

References

0. Introduction

- **1 Clinicaltrials.gov.** A Study to Evaluate Efficacy, Safety, and Immunogenicity of mRNA-1273 Vaccine in Adults Aged 18 Years and Older to Prevent COVID-19. 2020/10/28
<https://clinicaltrials.gov/ct2/show/record/NCT04470427?cond=A+Study+to+Evaluate+Efficacy%2C+Safety%2C+and+Immunogenicity+of+mRNA&draw=2&rank=1>

Brief Summary:

The mRNA-1273 vaccine is being developed to prevent COVID-19, the disease resulting from Severe Acute Respiratory Syndrome coronavirus (SARS-CoV-2) infection. The study is designed to primarily evaluate the efficacy, safety, and immunogenicity of mRNA-1273 to prevent COVID-19 for up to 2 years after the second dose of mRNA-1273.

Kort referat: MRNA-1273 vaccinen er under udvikling til forhindring af COVID-19, sygdommen som følger af infektion med (SARS-CoV-2). Undersøgelsen er designet til primært at evaluere effektiviteten, sikkerheden og immunogeniciteten af mRNA-1273 for at forhindre COVID-19 i op til 2 år efter dosis nummer to af mRNA-1273. [danish translation]

- **2 Norwegian Medicines Agency.** Weekly report on suspected adverse drug reactions to coronavirus vaccines. 2020/01/15. <https://legemiddelverket.no/Documents/English/Covid-19/Adverse%20drug%20reactions%20covid-19%20vaccines%20as%20of%20January%2014%202021.pdf>.

In Norway, the vaccination campaign (handled by the National Institute of Public Health) has prioritized the elderly in nursing homes and long-term care facilities. So far, this is the only group of patients for whom vaccination has taken place (until 15/01/2021 only with Comirnaty. Vaccination with Moderna starts /15/01/2021).

I Norge har vaccinationskampagnen (håndteret af National Institute of Public Health) prioriteret ældre i plejehjem og langtidspleje. Indtil videre er dette den eneste gruppe af patienter for hvem vaccination har fundet sted (indtil indtil 15/01/2021 kun med Comirnaty. Vaccination med Moderna starter / 15/01/2021). [danish translation]

- **3 Statens legemiddelverk.** Covid-19 vaccination associated with adverse drug reactions in elderly people who are frail. <https://legemiddelverket.no/nyheter/covid-19-vaccination-associated-with-deaths-in-elderly-people-who-are-frail>. 2021/01/19

As of 14 January, 23 reports of suspected deaths associated with covid-19 vaccines have been submitted to the Norwegian ADR health registry.

Den 14. januar er 23 rapporter om mistanke om dødsfald forbundet med covid-19-vacciner sendt til det norske ADR-sundhedsregister. [Danish translation]

- **4 Clinicaltrials.gov.** Dose-Confirmation Study to Evaluate the Safety, Reactogenicity, and Immunogenicity of mRNA-1273 COVID-19 Vaccine in Adults Aged 18 Years and Older. <https://clinicaltrials.gov/ct2/show/NCT04405076>. 2020/05/29

This clinical study will assess the safety, reactogenicity, and immunogenicity of 2 dose levels of mRNA-1273 Severe Acute Respiratory Syndrome coronavirus (SARS-COV-2) vaccine in adults 18 years of age or older.

Dette kliniske studie vil vurdere sikkerheden, reaktogeniciteten og immunogeniciteten af 2 dosisniveauer af mRNA-1273-(SARS-COV-2)-vaccinen hos voksne 18 år eller ældre. [danish translation]

• **5 Tal Zaks.** Moderna. CLINICAL STUDY PROTOCOL. ModernaTX, Inc. 20 Aug 2020 Protocol mRNA-1273-P301. <http://covid19crc.org/wp-content/uploads/2020/09/mRNA-1273-P301-Protocol-2020.pdf>.

A Phase 3, Randomized, Stratified, Observer-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Immunogenicity of mRNA-1273 SARS-CoV-2 Vaccine in Adults Aged 18 Years and Older.

En fase 3, randomiseret, stratificeret, observatørblind, Placebokontrolleret undersøgelse til evaluering af effektivitet, sikkerhed og Immunogenicitet af mRNA-1273 SARS-CoV-2 vaccine i

Voksne i alderen 18 år og ældre].

• **6 Pfizer.com.** PFIZER AND BIONTECH CELEBRATE HISTORIC FIRST AUTHORIZATION IN THE U.S. OF VACCINE TO PREVENT COVID-19. 2020/12/11. <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-celebrate-historic-first-authorization>

NEW YORK & MAINZ, Germany--(BUSINESS WIRE)-- Pfizer Inc. (NYSE: PFE) and BioNTech SE (Nasdaq: BNTX) announced today that the U.S. Food and Drug Administration (FDA) has authorized the emergency use of the mRNA vaccine, BNT162b2, against COVID-19 in individuals 16 years of age or older. The vaccine is now authorized under an Emergency Use Authorization (EUA) while Pfizer and BioNTech gather additional data and prepare to file a planned Biologics License Application (BLA) with the FDA for a possible full regulatory approval in 2021.

