow** test can reliably identify the SARS-CoV-2 virus.
- The creation of an alleged vaccine based on the imagined, computed, assumed viral genome called SARS-CoV-2
- You will recall at the height of the fraud called the "COVID pandemic" in 2020, face coverings weren't mandated or needed for the "case" numbers to trend downwards. Furthermore, we note two very simple facts about the tests:
 1. The primer used by various labs in the RT-PCR test CANNOT identify a WHOLE virus. Its simple matches and copies a section of DNA.
 2. A section of DNA that might be "native" to the human micro biome.
 3. When collecting swab samples, the swab must and will contain a mixture of human, bacterial and viral cells or matter which will evidence false positives.

4. Tests are coated in Ethylene Oxide a banned carcinogenic and Hydro Gel another toxic substance.

The government's own website states that lateral flow tests cannot detect live virus and that more than one test will give repeated false positives.

The NHS send letters from the Immunisation Department yet themselves state that the so-called vaccine does not make you immune or stop the spread. Meaning it is not a vaccine by definition but an experimental treatment only allowed to be distributed during emergency measures.

Public Health England state no risk assessments have been carried out on masks or tests meaning all corporations and public servants are committing malfeasance and malfeasance in public office.

Ref: Manufacturer's web pages where they state vaccine clinical trials will run until 2023

Ref: The Moderna website which clearly states that the treatment is a technology that attaches to the DNA compromising our genetic structure.

Ref: PfizerBioNTech Biological Nano Particle Technology

Ref: The government website section on the 4th industrial revolution which speaks of genetic splicing.

Please also note the following Nuremberg principles, especially principle IV:

Principle I: Any person who commits an act which constitutes a crime under international law is responsible therefore and liable to punishment.

Principle II: The fact that internal law does not impose a penalty for an act which constitutes a crime under international law does not relieve the person who committed the act from responsibility under international law.

Principle III: The fact that a person who committed an act which constitutes a crime under international law, acted as Head of State or responsible government official, does not relieve him from responsibility under international law.

Principle IV: 'Superior orders'. The fact that a person acted pursuant to order of his Government or of a superior does not relieve him from responsibility under international law when a moral choice was in fact possible to him/her.

In other words: 'I was just following my superior's orders'.

Ignorance in law excuses no one.

Note Boris Johnson speaking of vaccine passports seeking to commit Medical Apartheid without premise.

Note Guidelines are not laws and have not been passed in parliament. Anything that causes harm to another can never be lawfully passed. Police have absolutely no jurisdiction to uphold civil matters which means nationwide malfeasance in public office. These are serious crimes being committed against the men and women of our nation.

Note These guide lines are in breach of our fundamental inalienable rights as a species. Any officer enforcing guidelines is acting unlawfully and trespassing against his fellow man.

Your own due diligence is required.

Your prior ignorance regarding the deceptions required to sustain and participate in these "crimes against humanity" have been negated.

You are now fully aware of false narrative and party to the plans of a rogue government.

It is not my intention to harass, intimidate, offend, conspire, blackmail, coerce or cause anxiety, alarm or distress. This Notice of Liability and the enclosed information are presented with honorable and peaceful intentions and are expressly for your benefit to provide you with due process, due diligence and an opportunity to remedy this most serious matter and claim.

Maxim of Law External Actions Show Secret Intentions
Maxim of Law Politics are to be adapted to the laws not the law to politics
Maxim of law A traitor is punished so one and not all may perish

Served by _____

on this ___ day of the _____ month in the year of our Lord, Two Thousand and Twenty-One.

Without ill will, vexation or frivolity
With sincerity and honour,

Autograph

Second Witness, on this _____ day of the _____ month in the year of our Lord, Two
Thousand and Twenty-One

Autograph

All Rights Reserved

Served by _____

on this ___ day of the _____ month in the year of our Lord, Two Thousand and Twenty-One.

Without ill will, vexation or frivolity
With sincerity and honour,

Autograph

Second Witness, on this _____ day of the _____ month in the year of our Lord, Two
Thousand and Twenty-One

Autograph

All Rights Reserved

<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

Copied from the Government website

Status of COVID-19

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK. There are many diseases which can cause serious illness which are not classified as HCIDs.

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, **more information is available about mortality rates (low overall)**, and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID.

The World Health Organization (WHO) continues to consider COVID-19 as a Public Health Emergency of International Concern (PHEIC), therefore the need to have a national, coordinated response remains and this is being met by the [government's COVID-19 response](#).

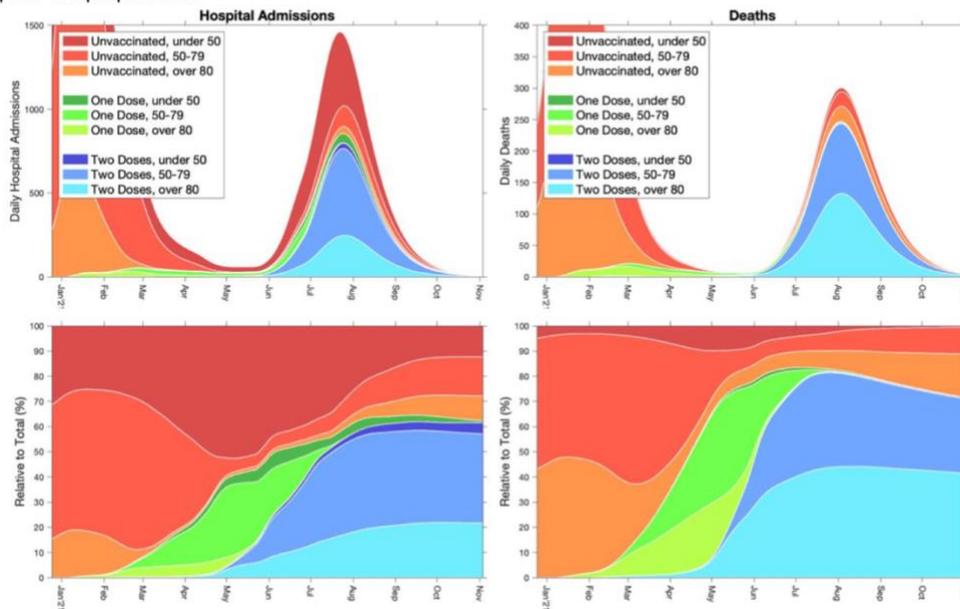
Cases of COVID-19 are no longer managed by HCID treatment centres only. All healthcare workers managing possible and confirmed cases should follow the [updated national infection and prevention \(IPC\) guidance for COVID-19](#), which supersedes all previous IPC guidance for COVID-19. This guidance includes instructions about different personal protective equipment (PPE) ensembles that are appropriate for different clinical scenarios.

Who becomes seriously ill in a resurgence?

55. Figure 11 illustrates the age and vaccination status of those hospitalised (left) and dying (right) over time in Warwick's central scenario for the whole roadmap (equivalent to Figure 4). The top plots are absolute numbers and the bottom plots are as a proportion of those admitted or dying.

56. This shows that most deaths and admissions in a post-Roadmap resurgence are in people who have received two vaccine doses, even without vaccine protection waning or a variant emerging that escapes vaccines. This is because vaccine uptake has been so high in the oldest age groups (modelled here at 95% in the over 50-year olds). There are therefore 5% of over 50-year olds who have not been vaccinated, and $95\% \times 10\% = 9.5\%$ of over 50-year olds who are vaccinated but, nevertheless, not protected against death. **This is *not* the result of vaccines being ineffective, merely uptake being so high.**

Figure 11: Results of the central scenario of the Warwick model, showing the age and vaccine status of those admitted to hospital (left) or dying (right) over time. Top plots are absolute numbers, bottom plots are proportions.



Implications of uneven vaccine coverage

57. These models do not account for vaccination coverage being different in different communities. Early evidence suggests that coverage has, so far, been lower in some minority ethnic groups. As a result, even if vaccination successfully drives down mortality and morbidity overall, it is highly likely that outbreaks will still happen in some communities.

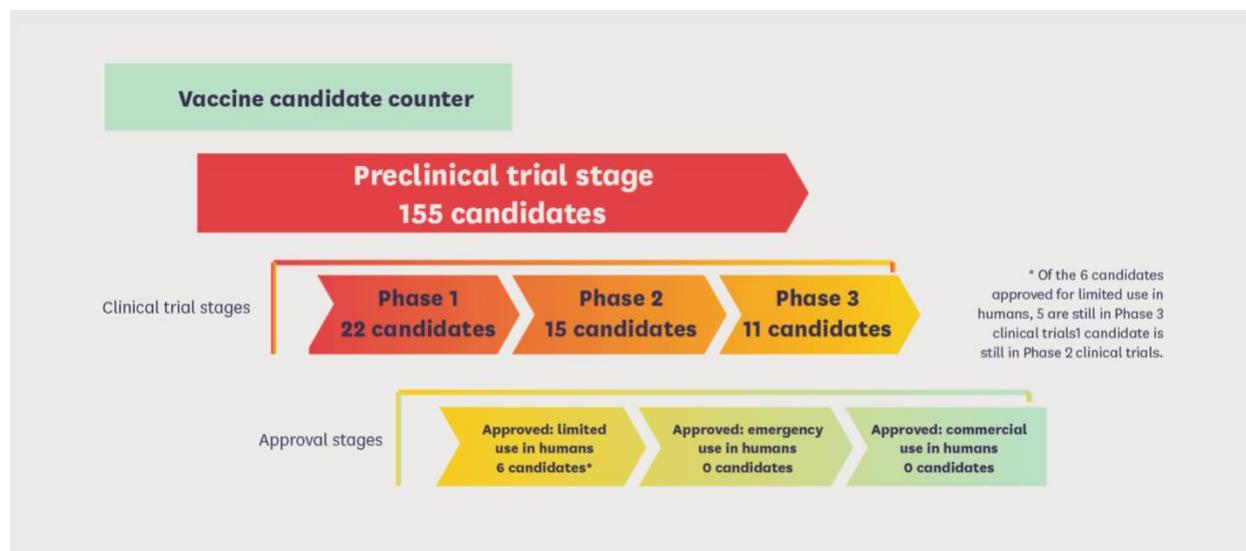
<https://post.parliament.uk/covid-19-vaccines-november-update-progress-of-clinical-trials/>

A successful COVID-19 vaccine, complementing other non-pharmaceutical interventions aiming to reduce the spread of SARS-CoV-2, has the potential to eradicate the disease. Immunising the whole population, vulnerable groups or people most likely to transmit the virus is considered by many to be the most important and effective intervention. Immunisation could suppress the transmission of the virus, reduce the incidence of illness and mortality, and allow the lifting of restrictions on daily life. At present it is unknown whether there will be a successful COVID-19 vaccine and whether it will be able to provide complete protection from SARS-CoV-2 infection.