NEW YORK & MAINZ, Tyskland - (BUSINESS WIRE) - Pfizer Inc. (NYSE: PFE) og BioNTech SE (Nasdaq: BNTX) annoncerede i dag, at den amerikanske fødevare- og lægemiddeladministration (FDA) har godkendt nødbrug af mRNA vaccine, BNT162b2, mod COVID-19 hos personer på 16 år eller derover. Vaccinen er nu godkendt under en EUA (Emergency Use Authorization), mens Pfizer og BioNTech indsamler yderligere data og forbereder sig på at indgive en planlagt Biologics License Application (BLA) til FDA med henblik på en mulig fuldstændig myndighedsgodkendelse i 2021. [danish translation]

• **7 Pfizer.** A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS . 2020/11/01

https://pfe-pfizercom-d8-prod.s3.amazonaws.com/2020-09/C4591001_Clinical_Protocol.pdf

BioNTech has developed RNA-based vaccine candidates using a platform approach that enables the rapid development of vaccines against emerging viral diseases, including SARS-CoV-2. Each vaccine candidate is based on a platform of nucleoside-modified messenger RNA (modRNA, BNT162b). Each vaccine candidate expresses 1 of 2 antigens: the SARS-CoV-2 full-length, P2 mutant, prefusion spike glycoprotein (P2 S) (version 9) or a trimerized SARS-CoV-2 spike glycoprotein receptor-binding domain (RBD) (version 5).

The 2 SARS-CoV-2 vaccine candidates that will be tested in this study are therefore:

BNT162b1 (variant RBP020.3): a modRNA encoding the RBD; BNT162b2 (variant RBP020.2): a modRNA encoding P2 S.

All candidates are formulated in the same lipid nanoparticle (LNP) composition. This study is intended to investigate the safety, immunogenicity, and efficacy of these prophylactic BNT162 vaccines against COVID-19.

BioNTech har udviklet RNA-baserede vaccinekandidater ved hjælp af en platformstilgang, der muliggør hurtig udvikling af vacciner mod nye virussygdomme, herunder SARS-CoV-2. Hver vaccinekandidat er baseret på en platform af nukleosidmodificeret messenger-RNA (modRNA, BNT162b). Hver vaccinkandidat udtrykker 1 af 2 antigener: SARS-CoV-2 i fuld længde, P2-mutant, præfusionsspidsglycoprotein (P2 S) (version 9) eller et trimeret SARS-CoV-2 spike-glycoproteinreceptor-bindende domæne (RBD) (version 5). De 2 SARS-CoV-2 vaccinkandidater, der vil blive testet i denne undersøgelse, er derfor:

BNT162b1 (variant RBP020.3): et modRNA, der koder for RBD; BNT162b2 (variant RBP020.2): et modRNA, der koder for P2 S.

Alle kandidater er formuleret i den samme lipidnanopartikel (LNP) sammensætning. Denne undersøgelse er beregnet til at undersøge sikkerheden, immunogeniciteten og effekten af disse profylaktiske BNT162-vacciner mod COVID-19. [danish translation]

1. SARS-CoV-2 Virus' mRNA sequence unknown

- **8 Matteo Martini.** VIRUS NON ISOLATO? UN ALTRO INDIZIO DALLA PROGETTAZIONE DEGLI IMMUNO-TEST (VIRUS NOT ISOLATED? ANOTHER CLUE FROM IMMUNO-TEST DESIGN. Database Italia. Italy. 31/10/20 <https://www.databaseitalia.it/virus-non-isolato-un-altro-indizio-dalla-progettazione-degli-immuno-test/>

Come sappiamo esistono dubbi ormai sull'isolamento del presunto nuovo virus SARS-CoV-2, dubbi per primi sollevati dall'infettivologo Fabio Franchi, dal dr. Stefano Scoglio, anche dal biologo Pieter Borger¹. Un'ampia discussione delle mancate prove dell'isolamento, ammesso dagli stessi ricercatori (interrogati in modo stringente da due giornalisti scientifici²) e da alcuni organismi ufficiali (CDC, Commissione Europea), nonché le numerose anomalie scientifiche, sono riportate documentate nel nostro libro *Operazione Corona: colpo di Stato globale*³. Ci limitiamo qui pertanto ad osservare un dato specifico e più circoscritto, relativo a come sono stati progettati i test immunologici per il Covid-19, evidenziando come ciò possa corroborare la nostra ipotesi.

*As we know, there are now doubts about the isolation of the alleged new SARS-CoV-2 virus, doubts are raised by the infectious specialist Fabio Franchi, by dr.Stefano Scoglio, also by the biologist Pieter Borger. An extensive discussion of the lack of evidence of isolation, admitted by the researchers themselves (questioned in a stringent manner by two scientific journalists) and by some official bodies (CDC, European Commission), as well as the numerous scientific anomalies, are documented in our book *Operation Corona: global coup*. We therefore limit ourselves here to observing a specific and more circumscribed data, relating to how the immunological tests for Covid-19 were designed, highlighting how this can corroborate our hypothesis [english translation]*

*Som vi ved, er der nu tvivl om isoleringen af den påståede nye SARS-CoV-2-virus, tvivl først rejst af den smitsomme specialist Fabio Franchi, af dr.Stefano Scoglio, også af biologen Pieter Borger. En omfattende diskussion af manglen på bevis for isolation, der er optaget af forskerne selv (afhørt på en stringent måde af to videnskabelige journalister) og af nogle sociale organer (CDC, Europa-Kommissionen) samt de mange videnskabelige anomalier, er dokumenteret i vores bog *Operation Corona: global coup*. Vi begrænser os derfor her til at observere specifikke og mere omskrevne data, der relaterer til, hvordan de immunologiske tests for Covid-19 blev designet, og fremhæve, hvordan dette kan bekræfte vores hypotese. [danish translation]*

- **9 Christine Massey M.Sc.** FOIs reveal that health/science institutions around the world have no record of SARS-COV-2 isolation/purification, anywhere, ever. Fluoride Free Peel. 01/21- Canada. <https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Would a sane person mix a patient sample (containing various sources of genetic material and never proven to contain any particular virus) with transfected monkey kidney cells, fetal bovine serum and toxic drugs, then claim that the resulting concoction is “SARS-COV-2 isolate” and ship it off internationally for use in critical research (including vaccine and test development)? Because that’s the sort of fraudulent monkey business that’s being passed off as “virus isolation” by research teams around the world.