Development of COVID-19 vaccines started as soon as the sequence of SARS-CoV-2 was identified and is progressing at unprecedented speed. The completion of some clinical trials is expected by the end of 2020. The UK has pledged £250m to the Coalition for Epidemic Preparedness Innovations (CEPI) for the development of a SARS-CoV-2 vaccine and has changed regulations to allow a COVID-19 vaccine to be fast-tracked.

As of 3 November 2020, the latest World Health Organization figures show over 200 vaccines in development, 47 of which are being tested in people.

There are currently 11 vaccine candidates being tested in large Phase III clinical trials. A recent review published in the Lancet describes them in more detail. The table below summarises Phase III trials for different candidates, indicating the expected completion date. The candidates for which the UK has secured early access are indicated with an asterisk.



Vaccine candidates in Phase III Trials				
Vaccine candidate	Technology	Countries where Phase III trials are conducted	Expected completion date	Doses secured by the UK
CanSinoBIO / Chinese Academy of Military Medical Sciences	Adenovirus-based	Russia	December 2020	N/A
		Pakistan	December 2021–January 2022	
University of Oxford / AstraZeneca*	Adenovirus-based	USA, Chile, Peru	December 2020–January 2021	Initially 30m (total of 100m)
		Russia	March 2021	
		India	March–April 2021	
		Brazil	September–November 2021	
		UK	August–September 2021	
Novavax*	Protein- based	UK	January–February 2021	60m

*AstraZeneca trial expected completion Aug-Sept 2021

Sinovac	Inactivated virus	Indonesia	January-February 2021	N/A
		Brazil	September-October 2021	
		Turkey	February-March 2021	
Gamaleya Research Centre (Russia)	Adenovirus-based	Russia	April-May 2021	N/A
		Belarus	March-April 2021	
Sinopharm and the Wuhan Institute of Biological Products	Inactivated virus	UAE, Bahrain, Jordan	March-April 2021	N/A
		Morocco	December 2021	
Sinopharm and Beijing Institute of Biological Product	Inactivated virus	UAE, Bahrain, Egypt, Jordan	March-April 2021	N/A
		Argentina	November-December 2021	
BioNTech/Fosun Pharma/Pfizer*	RNA-based	USA, Brazil, Argentina	June-July 2021	30m
US National Institute of Allergy and Infectious Diseases (NIAID) / Moderna	RNA-based	USA	October-November 2022	N/A

*Pfizer trial expected completion June-July 2021

BioNTech/Fosun Pharma/Pfizer*	RNA-based	USA, Brazil, Argentina	June–July2021	30m
US National Institute of Allergy and Infectious Diseases (NIAID) / Moderna	RNA-based	USA	October–November 2022	N/A
Janssen / Johnson & Johnson*	Adenovirus-based	USA, Argentina, Brazil, Chile, Colombia, Mexico, Peru, Philippines, South Africa, Ukraine	March–April 2023	30m
Indian Council of Medical Research, the National Institute of Virology and the Indian company Bharat Biotech	Inactivated virus	India	Not yet commenced	N/A

*Johnson & Johnson (UK have early access to) expected trial completion **March – April 2023**

COVID-19 Vaccine AstraZeneca Patient Information

[Page 3]

11. QUALITATIVE AND QUANTITATIVE COMPOSITION

These are multidose vials which contain 8 doses or 10 doses of 0.5 ml per vial (see section 6.5).

One dose (0.5 ml) contains:

Chimpanzee Adenovirus encoding the SARS-CoV-2 Spike glycoprotein (ChAdOx1-S), not less than 2.5×10^8 infectious units (Inf.U)

* Produced in genetically modified human embryonic kidney (HEK) 293 cells and by recombinant DNA technology.

This product contains genetically modified organisms (GMOs).

[Page 4]

Paediatric population

The safety and efficacy of COVID-19 Vaccine AstraZeneca in children and adolescents (less than 18 years of age) have not yet been established. No data are available.

[Page 5]

Immunocompromised individuals

The efficacy, safety and immunogenicity of the vaccine have not been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of COVID-19 Vaccine AstraZeneca may be lower in immunosuppressed individuals.

Duration of protection

The duration of protection afforded by the vaccine is unknown as it is still being determined by ongoing clinical trials.

Limitations of vaccine effectiveness

Protection starts from approximately 3 weeks after the first dose of COVID-19 Vaccine AstraZeneca. Individuals may not be fully protected until 15 days after the second dose is administered. As with all vaccines, vaccination with COVID-19 Vaccine AstraZeneca may not protect all vaccine recipients (see section 5.1).

Currently available clinical trial data do not allow an estimate of vaccine efficacy in subjects over 55 years of age.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed.

Concomitant administration of COVID-19 Vaccine AstraZeneca with other vaccines has not been studied.

4.6 Fertility, pregnancy and lactation

Pregnancy

There is limited experience with use of COVID-19 Vaccine AstraZeneca in pregnant women.

Animal reproductive toxicity studies have not been completed. Based upon results from the preliminary study, no effects are expected on development of the fetus (see section 5.3).

Administration of COVID-19 Vaccine AstraZeneca during pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

Breastfeeding

It is unknown whether COVID-19 Vaccine AstraZeneca is excreted in human milk.

[Page 9]

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on a conventional study of repeat dose toxicity.

Genotoxicity/Carcinogenicity

Neither genotoxicity nor carcinogenicity studies were performed. The components of the vaccine are not expected to have genotoxic potential.

Reproductive toxicity

Animal studies of potential toxicity to reproduction and development have not yet been completed. A preliminary reproductive toxicity study in mice does not show toxicity in dams or foetuses.

<http://labeling.pfizer.com/ShowLabeling.aspx?id=14472>

COVID-19 PFIZER BIONTECH VACCINE SAFETY DATA SHEET

[page 1]

The Pfizer-BioNTech COVID-19 Vaccine is a vaccine and **may** prevent you from getting COVID-19. **There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.**

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE?

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

[page 2]

The FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 12 years of age and older under an Emergency Use Authorization (EUA).

[page 3]

HAS THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine.

[page 3]

Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- diarrhea
- vomiting
- arm pain

These may not be all the possible side effects of the Pfizer-BioNTech COVID-19 Vaccine. Serious and unexpected side effects may occur. Pfizer-BioNTech COVID-19 Vaccine is still being studied in clinical trials.

[page 4]

WHAT IF I DECIDE NOT TO GET THE PFIZER-BIONTECH COVID-19 VACCINE?

It is your choice to receive or not receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?

Currently, **there is no approved** alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under **Emergency Use Authorization**.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Pfizer-BioNTech COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Pfizer-BioNTech COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

The EUA for the Pfizer-BioNTech COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).



Daily Mail MORE STORIES

CDC calls urgent meeting over 226 cases of heart inflammation in teenage boys who have had Pfizer or Moderna vaccines

By Rachel Sharp For Dailymail.com and Associated Press
11:46 10 Jun 2021, updated 07:26 11 Jun 2021

Connecticut Children's

PERCENTAGE OF THE POPULATION VACCINATED SO FAR

3.1k

Please see full 85 pages of reactions from Pfizer vaccine being offered to 12 year olds.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992564/COVID-19_mRNA_Pfizer-BioNTech_Vaccine_Analysis_Print_-_DLP_02.06.2021.pdf

Case Series Drug Analysis Print

Name: COVID-19 mRNA Pfizer- BioNTech Vaccine Analysis Print

Report Run Date: 03-Jun-2021

Data Lock Date: 02-Jun-2021 18:30:03

Earliest Reaction Date: 13-Apr-1968

MedDRA Version: MedDRA 24.0

Reaction Name	Total	Fatal
Vascular disorders Vascular disorders cont'd		
Hypotension	220	0
Orthostatic hypotension	16	0
Vasculitides NEC		
Behcet's syndrome	4	0
Granulomatosis with polyangiitis	1	0
MAGIC syndrome	1	0
Vasculitis	30	0
Vena caval embolism and thrombosis		
Vena cava embolism	1	0
Vena cava thrombosis	1	0
Vascular disorders SOC TOTAL	2901	10
TOTAL REACTIONS FOR DRUG	193768	406
TOTAL REPORTS	67998	
TOTAL FATAL OUTCOME REPORTS		406



Short Communication

First case of postmortem study in a patient vaccinated against SARS-CoV-2

Torsten Hansen ^a  , Ulf Titze ^a, Nidhi Su Ann Kulamadayil-Heidenreich ^b, Sabine Glombitza ^c, Johannes Josef Tebbe ^b, Christoph Röcken ^d, Birte Schulz ^a, Michael Weise ^b, Ludwig Wilkens ^c

[Show more](#) 

 Share  Cite

<https://doi.org/10.1016/j.ijid.2021.04.053>

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[open access](#)

Highlights

- We report on a patient with a single dose of vaccine against SARS-CoV-2.
- He developed relevant serum titer levels but died 4 weeks later.