Ville en mentalt sund person blande en patientprøve (indeholdende forskellige kilder til genetisk materiale og aldrig bevist at indeholde nogen særlig virus) med transficerede abenyreceller, føtalt bovint serum og toksiske lægemidler, for derefter at hævde, at den resulterende sammensætning er isoleret “SARS-COV-2” og udgive det internationalt til brug i kritisk forskning (herunder vaccine- og testudvikling)? Fordi det er den slags bedragerisk abeforretning (monkey business), der bliver sendt som "virusisolering" af forskerhold rundt om i verden. [danish translation]

- **10 Christine Massey M.Sc.** Canadian public health officials have no record of SARS-COV-2 isolation/purification performed anywhere, ever. Fluoride Free Peel. Canada. 04/01/21. <https://www.fluoridefreepeel.ca/canadian-health-science-institutions-have-no-record-of-sars-cov-2-isolation-purification-anywhere-ever/>

Further down this page you will see a screenshot of a Freedom of Information (FOI) request that was submitted to the Public Health Agency of Canada and many other Canadian institutions requesting evidence that is absolutely essential (but not on its own sufficient) for establishing the existence of the alleged “COVID-19 virus” aka “SARS-COV-2”.

Længere nede på denne side vil du se et skærbillede af en Freedom of Information (FOI) anmodning, der blev sendt til Public Health Agency of Canada og mange andre canadiske institutioner, der anmodede om beviser, der er absolut nødvendige (men ikke alene nok) til etablering af eksistensen af den påståede “COVID-19-virus” aka “SARS-COV-2” [danish translation]

- **11 David Crowe.** Isolation versus Purification. theinfectiousmyth.com. US. 21/05/20 <https://theinfectiousmyth.com/coronavirus/IsolationVersusPurification.php>

I have been saying since the beginning of the COVID-19 pandemic panic that the virus has not been purified, and therefore probably does not exist. But people are continually pointing me to papers that claim isolation of the virus. There is a saying regarding politicians, that you can tell if a politician is lying if their lips are moving. With virologists you can tell when they are lying when they use the word “isolation”.

- *Jeg har siden begyndelsen af COVID-19-pandemipanikken sagt, at virussen ikke er isoleret og derfor sandsynligvis ikke eksisterer. Men folk henviser mig hele tiden til publikationer, der hævder, at virussen er isoleret. Der er det ordsprog om politikere, at du kan se, om en politiker lyver, hvis deres læber bevæger sig. Hos virologer kan du se, hvornår de lyver, når de bruger ordet "isolation". [danish translation]*

- **12 Kevin P. Corbett MSc PhD Independent** Research Consultant KPC Research & Consultancy Ltd London, England, Great Britain. kpcresearch@btinternet.com. WHERE IS THE EVIDENCE FOR THE EXISTENCE OF THE ‘NOVEL CORONAVIRUS’, ‘SARS-CoV-2’, AND THE ACCURACY OF THE TESTS?. White DO, Fenner FJ. (1986) Medical Virology. San Diego, Academic Press. Young BE et al.

Epidemiologic Features and Clinical Course of Patients Infected With SARS-CoV-2 in Singapore. JAMA. 2020 March 3.

Viral purification and visualisation prior to test manufacture is the scientific approach for validating how accurately tests perform - 'gold standard' (White and Fenner, 1986 p9). Many renowned virologists have asserted that purification of viral particles is an absolute requirement for the discovery of new viruses and the development of diagnostic tests (PCR and antibody). These assertions (Appendix XX list of virologists' statements) were cited within sworn evidence by expert witnesses in a court of Australian law (2007).

Viral oprensning og visualisering inden testfremstilling er den videnskabelige tilgang til validering af, hvor nøjagtigt test udfører 'guldstandard' (White and Fenner, 1986 s. 9). Mange anerkendte virologer har hævdet, at oprensning af virale partikler er et absolut krav for opdagelsen af nye vira og udviklingen af diagnostiske tests. (PCR og antistof). Disse påstande (bilag XX liste over virologers erklæringer) blev citeret inden for svoret bevis af ekspertvidner i en domstol i den australske lov (2007). [danish translation]

- **13 German Network for Evidence-based Medicine.** COVID -19 – Where is the evidence?. Berlin. 20/02/2020 <https://www.ebm-netzwerk.de/en/publications/covid-19>

Conclusion

Overall, there is still very little robust evidence - neither on COVID-19 itself, nor on the effectiveness of the current measures. However, the serious threat posed by the COVID-19 pandemic cannot be disregarded, and NPIs - despite lacking evidence - are the only thing that can be done if we don't want to simply stand by and hope. Even with the most favorable assumption that the CFR will eventually lie well below 1% (mainly due to the failure to detect asymptomatic and mild cases) and that it will primarily affect the elderly and people with comorbidities, a high number of deaths must still be expected due to the rapid spread of the disease. (...)