A previously symptomless 86-year-old man received the first dose of the BNT162b2 mRNA COVID-19 vaccine. He died 4 weeks later from acute renal and respiratory failure. Although he did not present with any COVID-19-specific symptoms, he tested positive for SARS-CoV-2 before he died. Spike protein (S1) antigen-binding showed significant levels for immunoglobulin (Ig) G, while nucleocapsid IgG/IgM was not elicited. Acute bronchopneumonia and tubular failure were assigned as the cause of death at autopsy; however, we did not observe any characteristic morphological features of COVID-19. Postmortem molecular mapping by real-time polymerase chain reaction revealed relevant SARS-CoV-2 cycle threshold values in all organs examined (oropharynx, olfactory mucosa, trachea, lungs, heart, kidney and cerebrum) except for the liver and olfactory bulb. These results might suggest that the first vaccination induces immunogenicity but not sterile immunity.

PFIZER DRUG RECALLS AND LAWSUITS

<https://www.drugwatch.com/manufacturers/pfizer/>

Drug Recalls

Pfizer has had to [recall](#) some of its popular products due to quality issues and poor packaging. Effexor XR and Prempro are two products affected by recalls. More recently, the company recalled two lots each of Relpax in 2019 and Duavive in 2020.

Effexor XR

In 2014, Pfizer recalled two lots of its antidepressant drug [Effexor XR](#). Tikosyn was discovered in an Effexor XR bottle. Tikosyn is one of the company's heart pills. Pfizer warned that the combination of the two different drugs could be deadly.

Prempro

In 2013, Pfizer announced it was recalling five lots of Prempro. Prempro is a hormone replacement therapy drug. Routine testing revealed the strength of the drug was low.

Lawsuits and Settlements

Over the years, Pfizer has faced [lawsuits](#) involving some of its most popular drugs. Courts have dismissed thousands of lawsuits against Pfizer. The company has also agreed to settle cases involving claims of illegal marketing and health care fraud.

PFIZER SETTLEMENT AND FINE

Pfizer set a record for the largest health care fraud settlement and the largest criminal fine of any kind with \$2.3 billion in 2009.

Source: [U.S. Department of Justice](#)

Protonix

People are suing Pfizer over [Protonix](#). Protonix lawsuits say Pfizer failed to warn about the risk of kidney problems. In 2013, Pfizer agreed to pay \$55 million to settle criminal charges. The U.S. Department of Justice said Wyeth promoted Protonix for unapproved uses in 2000 and 2001. Pfizer acquired Wyeth in 2009.

Prempro

Nearly 10,000 women filed Prempro breast cancer lawsuits against Pfizer. By 2012, Pfizer settled most of the claims for more than \$1 billion.

Chantix

About 3,000 people filed Chantix lawsuits against Pfizer. They claimed Chantix caused suicidal thoughts and severe psychological disorders. In 2013, the company set aside about \$288 million to resolve these cases. One case settled for an undisclosed amount just before trial in 2012.

Depo-Testosterone

More than 7,800 testosterone therapy lawsuits had been filed against manufacturers as of November 2020. Pfizer had reached an agreement with the consumers suing the company in February 2018, ending its role in the massive litigation. The lawsuits say [testosterone products](#) caused strokes, blood clots and heart attacks.

Effexor

A federal panel closed the consolidated [Effexor litigation](#) in 2013. Lawsuits claimed birth defects.

Zoloft

A judge dismissed [Zoloft cases](#) in 2016. Lawsuits included similar claims to Effexor XR. The judge did not disagree that [Zoloft](#) caused birth defects. But the judge concluded there was insufficient evidence to definitively link the two.

Eliquis

A judge dismissed a group of federal [Eliquis cases](#) in 2017. Injured patients continue to file severe bleeding claims in Delaware state court.

Lipitor

A judge dismissed [Lipitor lawsuits](#) in 2017. Women who took the drug filed lawsuits after developing Type 2 diabetes. There is currently an appeal pending.

Trovan

In 1996, Pfizer conducted an unapproved clinical trial. It involved children with meningitis in Nigeria, CBS News reported. The trials led to the deaths of 11 children. Dozens more were left disabled.

PFIZER'S UNAPPROVED CLINICAL TRIAL

The unauthorized trial involved tests on 200 children with Pfizer's antibiotic Trovan.

Source: [BBC News](#)

Trovan is a drug severely restricted in use because of its potential to cause liver damage. Injury to the liver as a result of taking Trovan can lead to liver failure and death.

In 2011, Pfizer paid \$700,000 to four families who lost children during the Trovan trials.

In addition, the company set up a \$35 million fund for those affected by Trovan. Pfizer also agreed to sponsor health projects in Kano, Nigeria.

Newsround Claims shown to our children in PRIMARY SCHOOL

<https://www.youtube.com/watch?v=I3uq2FegFRA>

1. They said “In the U.S in 12 to 15 year old's there were absolutely no cases of illness, so it looks like the vaccine does protect from covid 19”.
2. “Having the vaccine is a small price to pay for being protected from the virus WHEN it comes”.
3. “The benefit of getting a vaccine is that you don’t need to worry about Covid-19 it means you’re likely not to be able to infect your parents, the people you live with and your teachers.
4. “The downside – it’s another jab, another injection into your arm, but the benefits DEFINATLEY outweigh the risk”.
5. “There are trials ongoing to try to change the age groups to make it more appropriate”.

In regards to the above information being shown to children, please see the definitions of the below words as these behaviours are being used towards our children and the rest of the British public.

‘Fundamental British values’ is taken from the definition of extremism as articulated in the new Prevent Strategy, which was launched in June 2011. It includes ‘democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs’.

Please see The Children Act 1989 subsection 22 “*General duty of a local authority in relation to children looked after by them.*”

(4)Before making any decision with respect to a child whom they are looking after, or proposing to look after, a local authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of—

(a)the child;

(b)his parents;

(c)any person who is not a parent of his but who has parental responsibility for him; and

(d)any other person whose wishes and feelings the authority consider to be relevant,

regarding the matter to be decided.

Definition of coercion

The practice of persuading someone to do something by using force or threats.

Definition of emotional manipulation

Emotional manipulation occurs when a **manipulative** person seeks power over someone else and employs dishonest or exploitive strategies to gain it. Unlike people in healthy relationships, which demonstrate reciprocity and cooperation, an **emotional manipulator** looks to use, control, or even victimize someone else.

Indoctrination

The process of teaching a person or group to accept a set of beliefs uncritically.

Definition of terrorism

The unlawful use of violence and intimidation, especially against civilians, in the pursuit of political aims.

Human Rights Act 1998

Article 3: Freedom from torture and inhuman or degrading treatment:

Inhuman treatment or punishment is treatment which causes intense physical or mental suffering. It includes:

- serious physical assault
- psychological interrogation
- cruel or barbaric detention conditions or restraints
- serious physical or psychological abuse in a health or care setting, and
- threatening to torture someone, if the threat is real and immediate.

What is degrading treatment?

Degrading treatment means treatment that is extremely humiliating and undignified. Whether treatment reaches a level that can be defined as degrading depends on a number of factors. These include the duration of the treatment, its physical or mental effects and the sex, age, vulnerability and health of the victim. This concept is based on the principle of dignity - the innate value of all human beings.

Ethylene Oxide Substance Explained

<https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/ethylene-oxide>



A model of the ethylene oxide molecule.

What is ethylene oxide?

At room temperature, ethylene oxide is a flammable colorless gas with a sweet odor. It is used primarily to produce other chemicals, including antifreeze. In smaller amounts, ethylene oxide is used as a pesticide and a sterilizing agent. The ability of ethylene oxide to damage DNA makes it an effective sterilizing agent but also accounts for its cancer-causing activity.

How are people exposed to ethylene oxide?

The primary routes of human exposure to ethylene oxide are inhalation and ingestion, which may occur through occupational, consumer, or environmental exposure. Because ethylene oxide is highly explosive and reactive, the equipment used for its processing generally consists of tightly closed and highly automated systems, which decreases the risk of occupational exposure.

Despite these precautions, workers and people who live near industrial facilities that produce or use ethylene oxide may be exposed to ethylene oxide through uncontrolled industrial emissions. The general population may also be exposed through tobacco smoke and the use of products that have been sterilized with ethylene oxide, such as medical products, cosmetics, and beekeeping equipment.

Which cancers are associated with exposure to ethylene oxide?

Lymphoma and leukemia are the cancers most frequently reported to be associated with occupational exposure to ethylene oxide. Stomach and breast cancers may also be associated with ethylene oxide exposure.

How can exposures be reduced?

The U.S. Occupational Safety and Health Administration has [information](#) about limiting occupational exposure to ethylene oxide.

Selected References:

- **Health Effects Notebook for Hazardous Air Pollutants: Ethylene Oxide.** Washington, DC: U.S. Environmental Protection Agency, 2018. [Also available online](#). Last accessed December 28, 2018.
- **International Agency for Research on Cancer. Ethylene Oxide, IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 100F.** Lyon, France: World Health Organization, 2012. [Also available online](#)[Exit Disclaimer](#). Last accessed December 28, 2018.
- **National Toxicology Program. Ethylene Oxide, Report on Carcinogens, Fourteenth Edition.** Triangle Park, NC: National Institute of Environmental Health and Safety, 2016. [Also available online](#). Last accessed December 28, 2018.