Konklusion

Samlet set er der stadig meget få robuste beviser - hverken på selve COVID-19 eller om effektiviteten af de nuværende foranstaltninger. Imidlertid kan den alvorlige trussel fra COVID-19-pandemien ikke ses bort fra, og NPI'er - på trods af manglende beviser - er det eneste, der kan gøres, hvis vi ikke bare vil stå og håbe. Selv med den mest gunstige antagelse om, at CFR i sidste ende vil ligge godt under 1% (hovedsageligt på grund af manglende påvisning af asymptomatiske og milde tilfælde), og at det primært vil ramme ældre og personer med comorbiditet, bør der stadig forventes et stort antal dødsfald på grund af den hurtige spredning af sygdommen. (...) [danish translation]

- **14 Iain Davis.** Covid-19: Bevisen för det globala bedrägeriet. Published 26/12/2020, updated: 05/01/2021. <https://nyadagbladet.se/debatt/covid-19-bevisen-for-det-globala-bedrageriet/>

Covid-19 och regeringarnas efterföljande åtgärder verkar vara en del av en internationell konspiration för att begå bedrägeri. Det ser ut som om det inte finns några bevis för att ett virus som heter SARS-CoV-2 orsakar en sjukdom som heter Covid-19.

- **15 Iain Davis. Covid-19: Bevisen for det globala bedrägerie [danish version]. Published 26/12/2020, updated: 05/01/2021.**

COVID 19 og regeringens efterfølgende tiltag synes at være en del af en international sammensværgelse om bedrageri. Det ser ud til, at der ikke er noget bevis for at en virus kaldet SARS-CoV-2 forårsager en sygdom kaldet COVID 19.

- **16 Iain Davis. COVID19 – Evidence Of Global Fraud. Off Guardian. 17/11/2020. <https://off-guardian.org/2020/11/17/covid19-evidence-of-global-fraud/>**
COVID 19, and the subsequent governmental responses, appear to be part of an international conspiracy to commit fraud. It seems there is no evidence that a virus called SARS-CoV-2 causes a disease called COVID 19.

4. The RT-PCR test for COVID-19 (SARS-CoV-2) and the oth...ck tests) are invalid

- **17 Pieter Borger(1), Bobby Rajesh Malhotra(2), Michael Yeadon(3), Clare Craig(4), Kevin McKernan(5), Klaus Steger(6), et.al.** Review report Corman-Drosten et al. Eurosurveillance 2020. External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results. <https://cormandrostenreview.com/downloads/> 27/11/2020.

In the publication entitled “Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR” (Eurosurveillance 25(8)2020) the authors present a diagnostic workflow and RT-qPCR protocol for detection and diagnostics of 2019-nCoV (now known as SARS-CoV-2), which they claim to be validated, as well as being a robust diagnostic methodology for use in public-health laboratory settings. In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication in which 1) all components of the presented test design were cross checked, 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice, and 3) parameters examined against relevant scientific literature covering the field. The published RT-qPCR protocol for detection and diagnostics of 2019-nCoV and the manuscript suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned. Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws. Considering the scientific and methodological blemishes presented here, we are confident that the editorial board of Eurosurveillance has no other choice but to retract the publication.

I publikationen med titlen “Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR” (Eurosurveillance 25 (8) 2020) præsenterer forfatterne en diagnostisk arbejdsgang og RT-qPCR-protokol til påvisning og diagnostik af 2019-nCoV (nu kendt som SARS-CoV-2), som de hævder at være valideret, samt at være en robust diagnostisk metode til brug i folkesundhedsmæssige laboratorieopstillinger. I lyset af alle konsekvenserne af netop denne publikation for samfund verden over, har en gruppe af uafhængige forskere udført en punkt-for-punkt gennemgang af den førnævnte udgivelse, hvor 1) alle komponenter i det præsenterede testdesign var krydstjekket, 2) RT-qPCR-protokol anbefalingerne blev vurderet i henhold til god laboratoriepraksis og 3) parametre undersøgt mod relevant videnskabelig litteratur, der dækker området. Den offentliggjorte RT-qPCR-protokol til påvisning og diagnostik af 2019-nCoV og manuskriptet lider af talrige tekniske og videnskabelige fejl, herunder utilstrækkeligt primerdesign, en problematisk og utilstrækkelig RT-qPCR-protokol og fraværet af en nøjagtig testvalidering. Hverken den præsenterede test eller selve manuskriptet opfylder kravene for en acceptabel videnskabelig offentliggørelse. Yderligere nævnes ikke alvorlige interessekonflikter hos forfatterne. Til sidst, betyder den meget korte tidsperiode mellem indsendelse og accept af publikationen (24 timer), at en systematisk peer review-proces enten ikke blev udført eller er af problematisk dårlig kvalitet. Vi leverer overbevisende dokumentation for adskillige

videnskabelige utilstrækkeligheder, fejl og mangler. Med hensyn til de videnskabelige og metodiske fejl præsenteret her, er vi overbeviste om, at redaktionen for Eurosurveillance ikke har andet valg end at trække publikationen tilbage. [danish translation]

- **18 WHO.** WHO Information Notice for IVD Users 2020/05 Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2. www.who.int. 13/01/2021. [https://www.dropbox.com/preview/Court%20Case%20Documentation/4.%20%20The%20RT-PCR%20test%20for%20COVID-19%20\(SARS-CoV-2\)%20and%20the%20other%20molecular%20tests%20\(quick%20tests\)%20are%20invalid/WHO%20Information%20Notice%20for%20IVD%20Users%202020%3A05.pdf?role=personal](https://www.dropbox.com/preview/Court%20Case%20Documentation/4.%20%20The%20RT-PCR%20test%20for%20COVID-19%20(SARS-CoV-2)%20and%20the%20other%20molecular%20tests%20(quick%20tests)%20are%20invalid/WHO%20Information%20Notice%20for%20IVD%20Users%202020%3A05.pdf?role=personal)

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.

WHO minder IVD-brugere om, at sygdomsprævalens ændrer den forudsigelige værdi af testresultater; når sygdomsprævalensen aftager, stiger risikoen for falske positive (2). Dette betyder, at sandsynligheden for, at en person, der har et positivt resultat (SARS-CoV-2 detekteret), virkelig er inficeret med SARS-CoV-2, falder efterhånden som prævalensen falder, uanset den påståede specificitet. [danish translation]

- **19 David Crowe.** Antibody Testing for COVID-19. the infectious myth. 13/05/20.

<https://theinfectiousmyth.com/coronavirus/AntibodyTestingForCOVID.pdf>

(<https://theinfectiousmyth.com/index2.php>).

It is now time for a discussion of antibody testing. Many people now want to know how many have been silently infected in the general population, how many are immune, and how this affects the fatality rate. This requires antibody testing and there is at least as much interest in this now, as there has been in the COVID-19 RT-PCR RNA testing that is used to declare someone infected

Det er nu tid til en diskussion af testning af antistoffer. Mange mennesker ønsker nu at vide, hvor mange i den generelle befolkning der er blevet lydløst (silently) inficeret, hvor mange der er immuen, og hvordan dette påvirker dødeligheden. Dette kræver antistoftestning, og der er mindst lige så stor interesse for dette nu, som der har været i COVID-19 RT-PCR RNA-test, der bruges til at erklære nogen inficeret [danish translation]

- **20 Jessica Watson,** GP and National Institute for Health Research doctoral research fellow¹. Penny F Whiting, associate professor in clinical epidemiology¹, John E Brush, professor of internal medicine². Interpreting a covid-19 test result. The bmj. 12/05/2020 www.bmj.com <https://doi.org/10.1136/bmj.m1808>

- Interpreting the result of a test for covid-19 depends on two things: the accuracy of the test, and the pre-test probability or estimated risk of disease before testing
- A positive RT-PCR test for covid-19 test has more weight than a negative test because of the test's high specificity but moderate sensitivity
- A single negative covid-19 test should not be used as a rule-out in patients with strongly suggestive symptoms
- Clinicians should share information with patients about the accuracy of covid-19 test

- *At fortolke resultatet af en test for covid-19 afhænger af to ting: testens nøjagtighed og sandsynligheden for eller den forventede sygdomsrisiko før test*

- *En positiv RT-PCR-test for covid-19-test har mere vægt end en negativ test på grund af testens høje specificitet, men moderate følsomhed*

- *En enkelt negativ covid-19 test bør ikke bruges som udelukkelse hos patienter med stærkt suggestive symptomer*

- *Klinikpersonale bør dele information med patienterne om nøjagtigheden af covid-19-testen [danish translation]*

- **21 Chris Smyth**, Whitehall Editor |Dominic Kennedy, Investigations Editor |Billy Kenber, Investigations Reporter . Britain has millions of coronavirus antibody tests but they don't work. The Times. 06/04/20. <https://www.thetimes.co.uk/article/britain-has-millions-of-coronavirus-antibody-tests-but-they-don-t-work-j7kb55g89>

None of the antibody tests ordered by the government is good enough to use, the new testing chief has admitted.

John Newton said that tests ordered from China were able to identify immunity accurately only in people who had been severely ill and that Britain was no longer hoping to buy millions of kits off the shelf.

Instead government scientists hope to work with companies to improve the performance of antibody tests. Professor Newton said he was "optimistic" that one would come good in months.

Ingen af de antistof-test, som regeringen har bestilt, er gode nok til blive anvendt, har den nye testchef indrømmet.

John Newton sagde, at tests bestilt fra Kina kun var i stand til at identificere immunitet nøjagtigt hos mennesker, der havde været alvorligt syge, og at Storbritannien ikke længere håbede på at købe millioner af sæt „off the shelf“.

I stedet håber regeringsforskere at samarbejde med virksomheder for at forbedre udførelsen af antistofforsøg. Professor Newton sagde, at han var "optimistisk" omkring, at man ville komme med en god en om nogle måneder. [danish translation]

- **22 Dr Kevin P Corbett MSc PhD**. The UK Government Claims a 100% Accurate Coronavirus Antibody Test. <https://theinfectiousmyth.com/coronavirus/BritishGovernmentLying.pdf>

A "100% accurate test" was and still is an impossibility. The scientific fact is that all medical tests are imperfect. Such accuracy is a statistical ideal, not achievable in the real world of huge numbers of labs, even when exactly the same machines and procedures are used. It is just like Imperial College's theory of how the Lockdown should occur across the population: an impossible thing to make happen.

En "100% nøjagtig test" var og er stadig en umulighed. Det videnskabelige faktum er, at alle medicinske tests er ufuldkomne. En sådan nøjagtighed er et statistisk ideal, som ikke kan opnås i den store verden af enorme antal laboratorier, selv når nøjagtigt de samme maskiner og procedurer bruges. Det er ligesom Imperial Colleges teori om, hvordan Lockdown skal forekomme på tværs af befolkningen: en umulig ting at få til at ske. [danish translation]

- **23 Stephen Bustin and Tania Nolan**. Talking the talk, but not walking the walk: RT-qPCR as a paradigm for the lack of reproducibility in molecular research. European Journal of Clinical Investigation Vol 4.

Postgraduate Medical Institute, Faculty of Medical Science, Anglia Ruskin University, Chelmsford, Essex, UK, †Institute of Population Health, Faculty of Medical and Human Sciences, University of Manchester, Manchester, U. DOI: 10.1111/eci.12801

Poorly executed and inadequately reported molecular measurement methods are amongst the causes underlying the lack of reproducibility of much biomedical research. Although several high impact factor journals have acknowledged their past failure to scrutinise adequately the technical soundness of manuscripts, there is an perplexing reluctance to implement basic corrective measures. The reverse transcription real-time quantitative PCR (RT-qPCR) is probably the most straightforward measurement technique available for RNA quantification and is widely used in research, diagnostic, forensic and biotechnology applications. Despite the impact of the minimum information for the publication of quantitative PCR experiments (MIQE) guidelines, which aim to improve the robustness and the transparency of reporting of RT-qPCR data, we demonstrate that elementary protocol errors, inappropriate data analysis and inadequate reporting continue to be rife and conclude that the majority of published RT-qPCR data are likely to represent technical noise.