Sterilising agent used in disposable surgical facemasks

<https://www.sciquip.co.uk/disposable-medical-face-masks.html>

Biobins
Centrifuges
Centrifuge Tubes
Chairs & Stools
Chillers
Circulators
Climatic Chamber
Cloning Cylinders
CO2 Incubators
Consumables
Cover Slips
COVID-19
COVID Rapid Test Kits
Cryogenic Storage
Dry Block Heater/Thermo Mixers
Drying Cabinets
Electrophoresis
Flasks
Freeze Dryers / Lyophilizers
Fridges & Freezers
Fume Cupboards
Furnaces
Heating Mantles
Homogenizers

QUOTE/MORE INFO

PRODUCT DETAILS TECHNICAL SPECIFICATIONS REVIEWS

Product Details

To assist our primary healthcare workers SciQuip has donated thousands of items of PPE to NHS hospitals, GP surgeries & care homes throughout the UK.

- EN 14683 Type IIR Face Masks
- BFE >98%
- MRI Safe
- Fluid Resistant
- Sterile (EO sterilized)
- 3-ply medical grade
- Non-Ferrous noseband
- Fully Certified & CE marked
- Pack of 50

Please see in product details: Sterile (EO sterilised)

Covid-19 NHS testing instructions

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/95727/1/COVID-19-self-test-instructions.pdf

[Page 20 – last page]

361026, P. R. China.

Index of symbols

 Store at 2 – 30°C	 Sterilized using ethylene oxide	 Manufacturer	 Don't use the product when the package is damaged
 Lot number	 Expiry date	 In vitro diagnostic medical device	
 Keep away from sunlight	 Date of manufacture	 Do not re-use	 Warning, please refer to the instruction
 Keep dry	 Consult instructions for use		

All of the information and images in this document are correct as of 16th January 2021.

Version 1.3.1

News article related to the dangers of Ethylene Oxide:

<https://www.safetyandhealthmagazine.com/articles/19951-extremely-hazardous-alert-warns-against-using-ethylene-oxide-to-sterilize-masks-respirators>

COVID PCR TESTS ARE AS DANGEROUS AS INHALING ASBESTOS

<https://dailyexpose.co.uk/2021/05/21/covid-pcr-test-swabs-are-as-dangerous-as-inhaling-asbestos/>

An experimental physicist and bio-materials researcher examined various PCR test swabs under a microscope and found that the fibres they contain are as dangerous for human beings as inhaling asbestos.

Professor Antonietta Gatti examined various PCR test swabs and analysed their ingredients. The results showed that they are made of tough materials and contain a large number of nano-particles including silver, aluminum, titanium, and glass fibres. All of which are not declared on the PCR test package insert.

According to the Professor if these fibres get stuck in the mucous membranes they can cause severe wounds and inflammation. Mucous membranes that are no longer intact can no longer fulfill their role of fending off viruses, bacteria and fungi before they reach the airways. The germs penetrate the respiratory tract without any immune filter. This isn't good news for those who have been compliant with the authorities rules since the start of the alleged pandemic and take part in regular testing and mask wearing. This is because face coverings are the ideal breeding ground for all types of germs.

Exemption cards

If you have an age, health or disability reason for not wearing a face covering:

- you do not routinely need to show any written evidence of this
- you do not need show an exemption card

This means that you do not need to seek advice or request a letter from a medical professional about your reason for not wearing a face covering.

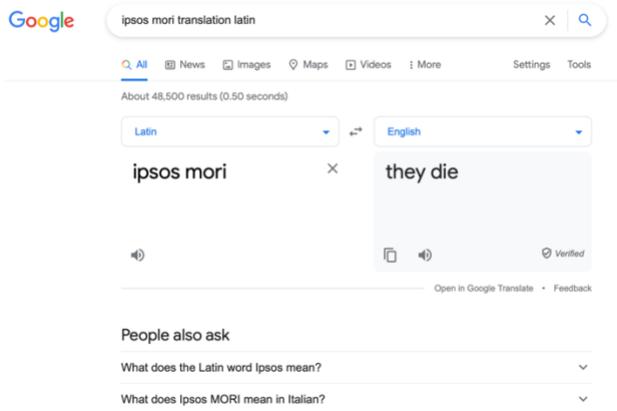
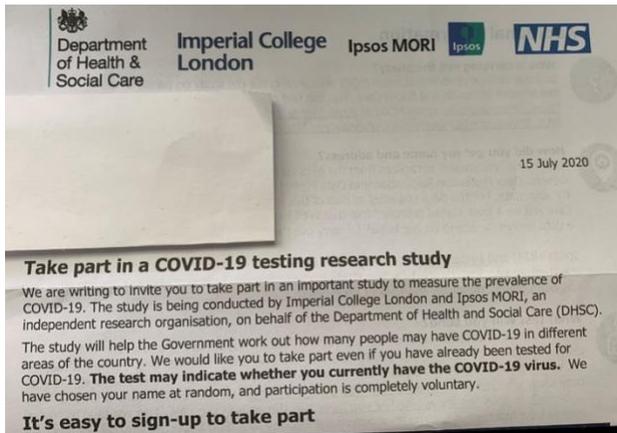
However, some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign.

Carrying an exemption card or badge is a personal choice and is not required by law.

If you wish to use an exemption card or badge, you can [download exemption card templates](#). You can then print these yourself or show them on a mobile device. Please note that the government is not able to provide physical exemption cards or badges.

<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own>

Imperial College London COVID-19 Testing Research Study



What is the REACT study?

REACT (Real-time Assessment of Community Transmission) is a series of studies that are using home testing to improve our understanding of how the COVID-19 pandemic is progressing across England. This major research programme was commissioned by the Department of Health and Social Care (DHSC) and is being carried out by Imperial College London in partnership with Ipsos MORI and Imperial College Healthcare NHS Trust. [Here's our announcement from when the study first launched in April 2020.](#)

<https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/>

<https://www.ipsos.com/ipsos-mori/en-uk/covid-19-swab-test-faqs>

[ipsos mori translation Latin](#)

Freedom of Information Requests

Maidstone Borough Council Freedom of Information Act Request Ref: FOI/4645
Date: 14/06/2021
Request and Response

Please can you supply me with a list of burials and cremations during the period of 2015 to 2020 for all of Maidstone Borough and district of KENT.

Please note that we only hold the information for Maidstone Borough, we do not hold information for the whole district of Kent.

Year	Total number of cremations	Total number of burials
2015	1,574	130
2016	1,663	107
2017	1,618	133
2018	1,726	135
2019	1,646	127
2020	2,009	113

https://www.whatdotheyknow.com/request/environmental_information_regula_19#outgoing-1165510

Swale Borough Council
Freedom of Information Act Request Ref: FOI No. 183
Date: 28th May 2021

Request and Response

Please can you supply me with a list of burials and cremations during the period of 2015 to 2020 for all of Swale Borough district of KENT.

Clarified to, all burial and cremation numbers year in year out for the period 2015 to 2020 for all of Swale Borough District of Kent.

Full burials

2015 – 123

2016 – 100

2017 – 105

2018 – 92

2019 – 104

2020 – 110

Note: Our response of numbers for full burials only relates to the cemeteries that Swale Borough Council are responsible for.

Cremated remains

2015 – 80

2016 – 88

2017 – 98

2018 – 88

2019 – 73

2020 – 66

Note: We do not have a Crematorium so our response relates to the burial of cremated remains only.

https://www.whatdotheyknow.com/request/environmental_information_regula_21#outgoing-1164968



The information we do hold based on the burials and ashes interments for our four cemeteries from 2015 – 2020 is as follows:

Year	Ashes	Burial
2015	37	85
2016	47	104
2017	35	100
2018	45	79
2019	59	96
2020	44	87

Please note that during the pandemic many deaths were diverted to the crematoriums and that during the first lockdown interments were stopped in-line with government guidelines.

Kind regards

Freedom of Information team

If you believe the Council has not complied with the Freedom of Information Act in relation to your request, you have the right to ask for an internal review. Internal review requests must be submitted no later than 40 working days after the date on which you believe that the Council failed to comply with the legislation and must be addressed to: Freedom of Information Manager, Ashford Borough Council, Civic Centre, Tannery Lane, Ashford, Kent, TN23 1PL or email foi@ashford.gov.uk. The Council's procedure for internal reviews can be viewed at <https://www.ashford.gov.uk/freedom-of-information>. Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can

https://www.whatdotheyknow.com/request/environmental_information_regula_13#outgoing-1164962

I am writing in respect of your information access enquiry dated 28 May 2021. This request has been handled under the Freedom of Information Act 2000.

Please find below information that we hold in response to your request.

2015	166 full burials	178 ashes interments
2016	153	163
2017	120	138
2018	166	174
2019	155	158
2020	133	137

We do not hold any records for cremations, Hawkinge Crematorium, run by Dignity have these. I attach a link to their website which includes contact details for your assistance

The contents of this request are subject to re-use under the terms of the [2]Open Government Licence unless otherwise specified. Publications relying on this data must be attributed accordingly. Where released materials are subject to 3rd party copyright or intellectual property rights, rights to attribution and re-use remain vested in the holder.

Personal data disclosed in conjunction with an information access request is provided in compliance with the Council's legal obligations. This disclosure does not provide consent for direct marketing under the Privacy and Electronic Communications Regulations (PECR), and should not be construed as such.

Should you require any further information, or if you are not satisfied with our response, please do not hesitate to contact me. You may also request an internal review by writing to the following address: [3][[email address](#)]

Following this, if you are not satisfied with the internal review response you may apply to the [4]Information Commissioner for an independent review at the following address: [5][[email address](#)]

Kind regards,

Case Management (Corporate Services)
Information Governance
Folkestone & Hythe District Council

https://www.whatdotheyknow.com/request/environmental_information_regula_17#outgoing-1164960

Ref: FOI/GS/ID 6779

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

11 June 2021

[REDACTED]

Dear Mr [REDACTED]

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Covid-19.