Dårligt udførte og utilstrækkeligt rapporterede molekylære målemetoder er blandt de årsager, der ligger til grund for manglen på reproducerbarhed af meget biomedicinsk forskning. Selvom adskillige tidsskrifter med stor indflydelsesfaktor har anerkendt deres tidligere manglende evne til at undersøge manuskripterens tekniske sundhed i tilstrækkelig grad, er der en forvirrende modvilje mod at gennemføre grundlæggende korrigerende foranstaltninger. Den omvendte transkription i realtid kvantitativ PCR (RT-qPCR) er sandsynligvis den mest enkle måleteknik til rådighed til RNA-kvantificering og bruges i vid udstrækning i forsknings-, diagnostiske, retsmedicinske og bioteknologiske applikationer. På trods af virkningen af minimumsinformationen til offentliggørelse af kvantitative retningslinjer for PCR-eksperimenter (MIQE), der sigter mod at forbedre robustheden og gennemsigtigheden af rapportering af RT-qPCR-data, viser vi, at elementære protokolfejl, upassende dataanalyse og utilstrækkelig rapportering fortsætter at være udbredt og konkludere, at størstedelen af offentliggjorte RT-qPCR-data sandsynligvis repræsenterer teknisk støj. [danish translation]

- **24 David Crowe.** The Incredible and Scary Truth about COVID-19. <https://theinfectiousmyth.com/coronavirus/FDATestSummary.pdf>. 26/04/2020

A lot depends on the result of your COVID-19 test, whether it is positive, indicating infection or, big sigh of relief, negative, indicating that you are not infected. But is there such a thing as “the” COVID-19 test? Indeed there is not. There are many and each is looking for different things and making different decisions about whether those things are present or not

Meget afhænger af resultatet af din COVID-19 test, om det er positivt, hvilket indikerer infektion eller, stort suk af lettelse, negativ, hvilket indikerer, at du ikke er smittet. Men er der sådan noget som “COVID-19-testen? Det er faktisk ikke. Der er mange, og hver leder efter forskellige ting og tager forskellige beslutninger om, hvorvidt disse ting er til stede eller ej. [danish translation]

- **25 Florian Deisenhammer · Wegene Borena · Angelika Bauer · Janine Kimpel · Dagmar Rudzki · Kathrin Schanda · Jonas Egeter · Katharina Hufner · Barbara Sperner-Unterweger · Markus Reindl.** 6-month SARS-CoV-2 antibody persistency in a Tyrolian COVID-19 cohort. Wien Klin Wochensh The Central European Journal of Medicine. Received: 21 November 2020/Accepted: 30 November 2020. Published. 09/12/2020 <https://link.springer.com/article/10.1007/s00508-020-01795-7>

Conclusion

There is a stable and persisting antibody response against acute respiratory syndrome coronavirus 2 at 6 months after infection. Neutralizing antibodies confirm virus specificity. As the number of coronavirus disease 2019 convalescent cases is increasing sharply, antibody testing should be implemented to identify immunized individuals. This information can be helpful in various settings of professional and private life.

Der er en stabil og vedvarende antistofrespons mod akut respiratorisk syndrom coronavirus 2, 6 måneder efter infektion. Neutraliserende antistoffer bekræfter virusspecificitet. Da antallet af coronavirus-sygdomme i 2019 rekonvalescent er stærkt stigende, bør antistoftest implementeres for at identificere immuniserede individer. Disse oplysninger kan være nyttige i forskellige indstillinger af erhvervslivet og privatlivet.[danish translation]

- **26 Barbara Cáceres.** PCR Test for Coronavirus Questioned by Prominent Scientists. The Vaccine Reaction. 06/12/2020. <https://thevaccinereaction.org/2020/12/pcr-test-for-coronavirus-questioned-by-prominent-scientists/>

The Corman-Drosten paper reported a false positive rate of 1.2 percent in their laboratory. In the U.S., with 178.1 million tests performed through Nov. 21, 2020, the ICSLS scientists note that, "this equates to falsely labeling at least 2.3 million people as 'infected with COVID-19' with all the ensuing consequences." They worry that the results of these PCR tests, including their false positive results, will be used by governments to justify policy decisions that will not be based on accurate cost-benefit analysis

Corman-Drosten-papiret rapporterede en falsk positiv sats på 1,2 procent i deres laboratorium. I USA med 178,1 millioner test udført til 21. november 2020 bemærkede ICSLS-forskerne, at "dette svarer til falsk mærkning af mindst 2,3 millioner mennesker som 'inficeret med COVID-19' med alle de efterfølgende konsekvenser. "De er bange for, at resultaterne af disse PCR-test, herunder deres falske positive resultater, vil blive brugt af regeringer til at retfærdiggøre politiske beslutninger, der ikke vil være baseret på nøjagtig cost-benefit-analyse.[danish translation]

- **27 Dr. Michael Yeadon.** Lies, Damned Lies and Health Statistics – the Deadly Danger of False Positives. Lockdownsceptics.org. 20/09/2020 <https://lockdownsceptics.org/lies-damned-lies-and-health-statistics-the-deadly-danger-of-false-positives/>

I never expected to be writing something like this. I am an ordinary person, recently semi-retired from a career in the pharmaceutical industry and biotech, where I spent over 30 years trying to solve problems of disease understanding and seek new treatments for allergic and inflammatory disorders of lung and skin. I've always been interested in problem solving, so when anything biological comes along, my attention is drawn to it. Come 2020, came SARS-CoV-2. I've written about the pandemic as objectively as I could. The scientific method never leaves a person who trained and worked as a professional scientist. Please do read that piece. My co-authors & I will submit it to the normal rigours of peer review, but that process is slow and many pieces of new science this year have come to attention through pre-print servers and other less conventional outlets.