You asked:

- 1. How many people have died from Covid-19 in the Maidstone & Tunbridge Wells NHS Trust hospitals from 1st January 2020 to 1 May 2021? This is only to include patients who have had Covid-19 tests and have not died with pre-existing conditions.*
- 2. How many patients at Maidstone & Tunbridge Wells NHS Trust hospitals are currently there, currently confirmed with Covid-19?*

Trust response:

1. The Trust is able to advise how many patients have died in hospital with no comorbidities (including obesity) detailed on their death certificates i.e., death certificates that are clean except for Covid 19 recorded in section 1a (please see below). It should be noted that this data may not accurately respond to the question asked.

<u>Months</u>	<u>T/Wells</u>	<u>Maidstone</u>
Jan 2020	0	0
Feb	0	0
March	1	0
April	3	5

May	3	1
June	4	0
July	0	0
Aug	0	0
Sept	0	0
Oct	0	0
Nov	2	1
Dec	3	9
Jan 2021	10	17
Feb	2	3
March	0	1
April	0	0

2. As at 09 June 2021 the Trust has reported one COVID patient.

If you have any queries about this letter please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write in the first instance to:

Mr Miles Scott
 Chief Executive
 Maidstone and Tunbridge Wells NHS Trust
 Maidstone Hospital
 Hermitage Lane
 Maidstone
 Kent, ME16 9QQ

If you are not content with the outcome of your complaint you may apply directly to the Information Commissioner for a decision. Generally the Information Commission cannot make a decision unless you have exhausted the complaints procedure provided by the Chief Executive's Office. The Information Commissioner can be contacted at:

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

Yours sincerely

Gail Spinks
 Head of Information Governance

Our Ref: FOI - 2035 - Covid-19

Request & Trust Response

I would like to request a Freedom of Information in relation to the COVID-19 deaths following the NHS England's update on the 20 April 2020 in which they provided the breakdown of age and ethnicity which is helpful to the public which, of course, can be found here:

<https://www.england.nhs.uk/statistics/st...>

But more information is required so that the public have a right to know:

Question	Trust Response
1. I would like to know How many people have died in your hospitals from Covid 19 alone? As in they died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 20th December of people that have died due to Covid-19 and not anything else please	The Trust has reviewed this FOI and can confirm Zero patients had died from Covid-19 alone within our hospitals.
2. The percentage & number of people with 'underlying health conditions' in the overall total.	0% of the overall total as per question 1 response
3. The percentage & number of those without underlying health problems.	0% of the overall total as per question 1 response

Jagtar Singh OBE – Chair
 Mel Coombes – Chief Executive

Coventry & Warwickshire Partnership NHS Trust
 Wayside House, Wilsons Lane, Coventry, CV6 6NY
 Tel: 024 7636 2100 Fax: 024 7636 8949
 www.covwarkpt.nhs.uk



in partnership with:



Our Ref: FOI - 2035 - Covid-19

Request & Trust Response

I would like to request a Freedom of Information in relation to the COVID-19 deaths following the NHS England's update on the 20 April 2020 in which they provided the breakdown of age and ethnicity which is helpful to the public which, of course, can be found here:

<https://www.england.nhs.uk/statistics/st...>

But more information is required so that the public have a right to know:

Question	Trust Response
<p>1. I would like to know How many people have died in your hospitals from Covid 19 alone? As in they died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 20th December of people that have died due to Covid-19 and not anything else please</p>	<p>The Trust has reviewed this FOI and can confirm Zero patients had died from Covid-19 alone within our hospitals.</p>
<p>2. The percentage & number of people with 'underlying health conditions' in the overall total.</p>	<p>0% of the overall total as per question 1 response</p>
<p>3. The percentage & number of those without underlying health problems.</p>	<p>0% of the overall total as per question 1 response</p>

Jagtar Singh OBE – Chair
Mel Coombes – Chief Executive

Coventry & Warwickshire Partnership NHS Trust
Wayside House, Wilsons Lane, Coventry, CV6 6NY
Tel: 024 7636 2100 Fax: 024 7636 8949
www.covwarkpt.nhs.uk



in partnership with:



Freedom of Information Request: reference 6423

Dear 

Freedom of Information Request: reference 6423

Thank you for your recent request under the Freedom of Information Act 2000.

The information you have requested is as follows:

The actual number of Covid-19 deaths for the period- February 2020 to November 2020 within the Medway Trust. In addition the number of Covid-19 deaths with underlining medical conditions.

Medway NHS Foundation Trust can confirm that for the above period there were 295 deaths. We regret that we are unable to confirm the exact number of patients with co-morbidities as the number of patients without co-morbidities is so low and there is the potential that individuals could be identified. We can confirm there were less than five patients without co-morbidities during the above period.

I hope that this gives you the answer you need, but if you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of this email and should be addressed to:

Paul Mullane
Head of Corporate Governance & Legal
Medway NHS Foundation Trust
Windmill Road
Gillingham

**Freedom of Information Act Disclosure log
- Reply Extract**

File reference	W20FOI401
Key words	Deaths Due to Covid-19 Without Pre-existing Conditions Since March 2020
Date of release	15/01/2021
Attachments	No

You asked

How many people have died in your hospitals from Covid 19 alone? As in they died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 20th December of people that have died due to Covid-19 and not anything else please?

Our reply

The Trust considers five or fewer deaths were related to patients who died following a positive Covid-19 test result that did not have a pre-existing condition.

University Hospitals Plymouth NHS Trust takes the view that the actual number requested is too low to be disclosed. The information is considered exempt from further supply in accordance with section 41(1)(a) and (b) of the 2000 Act. The Trust received the information in confidence and it cannot be shared.

Legal notes

University Hospitals Plymouth NHS Trust is confirming in accordance with section 1 (a) of the Act that it holds the information requested, but is refusing to supply it in accordance with section 1(b) by virtue of section 41(1)(a) and (b). It has sought to balance both the rights of you as the applicant with that of any data subject. You have the right to appeal. Please refer to the internal review section below, if you wish to pursue that option.

Data is only recorded from 01/03/2020. Prior to this the information is not held.

Attachments included: No

Freedom of Information Act 2000 - Request Reference Fol/21/007
Covid-19 Deaths

Request Details

I am formally making a Freedom of Information Request to your health board for an independent study that I am undertaking.

The question is:

Since 01 Jan 2020, to the 31st Dec 2020, how many people have died SPECIFICALLY FROM Covid-19 in the UHW (Heath Hospital)

Response Details

Death Type	Deaths
Covid Deaths	17

This figure represents solely the number of deaths where COVID 19 is coded in the Death Cause Diagnosis 01 Code field and no other Diagnosis Codes are recorded in fields 2-8 of the ONS Data



**Birmingham
Community Healthcare**
NHS Foundation Trust

Our Ref: FOI 040121-3
Date: 28 January 2021
Email: luke.williams1989@icloud.com

Corporate Governance Department
Legal Services Division
Freedom of Information Team
3 Priestley Wharf
Holt Street
Aston
Birmingham
B7 4BN
Tel: 0121 466 7293
Email: foi.bchc@nhs.net

Dear Luke Williams

Re: Freedom of Information Request

I refer to your request for information pursuant to the Freedom of Information Act 2000 ("the Act") dated 2 January 2021.

Birmingham Community Healthcare NHS Foundation Trust ("the Trust") can advise that we **do hold** the information that you have requested. The Trust's response is:

1. I would like to know How many people have died in your hospitals from Covid 19 alone? As in they died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 20th December of people that have died due to Covid-19 and not anything else please

There were 2 such deaths.

2. The percentage & number of people with 'underlying health conditions' in the overall total.

There were a total of 51 deaths within the period, 49 with underlying health conditions (96.08%).

3. The percentage & number of those without underlying health problems.

Out of the total of 51 deaths, 2 people were without underlying health conditions (3.92%).

It is confirmed that as the information has been provided, this request is now closed.

For future reference, the Trust's publication scheme and details of the services that we provide can be found on our website: www.bhamcommunity.nhs.uk.

Terms and Conditions of Re-Use



**Birmingham
Community Healthcare**
NHS Foundation Trust

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Public Health
England

Protecting and improving the nation's health

Public Accountability Unit
Wellington House
133-155 Waterloo Road
London SE1 8UG

T 020 8327 6920

www.gov.uk/phe

By email

Our ref: 10/08/ds/974

6 October 2020

Dear Minister Francis,

Re: *Numbers of staff members of all pay grades who have died as a result of coronavirus or COVID-19 this year 2020*

Thank you for your email dated 8 August 2020. Please accept our apologies for the delay in our response. In accordance with Section 1(1)(a) of the Freedom of Information Act 2000 (the Act), I can confirm that Public Health England (PHE) holds the information you have specified.

Request

How many staff members of all pay grades in the entirety of public health England organisation have died as a result of coronavirus or covid19 this year 2020?

Response

PHE can confirm none of its staff members have died as a result of Coronavirus this year.

If you have any queries regarding the information that has been supplied to you, please refer your query to in writing in the first instance. If you remain dissatisfied and would like to request an internal review, then please contact us at the address above or by emailing foi@phe.gov.uk.

Please note that you have the right to an independent review by the Information Commissioner's Office if a complaint cannot be resolved through the PHE complaints procedure. The Information Commissioner's Office can be contacted by writing to Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely,

FOI Team

Please ask for:

Ms L Davies

Dear Mr XXXXX

Date:

6th May 2021

Freedom of Information Request

You requested the following information to which I correspondingly reply:

Please can I have the information for number of cremations and burials in the Swansea District each year from 2015 - 2020

Swansea Cemeteries	number of coffin burials 2015 (Jan-Dec) (new & reopened graves)	number of coffin burials 2016 (Jan-Dec) (new & reopened graves)	number of coffin burials 2017 (Jan-Dec) (new & reopened graves)	number of coffin burials 2018 (Jan-Dec) (new & reopened graves)	number of coffin burials 2019 (Jan-Dec) (new & reopened graves)	number of coffin burials 2020 (Jan-Dec) (new & reopened graves)
Morrison cemetery	223	236	204	198	182	217
Oystermouth cemetery	140	135	118	139	120	123
Danygraig cemetery	14	18	17	21	16	20
Kingsbridge cemetery	38	41	38	31	31	31
Rhydgoch cemetery	29	17	21	27	25	25
Coed Gwilym cemetery	41	42	31	36	25	14
Cwmgelli cemetery	0	1	5	3	2	1
TOTALS	485	490	434	455	401	431

Swansea crematorium

number of cremations 2015 (Jan-Dec)	number of cremations 2016 (Jan-Dec)	number of cremations 2017 (Jan-Dec)	number of cremations 2018 (Jan-Dec)	number of cremations 2019 (Jan-Dec)	number of cremations 2020 (Jan-Dec)
2116	2083	2086	2054	1884	2060

If you are dissatisfied with the Council's handling of your request, you can ask for an internal review within 20 working days of the date of this response. Requests for an internal review can be carried out by completing the online web form on our Council website: <https://www.swansea.gov.uk/foireviewrequest/>

Information Governance Unit

NHS Tayside has now considered your request dated 30 December 2020.

Extract from Request

"I am doing some research regarding Covid 19. Under the freedom of information act, I would like you to please supply me with the following information:

How many people have died in Ninewells hospital from Covid 19 alone? As in they were admitted to hospital and died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 30th December 2020 of people that have died due to Covid-19 alone and not anything else, please?"

Response

There were 6 deaths registered in the period 1 February 2020 to 20 December 2020 (latest data available) in NHS Tayside Hospitals where the cause of death was solely due to COVID-19.

Exemptions Section – application of Freedom of Information (Scotland) Act 2002 exemptions and Data Protection Act 2018 Principles.

Document Ref.	FOISA Exemption Applied	Justification
IGTFOISA8627	None	None

of 31 May 2021.

Download PDF

Healthcare in Bedfordshire Hospitals NHS Foundation Trust

Some people with coronavirus have to go into hospital.

1 person with coronavirus went into hospital on 23 May 2021.

Between 17 May 2021 and 23 May 2021, **10** went into hospital with coronavirus. This shows a decrease of **-16.7%** compared to the previous 7 days.

There were **13** patients in hospital with coronavirus on 25 May 2021.

Some people in the hospital need to use a special device called a mechanical ventilator to help them breathe.

There was **1** coronavirus patient in hospital beds with a mechanical ventilator on 25 May 2021.

Deaths in Bedford

There were **0** deaths within 28 days of a positive test for coronavirus reported on 1 June 2021.

Between 26 May 2021 and 1 June 2021, there have been **0** deaths within 28 days of a positive coronavirus test. This shows a decrease of **0.0%** compared to the previous 7 days.

Produced by **Public Health England** — Last updated on Tuesday 1 June 2021 at 4:00pm

Statistics and details are available on the [Coronavirus \(COVID-19\) in the UK website](#).

COVID-19 Vaccine Analysis Overview

Report run date: 26/05/2021

Total reports	Total reactions	Total fatalities
AstraZeneca		
188,589	695,214	831
Moderna		
2,469	7,014	4
Pfizer		
64,450	183,752	396
Unspecified		
716	2,216	22
256,224	888,196	1,253



Stockport

NHS Foundation Trust

Information Governance Department
1st Floor Cedar House
Stepping Hill Hospital
Poplar Grove
Stockport
SK2 7JE

Telephone: 0161 419 4160

Fax: 0161 419 2045

Email: FOI@stockport.nhs.uk

Our ref: FOI45691
21st May 2021

Request for Information

Dear [REDACTED],

I am writing regarding your request for information which we received via email on 22/04/2021. In that request you asked for information in relation to hospital admissions.

We are pleased to provide the following information in response to your specific questions.

Please can you send me the total number of admissions for all hospitals in your region for the following years:

2018

2019

2020

The total numbers of admissions for Stepping Hill hospital in the following years are:

2018 - 88,351

2019 - 87,627

2020 - 65,306

If you have any queries about our response, please let me know by writing to the above address.

Yours sincerely,

Laura Sillitoe
Freedom of Information and Information Governance Support Officer

We Care, We Respect, We Listen



Kent Community Health
NHS Foundation Trust

Freedom of Information Team
The Oast
Unit D, Hermitage Court
Hermitage Lane
Barming
Maidstone
ME16 9NT

Phone: 01622 211900
Email: kcht.foi@nhs.net
Web: www.kentcht.nhs.uk

Request for information under the Freedom of Information Act

Thank you for your letter received 29 April 2021 requesting information under the Freedom of Information Act 2000 regarding people who have died from Covid-19.

Summary of your original request:

1. *How many people have died from Covid-19 in Kent Community Health NHS Foundation Trust Hospitals from 1 January 2020 to 31 March 2021? This is only to include patients who have had Covid-19 tests and have not died with pre-existing conditions.*

18 patients died between these dates that had Covid-19 as the only cause of death listed on their death certificate.

2. *How many patients at Kent Community Health NHS Foundation Trust Hospitals are currently there currently with confirmed Covid-19?*

We currently have no patients who are infectious with COVID-19.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: kcht.foi@nhs.net.

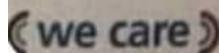
Please remember to quote the reference number in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, and Cheshire, SK9 5AF, or online via <https://ico.org.uk/global/contact-us/>.

Yours sincerely

Freedom of Information Act Team

Chairman John Goulston Chief Executive Paul Bentley
Trust HQ The Oast, Unit D, Hermitage Court, Hermitage Lane, Barming, near Maidstone, Kent ME16 9NT



Our values: Compassionate Aspirational Responsive Excellent

www.kentcht.nhs.uk

Our ref: 21162985
10 February 2021

Account reference: request-722850-a3014a8b@whatdotheyknow.com

Freedom of Information Act 2000

Dear Nick Milner

We can confirm that the information requested is held by Birmingham City Council and have detailed below the information that is being released to you.

Request

Dear Birmingham City Council,

Under the Freedom of Information Act I formally request that you provide me with the following information.

The total number of burials and cremations in the Birmingham City Council jurisdiction from Jan 2015 to Dec 2020 listed separately and annually. If it is not possible to list burials and cremations separately it will be acceptable to list them together.

Response

Burials and Cremation figures from 2015- 2020

	2015	2016	2017	2018	2019	2020
Burials	2,695	2,635	2,542	2,628	2,471	2,559
Cremations	5,295	5,027	5,785	5,056	4,409	4,293

Please quote the reference number 21162985 in any future communications.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within 40 working days from the date this authority issued its initial response to your original letter and should be addressed to:

NHS Tayside has now considered your request dated 30 December 2020.

Extract from Request

"I am doing some research regarding Covid 19. Under the freedom of information act, I would like you to please supply me with the following information:

How many people have died in Ninewells hospital from Covid 19 alone? As in they were admitted to hospital and died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 30th December 2020 of people that have died due to Covid-19 alone and not anything else, please?"

Response

There were 6 deaths registered in the period 1 February 2020 to 20 December 2020 (latest data available) in NHS Tayside Hospitals where the cause of death was solely due to COVID-19.

Exemptions Section – application of Freedom of Information (Scotland) Act 2002 exemptions and Data Protection Act 2018 Principles.

Document Ref.	FOISA Exemption Applied	Justification
IGTFOISA8627	None	None

Contact: Information Governance Team
Direct Dial: 01724 296224
E-mail: informationgovernanceteam@northlincs.gov.uk
Web Address: www.northlincs.gov.uk
Our Ref: FOI2021/00280
Date: 15th April 2021



Church Square House
30-40 High Street
Scunthorpe
North Lincolnshire
DN15 6NL

Tim Thome
request-746529-537105cc@whatdotheyknow.com

INFORMATION DISCLOSURE

Dear [REDACTED]

Re: Freedom of Information - FOI2021/00280

Thank you for your request for information, received by North Lincolnshire Council on the 13th April requesting information about Cremations & Burials in North Lincolnshire. I have considered your request in detail and can confirm that the council holds the following information:

1. Please could you let me know the number of cremations and burials that have taken place in the North Lincolnshire Council area during the last six years, 2015 to 2020.

Year	Cremations	Burials
2015	1655	205
2016	1638	190
2017	1690	195
2018	1791	196
2019	1644	178
2020	1533	196

If you wish to re-use this information for reasons other than, for example personal use, please see the council's [Access to Information Policy](#) for full details of how to request permission to re-use information released in response to a Freedom of Information request.

If you are unhappy about how we have dealt with your request please let me know and I will refer the matter to the council's [Information Complaints Policy](#). Alternatively you can complain using the council's [online complaint form](#) on the Contact Us page of the North Lincolnshire Council website.

You also have the right to appeal directly to the [Information Commissioner's Office \(ICO\)](#), although please note the ICO usually expect the council to have investigated your concerns first.

Yours sincerely

Information Governance Team
North Lincolnshire Council

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South Tyneside Council

Date: 25th May 2021
Our Ref: FOI 21 0471



Dear Mr [REDACTED]

Freedom of Information Request

We refer to your Freedom of Information Request received on the 21st May 2021.

Your request asked for the following information:

Your Request

The total number of burials and cremations in the South Tyneside City Council jurisdiction from January 2015 to December 2020 listed separately and annually. If it is not possible to list burials and cremations separately it will be acceptable to list them together.

Council's Response

Please see the table below and please note that we no longer hold data pre 2016.

Year	Burials	Cremations
2016	429	1,443
2017	422	1,511
2018	410	1,623
2019	328	1,465
2020	347	1,668

Copyright Procedure

The information supplied to you continues to be protected by the Copyright, Designs and Patents Act 1988. You are free to use this information for your own purposes, including any non-commercial research you are doing and news reporting. Any other re-use of this information, for example commercial publication requires the permission of the Council as the Copyright holder. All re-use requests will be treated under the Re-Use of Public Information Regulation 2006.