Jeg forventede aldrig at skrive noget som dette. Jeg er en almindelig person, for nylig semi-pensioneret fra en karriere inden for lægemiddelindustrien og bioteknologi, hvor jeg brugte over 30 år på at løse problemer med sygdomsforståelse og søge nye behandlinger for allergiske og inflammatoriske lidelser i lunge og hud. Jeg har altid været interesseret i problemløsning, så når noget biologisk kommer med, henledes min opmærksomhed på det. Kom 2020, kom SARS-CoV-2. Jeg har skrevet om pandemien så objektivt som jeg kunne. Den videnskabelige metode forlader aldrig en person, der uddannede og arbejdede som professionel videnskabsmand. Venligst læs det stykke. Mine medforfattere og jeg vil underkaste det normale peer review,

men denne proces er langsom, og mange stykker ny videnskab i år er kommet til opmærksomhed gennem pre-print-servere og andre mindre konventionelle forretninger. [danish translation]

- **28 Carl Mayers and Kate Baker.** Impact of false-positives and false-negatives in the UK's COVID-19 RT-PCR testing programme. 03/06/2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895843/S0519_Impact_of_false_positives_and_negatives.pdf

The false negative rate changes over the course of infection, and this will be further reduced by poor sampling technique and sample degradation. This will lead to an underestimate of incidence. False negatives will also allow an asymptomatic or paucisymptomatic patient to be released from quarantine to infect other people and propagate the epidemic. They represent a missed opportunity

for control in the test and trace programme, and would remain as a source of infection in a care home or hospital. The impact of false negatives is greatest when the absolute risk of infection is high (e.g. close contact with a known case) and where identifying and isolating infectious individuals is critical, especially where negative tests will be used as a 'release' mechanism (e.g. returning to work, entering social care from hospital, release from quarantine)

Den falske negative hastighed ændres i løbet af infektionen, og dette reduceres yderligere ved dårlig prøvetagningsteknik og nedbrydning af prøven. Dette vil føre til en undervurdering af forekomsten. Falske negativer tillader også, at en asymptomatisk eller paucisymptomatisk patient frigøres fra karantæne for at inficere andre mennesker og udbrede epidemien. De repræsenterer en forpasset mulighed for kontrol i test- og sporingsprogrammet og vil forblive som en kilde til infektion i et plejehjem eller hospital. Virkningen af falske negativer er størst, når den absolutte risiko for infektion er høj (f.eks. Tæt kontakt med et kendt tilfælde), og hvor identifikation og isolering af infektiøse individer er kritisk, især hvor negative tests vil blive brugt som en 'frigivelsesmekanisme' (f.eks. Vende tilbage til arbejde, gå ind i socialpleje fra hospital, frigivelse fra karantæne) [danish translation]

- **29 Laura Donnelly.** Revealed: NHS staff given flawed coronavirus tests. The Telegraph. 21/04/2020. <https://www.telegraph.co.uk/news/2020/04/21/public-health-england-admits-coronavirus-tests-used-send-nhs/>

Leaked memo exposes farce as Covid-19 results are less reliable than first thought because of 'degraded' performance.

Lækket notat afslører farce, da Covid-19-resultater er mindre pålidelige end først antaget på grund af 'forringet' ydeevne. [danish translation]

- **30 The Delgado Protocol for health.** The COVID-19 Test Wasn't Meant For Detecting Viruses. 2020/09/02. <https://delgadoprotocol.com/the-covid-19-test-wasnt-meant-for-detecting-viruses/>

The polymerase chain reaction (PCR) is currently the most commonly used COVID-19 test both in the US and globally. PCR was invented by Kary Mullis in 1985 but it was not invented with the purpose of detecting disease, it's primary intended applications included biomedical research and criminal forensics. It is a needle in a haystack technology that can be extremely deceptive in the diagnosis of infectious diseases and the inventor himself argued against using PCR as a diagnostic tool for infections. "I'm skeptical that a PRC test is ever true. It's a great scientific research tool. It's a horrible tool for clinical medicine," warns Dr. David Rasnick, biochemist and protease developer.

Polymerasekædereaktion (PCR) er i øjeblikket den mest anvendte COVID-19 test både i USA og globalt. PCR blev opfundet af Kary Mullis i 1985, men det blev ikke opfundet med det formål at opdage sygdom, dnes primært intentionerede anvendelse inkluderede biomedicinsk forskning og kriminel retsmedicin. Det er en nål i en høstak-teknologi, der kan være ekstremt vildledende ved diagnosticering af infektiøse sygdomme, og opfinderen argumenterede imod at bruge PCR som et diagnostisk værktøj til infektioner. "Jeg er skeptisk overfor, at en PRC-test altid er sand. Det er et fantastisk videnskabeligt forskningsværktøj. Det er et forførdeligt værktøj til klinisk medicin, "advarer Dr. David Rasnick, biokemiker og proteaseudvikler. [danish translation]

- **31 Jesus Garcia Blanca.** The scam has been confirmed: PCR does not detect SARS-CoV. DSalud Discovery - 11/20 Madrid, Spain <https://www.dsalud.com/reportajes/fraudes-y-falsedades-en-el-ambito-medico/>

The genetic sequences used in PCRs to detect suspected SARS-CoV-2 and to diagnose cases of illness and death attributed to Covid-19 are present in dozens of sequences of the human genome itself and in those of about a hundred microbes. And that includes the initiators or primers, the most extensive fragments taken at random from their supposed "genome" and even the so-called "target genes" allegedly specific to the "new coronavirus". The test is worthless and all "positive" results obtained so far should be scientifically invalidated and communicated to those affected; and if they are deceased, to their relatives. Stephen Bustin, one of the world's leading experts on PCR, in fact says that under certain conditions anyone can test positive.