Information Governance, Town Hall and Civic Offices,
Westoe Road, South Shields, Tyne and Wear, NE33 2RL



Reference Number: 101005531011

Response provided under: Environmental Information Regulations 2004

Request:

Please can you email me the number of cremations and the number of burials for the years 2015 to 2020

Response:

	Burials	Cremations
2015	507	1595
2016	452	1628
2017	454	1592
2018	450	1664
2019	403	1483
2020	414	1589

Information provided by: Environment Service

Date of response: 17 May 2021



**University Hospitals of
Morecambe Bay**

NHS Foundation Trust

Freedom of Information Office

Westmorland General Hospital

Burton Road

Kendal

LA9 7RG

Tel: 01539 715511

Web: www.uhmb.nhs.uk

Our Ref: 14685

8 June 2021

request-763060-bafded86@whatdotheyknow.com

RE: REQUEST FOR INFORMATION UNDER THE FREEDOM OF INFORMATION ACT (FOI Act)

I refer to your email of 7 June 2021 and I am now able to provide the following response to your request.

You asked us to supply the following information: Our replies appear in bold type below.

1. *How many people within the hospitals operated by the University Hospitals of Morecambe Bay NHS Trust have died within 28 days of first or second injections of the Covid-19 vaccine?*

The Trust does not hold the information you have requested.

However, in order to comply with Section 16 of the act, and to provide advice and assistance, we are able to provide the following information:

The total number of adverse reactions caused by or relating to any Covid-19 vaccination was 299 (as at 04/05/21).

Please note, the majority of incidents relate to known adverse reactions of the two COVID Vaccines administered by University Hospitals of Morecambe Bay NHS Foundation Trust (COVID-19 MRNA Vaccine BNT162b2 (Pfizer/BioNTech) and COVID-19 Vaccine AstraZeneca (ChAdOx1-S [recombine]). None of these resulted in death to either the patient or staff involved in the incident.

2. *How many of those people had co-morbidities?*

N/A

Further information regarding Covid-19 deaths is available as follows:

Trust Headquarters:
Westmorland General Hospital
Burton Road
Kendal
LA9 7RG
Tel: 01539 716621

CHAIR: PROFESSOR MIKE THOMAS
CHIEF EXECUTIVE: AARON CUMMINS

COVID-19 death figures are reported daily on the NHS England website. In line with section 21 of the Freedom of Information Act, please visit the link below to access the information requested:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>

Our Ref: LW/lmw/FOI.119.21
Date: 9 June 2021

Laurie Wrench
Associate Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH


request-763598-ba71fdb8@whatdotheyknow.com


Tel 01782 275030

Freedom of Information Act Request

I am writing in response to your e-mail of the 8 June 2021. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

- 1) Over the past 3 months, how many shifts have Thornbury Nursing Services been utilised for supplying agency nurses to your trust?
None
- 2) Over the past 3 months, how many shift requests have been sent to Thornbury Nursing Services?
None
- 3) Over the past 3 months, which clinical areas have you requested shifts from Thornbury Nursing Services (ITU, A&E, PICU etc)? [Please break down numbered shift requests for each area.]
N/A
- 4) Over the past 3 months, how many nursing shifts were sent out to off-framework suppliers?
None, we do not go off Framework
- 5) Which off Framework suppliers are currently supplying your Trust with agency nurses?
N/A

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Peter Axon, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision.



Chairman: David Rogers
Chief Executive: Peter Axon
www.combined.nhs.uk

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Follow us on Facebook: www.facebook.com/NorthStaffsCombined



18Q
T: 01344 415600
F: 01344 415666
o25.2@nhs.uk
http://www.berkshirehealthcare.nhs.uk

Gemma [REDACTED]
Email: gemma@[REDACTED]@nhs.uk

Dear Gemma

Freedom of Information Request 298

Thank you for your request for information which we received on 30 December 2020.

Our answer to your questions is as follows:

How many people have died in your hospitals from Covid 19 alone? As in they died only due to Covid 19. I can see the figures that you publish online, but these are deaths within 28 days of a positive covid test, so they could have died from other causes. I just want to know the exact figure from 1st February 2020 until the 20th December of people that have died due to Covid-19 and not anything else please.

We are required to report nationally on deaths where the patient tested positive for Covid 19 within 28 days of their death, and/or if Covid 19 was recorded on the patient's medical certificate for cause of death (MCCD).

In total we have reported 24 deaths nationally which occurred between June 2019 and December 2020. Of these:

- 19 deaths had Covid 19 documented on part 1 of the MCCD meaning that Covid 19 was an immediate, direct cause of death;
- 4 deaths had Covid 19 documented on part 2 of the MCCD meaning that Covid 19 contributed to the death, but was not the direct cause of death (1a) identified for those patients;
- 1 patient did not have Covid 19 documented on their MCCD



Public Health
England

Protecting and improving the nation's health

Public Accountability Unit
Wellington House
133-155 Waterloo Road
London SE1 8UG

T 020 8327 6920

www.gov.uk/phe

By email

request-679566-e6380751@whatdotheyknow.com

Our ref: 24/07/hf/872

20 August 2020

Dear Andrew Johnson,

Re: Documents held showing SARS-COV2 has been isolated and Causes COVID-19

Thank you for your email dated 24 July 2020. In accordance with Section 1(1)(a) of the Freedom of Information Act 2000 (the Act), I can confirm that Public Health England (PHE) does not hold the information you have specified.

Your Request

All records in the possession, custody or control of Public Health England describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).

Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers "instead" to:

- the culturing of something, or
- the performance of an amplification test (i.e. a PCR test), or
- the sequencing of something.

Please also note that my request is not limited to records that were authored by the PHE or that pertain to work done by the PHE. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the PHE has downloaded or printed.

Please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it)."

Response

PHE can confirm it does not hold information in the way suggested by your request.

Under section 16 of the Act, public authorities have a duty to provide advice and assistance. I have signposted you to the below links which contain information on taking COVID-19 swabs.

<https://www.gov.uk/government/publications/covid-19-guidance-for-taking-swab-samples>

<https://www.gov.uk/government/publications/types-and-uses-of-coronavirus-covid-19-tests/types-and-uses-of-coronavirus-covid-19-tests>

Additionally, the below publication contains some information on virus isolation:

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.32.2001483>

If you have any queries regarding the information that has been supplied to you, please refer your query to in writing in the first instance. If you remain dissatisfied and would like to request an internal review, then please contact us at the address above or by emailing foi@phe.gov.uk.

Please note that you have the right to an independent review by the Information Commissioner's Office if a complaint cannot be resolved through the PHE complaints procedure. The Information Commissioner's Office can be contacted by writing to Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely,
FOI Team



Government
Office for Science

Government Office for Science
10 Victoria Street
London
SW1H 0NN

+44 (0)20 7215 5000 - Public enquiries
+44 (0)20 7215 6740 - Textphone
(for those with hearing impairment)



Date 2/10/20
Ref no: GOS-COV-040920-0068

Thank you for your email of 4/9/20 where you requested the following information:

"All records in the possession, custody or control of the Government Office for Science describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).

Response

We do not hold the information you have requested. This information may be available from DHSC

One + all | we care



Royal Cornwall Hospitals
NHS Trust

FREEDOM OF INFORMATION ACT 2000

THE ROYAL CORNWALL HOSPITALS NHS TRUST RESPONSE TO INFORMATION REQUEST

Date Request Received: 23rd November 2020

FOI Ref: 11938

Requested information

I request information on the following:

- 1) How many people have died from Covid 19 in RCHT hospitals in the year 2020? This to include only patients who have had positive Covid 19 tests and have not died with pre-existing conditions.
- 2) How many patients at RCHT hospitals are there currently with confirmed Covid 19?
- 3) What tests are you using to test for Covid 19?

Response

- 1) From the 01st January 2020 to 24th November 2020 the Royal Cornwall Hospitals Trust had one deceased patient who tested positive for Covid 19 and had no pre-existing health conditions
- 2) On the 24th November 2020 the Royal Cornwall Hospitals Trust had 9 patients with confirmed Covid -19
- 3) The Royal Cornwall Hospitals Trust are currently using the following PCR Tests to test for Covid – 19:
 - Hologic Panther SARS-CoV-2 assay
 - CerTest Viasure SARS-CoV-2 assay
 - Aus Diagnostics Respiratory Pathogen C
 - Cepheid Xpert Xpress SARS-CoV-2

The Royal Cornwall Hospitals Trust is using the following Covid – 19 Antibody test:

 - Abbott Architect SARS-CoV-2 IgG

Attachment(s)

None

Date Response Sent:

December 2020

https://www.whatdotheyknow.com/request/mortality_from_sars_cov2_form_in#incoming-1808394

I am writing to confirm that the West Suffolk NHS Foundation Trust has now completed its search for the information which you requested on 7th May 2021

Please find our response to your request.

1. Please advise the number of patients 80+ years of age who contracted SARS-CoV2 (Coronavirus/Covid-19) whilst an in-patient (e.g. not admitted initially with Coronavirus but another ailment) in West Suffolk Hospital during the period 1 November 2020 to 28 February 2021. 97

2. Please advise how many of these patients numbered in 1 above subsequently died in hospital as a result of contracting the Coronavirus. Of these 97 patients there were 30 patients who passed away in hospital, however it cannot be confirmed that the death was only caused due to coronavirus.

3. Please advise how many of the deaths in No. 1 above were reported to the Coroner 4

4. Please advise how many of the deaths in No. 1 above were purely from Coronavirus alone with no other comorbidity, by checking the medical records. Unable to determine if coronavirus was the only cause of death as this is recorded on the death certificate. However of the 30 patients who passed away in question 2, there were only 2 patients with no long term conditions recorded.

5. If no. 4 exceeds the £450 charge under Section 12 of the FOI, please reduce the time scale to 1 December-31 December 2020.

6. Please advise what additional procedures have been put in place for infection control following the 3 outbreaks of Coronavirus in separate wards of the WSH during December 2020.

Roll out of the Covid curtains programme to reduce the risk of patient to patient exposure.

Increase screening frequency of Covid contacts to every 72 hours during outbreaks to detect new cases as early as possible.

Review of Housekeeping services in the Community in-patient areas.

Promotion of the appropriate use of PPE by the introduction of PPE champions in the clinical areas.

Increased frequency of environmental and PPE audits

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If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to:

Chief Executive

West Suffolk NHS Foundation Trust

Hardwick Lane

Bury St Edmunds

Suffolk IP33 2QZ

FOI REFERENCE NUMBER: 2601

Thank you for your email of 15th April 2021 requesting information Under the Freedom of Information Act (FOIA) 2000. I set out below your request together with our response:

Dear Croydon Health Services NHS Trust,

- 1) How many in-patient bed spaces were there in the hospital on 1 April 2020 and on 1 April 2021?

- 2) How many in-patient bed spaces were occupied on 1 April 2020 and on 1 April 2021? For each date, please split the figure between NHS patients and private patients.

Date	Bed Spaces available	Beds Occupied
01/04/2020	422	374
01/04/2021	428	399

Both figures are for 'general and acute' beds as per KH03 definition (i.e. this does not include critical care beds, maternity beds, and beds for 'well babies').

These are all NHS beds; we do not have private beds.

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If you are unhappy with this response the Trust has a formal Complaints Procedure which you may use by writing to The Medical Director, [1][Croydon Health Services NHS Trust request email]. If you remain unsatisfied you may contact the Information Commissioner's Office at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Further details of this procedure can be found online at - [2]<https://ico.org.uk/>.

Thank you for your interest in Croydon Health Services NHS Trust.

Yours sincerely

FOI Team

Croydon Health Services NHS Trust

https://www.whatdotheyknow.com/request/number_of_nhs_and_private_in_pat_3#incoming-1801367

[FOI #710636 email]

Further to your email of 14 May 2021, please find attached an updated table in respect of question 1 of your original FOI request. As requested, this table has been updated to include the December 2020 data. Please note that some of the original figures have also been updated following some data validation work.

Month of Death	LRI	Glenfield	LGH	All
Jan 20	0	0	0	0
Feb 20	0	0	0	0
Mar 20	31	6	0	37
Apr 20	144	57	7	208
May 20	96	16	8	120
Jun 20	28	13	4	45
Jul 20	18	6	2	26
Aug 20	4	1	0	5
Sep 20	5	3	1	9
Oct 20	18	14	0	32
Nov 20	109	31	0	140
Dec 20	120	72	10	202
ALL	573	219	32	824

Yours sincerely

Kate Rayns

Corporate and Committee Services Officer

University Hospitals of Leicester NHS Trust

https://www.whatdotheyknow.com/request/covid_deaths_per_month_3#incoming-1800192

The number of deaths registered in South Lanarkshire from 2016 to 2020 are as follows:-

Year	2016	2017	2018	2019	2020
Totals	3550	3281	3561	3359	4073

As a death which occurs in Scotland can be registered with any local authority in Scotland the figures above are deaths registered in South Lanarkshire. The link I provided in my previous email related to the number of deaths by council area in Scotland which includes deaths registered in other local authority areas.

I hope this information is sufficient for your purposes.

Regards

Carol

Carol McKee
Licensing and Registration Co-ordinator
(Litigation, Licensing and Registration Section)
Finance and Corporate Resources
Administration and Legal Services
South Lanarkshire Council
Floor 11, Council Offices, Almada Street,
Hamilton ML3 0AA

Phone: (01698) 454800

Fax: (01698) 454810

Email: [\[email address\]](#)

Council website: www.southlanarkshire.gov.uk

Click link to see our most recent annual report

NHS Inform - Covid-19

https://www.whatdotheyknow.com/request/deaths_in_last_5_years_27#incoming-1799451

www.cuh.nhs.uk



Ref: Response letter - Information provided
Date: 26th May 2021

Information Governance
Box 153
Hospital
Cambridge Biomedical Campus
Hills Road
Cambridge
CB2 0QQ

Direct Dial: 01223 348697

foi.contact@addenbrookes.nhs.uk

██████████

██████████

Thank you for your request for information, received 26th May 2021.

I can confirm that we hold the information that you have requested.

Please could you send me information showing how many patients currently in your hospital with covid, the date is 26.5.2021.
None.

If you are unhappy with this response then please do not hesitate to contact the information governance team. Your concerns or complaint will be fully investigated and a response sent to you within 20 working days, in exceptional circumstances this may take longer.

If you are still dissatisfied with how your request has been dealt with then you have the right to appeal to the Information Commissioner. The Information Commissioner is the supervisory body that has been put in place to oversee the Freedom of Information Act 2000. You can write to Information Commissioners Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

If you require any further information please do not hesitate to get in contact with the information governance team, contact details listed above.

Yours sincerely

Prasadini Gunasena
Information Governance Coordinator

Together-Safe | Kind | Excellent

Addenbrooke's Hospital | Rosie Hospital

https://www.whatdotheyknow.com/request/how_many_covid_patients_do_you_h#incoming-1798896

Corporate Policy Economic Development & Communications



Ask For: Freedom of Information Team
 Email: FOI@ashford.gov.uk

ASHFORD
 BOROUGH COUNCIL
 Civic Centre
 Tannery Lane
 Ashford
 Kent TN23 1PL
 01233 331111
 www.ashford.gov.uk
 @ashfordcouncil
 AshfordBoroughCouncil

Our Ref: FOI-9872
 Date: 2 June 2021

Dear Mark Giles

Thank you for your email of 30 May 2021 asking:

We have already asked KCC for this data on 24 May 2021 under FOI Reference: 21970117 which under the legislation they should rightfully hold. Instead KCC redirected us to the 12 districts individually which I have also done in 13 separate FOI requests.

KCC / ASHFORD should as overseers of the county / district especially in light of the recent 'purported' influenza outbreak hold such vital information on file. Please request the data sheets from your parish cemeteries / crematoriums, the findings of which should be on record - then forward this data to me publicly.

WARNING failure to return with the requested data will place KCC / ASHFORD Council in breach of FOI legislation and in turn will trigger an internal and possible judicial review - furthermore a commercial lien may also be applied to your 'person' for obstructing the request.

Again, I'm a patient man, these few internal Council to Council enquiries should take no longer than 7-10 working days, henceforth I look forward to receiving said data for all our mutual benefit!

As was indicated in our previous response, we do not hold the requested information in its entirety, with Ashford Borough Council only holding information on the four cemeteries we control and not information on who is cremated at Charing or buried within any other burial ground or churchyards in the borough. As such the information we do hold is likely to be only a small proportion of the total for the borough.

However, information on deaths in the borough is held on the national level and is available from the Office for National Statistics webpages.



The information we do hold based on the burials and ashes interments for our four cemeteries from 2015 – 2020 is as follows:

Year	Ashes	Burial
2015	37	85
2016	47	104
2017	35	100
2018	45	79
2019	59	96
2020	44	87

Please note that during the pandemic many deaths were diverted to the crematoriums and that during the first lockdown interments were stopped in-line with government guidelines.

Kind regards

Freedom of Information team

If you believe the Council has not complied with the Freedom of Information Act in relation to your request, you have the right to ask for an internal review. Internal review requests must be submitted no later than 40 working days after the date on which you believe that the Council failed to comply with the legislation and must be addressed to: Freedom of Information Manager, Ashford Borough Council, Civic Centre, Tannery Lane, Ashford, Kent, TN23 1PL or email fo@ashford.gov.uk. The Council's procedure for internal reviews can be viewed at <https://www.ashford.gov.uk/freedom-of-information>. Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF. www.ico.org.uk. Tel. 0303 123 1113.

COVID-19 Vaccine Analysis Overview

Report run date: 26/05/2021

Total reports	Total reactions	Total fatalities
AstraZeneca		
188,589	695,214	831
Moderna		
2,469	7,014	4
Pfizer		
64,450	183,752	396
Unspecified		
716	2,216	22
256,224	888,196	1,253



Office for National Statistics

All-causes mortality from 1990-2020

1990	Deaths registered in England and Wales	564,846
1991	Deaths registered in England and Wales	570,044
1992	Deaths registered in England and Wales	558,313
1993	Deaths registered in England and Wales	578,512
1994	Deaths registered in England and Wales	551,780
1995	Deaths registered in England and Wales	565,902
1996	Deaths registered in England and Wales	563,007
1997	Deaths registered in England and Wales	558,052
1998	Deaths registered in England and Wales	541,589
1999	Deaths registered in England and Wales	553,532
2000	Deaths registered in England and Wales	537,877
2001	Deaths registered in England and Wales	532,498
2002	Deaths registered in England and Wales	535,356
2003	Deaths registered in England and Wales	539,151
2004	Deaths registered in England and Wales	514,250
2005	Deaths registered in England and Wales	512,993
2006	Deaths registered in England and Wales	502,599
2007	Deaths registered in England and Wales	504,052
2008	Deaths registered in England and Wales	509,090
2009	Deaths registered in England and Wales	491,348
2010	Deaths registered in England and Wales	493,342
2011	Deaths registered in England and Wales	484,367
2012	Deaths registered in England and Wales	499,331
2013	Deaths registered in England and Wales	506,790
2014	Deaths registered in England and Wales	501,424
2015	Deaths registered in England and Wales	529,655
2016	Deaths registered in England and Wales	525,048
2017	Deaths registered in England and Wales	533,253
2018	Deaths registered in England and Wales	541,589
2019	Deaths registered in England and Wales	530,841
2020	Deaths registered in England and Wales	561,529*

* based on ONS estimates