De genetiske sekvenser, der anvendes i PCR'er til at detektere mistænkt SARS-CoV-2 og til diagnose tilfælde af sygdom og død tilskrevet Covid-19, er til stede i snesevis af sekvenser af selve det humane genom og i omkring hundrede mikrober. Og det inkluderer initiatorer eller primere, de mest omfattende fragmenter taget tilfældigt fra deres formodede "genom" og endda de såkaldte "målgener", der angiveligt er specifikke for "new coronavirus". Testen er værdiløs, og alle hidtil opnåede "positive" resultater skal videnskabeligt ugyldiggøres og meddeles de berørte; og hvis de er døde, til deres slægtninge. Stephen Bustin, en af verdens førende eksperter inden for PCR, siger faktisk, at under visse betingelser kan enhver teste positivt. [danish translation]

- **32 Jefferson T1; Spencer EA1; Brassey J2; Heneghan.** Viral cultures for COVID-19 infectivity assessment – a systematic review. Centre for Evidence Based Medicine, University of Oxford. 29/09/2020 <https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v4>

Objective To review the evidence from studies comparing SARS-CoV-2 culture, with the results of reverse transcriptase polymerase chain reaction (RT-PCR). **Methods** We searched LitCovid, medRxiv, Google Scholar and the WHO Covid-19 database for Covid-19 using the terms viral culture or viral replication and associated synonyms up to 10 September 2020. We carried out citation matching and included studies reporting attempts to culture or observe SARS-CoV-2 matching with cutoffs for RT-PCR positivity. One reviewer extracted data for each study and a second reviewer checked and edited the extraction and summarised the narratively by sample: fecal, respiratory, environment, blood or mixed. Where necessary we wrote to corresponding authors of the included or background papers for additional information. We assessed quality using a modified QUADAS 2 risk of bias tool. This is the fourth version of this review that was first published on the 4th of August and updated on the 21st of August, on the 3rd and 10th of September. **Results** We included 29 studies reporting culturing or observing tissue invasion by SARS-CoV in sputum, naso or oropharyngeal, urine, stool, blood and environmental samples from patients diagnosed with Covid-19. The data are suggestive of a relation between the time from collection of a specimen to test, cycle threshold and symptom severity. The quality of the studies was moderate with lack of standardised reporting. Twelve studies reported that Ct values were significantly lower and log copies higher in samples producing live virus culture. Five studies reported no growth in samples based on a Ct cut-off value. These values ranged from CT > 24 for no growth to Ct > 34 or more. Two studies report a strong relationship between Ct value and ability to recover infectious virus and that the odds of live virus culture reduced by 33% for every one unit increase in Ct. A cut-off RT-PCR Ct > 30 was associated with non-infectious samples. One study that analysed the NSP, N and E gene fragments of the PCR result reported different cut-off thresholds depending on the gene fragment analysed. The duration of RNA shedding detected by PCR was far longer compared to detection of live culture. Six out of eight studies reported RNA shedding for longer than 14 days. Yet, infectivity declines after day 8 even among cases with ongoing high viral loads. A very small proportion of people re-testing positive after hospital discharge or with high Ct are likely to be infectious. **Conclusion** Prospective routine testing of reference and culture specimens are necessary for each country involved in the pandemic to establish the usefulness and reliability of PCR for Covid-19 and its relation to patient factors. Infectivity is related to the date of onset of symptoms and cycle threshold level. A binary Yes / No approach to the interpretation RT-PCR unvalidated against viral culture will result in false positives with possible segregation of large numbers of people who are no longer infectious and hence not a threat to public health.

- *Formål At gennemgå beviser fra undersøgelser, der sammenligner SARS-CoV-2-kultur med resultaterne af reverstranskriptase-polymerasekædereaktion (RT-PCR). Metoder Vi søgte i LitCovid, medRxiv, Google Scholar og WHO Covid-19-databasen efter Covid-19 ved hjælp af termerne viral kultur eller viral replikation og tilknyttede synonymer frem til 10. september 2020. Vi gennemførte citatmatchning og inkluderede studier, der rapporterede forsøg på kultur eller observerer SARS-CoV-2-matching med cutoffs for RT-PCR-positivitet. En korrekturlæser ekstraherede data for hver undersøgelse, og en anden korrekturlæser kontrollerede slutningen, redigerede ekstraktionen og opsummerede fortællingen efter prøve: fækal, respiratorisk, miljø, blod eller blandet. Hvor det var nødvendigt, skrev vi til tilhørende forfattere af de inkluderede udgivelser eller baggrundspapirer for yderligere information. Vi vurderede kvalitet ved hjælp af en modificeret QUADAS 2-risiko for bias-værktøj. Dette er den fjerde version af denne rapport, der først blev offentliggjort den 4. august og opdateret den 21. august, den 3. og 10. september. Resultater Vi inkluderede 29 undersøgelser, der rapporterede dyrkning eller observation af vævsinvasion af SARS-CoV i sputum, naso eller oropharyngeal, urin, afføring, blod og miljøprøver fra patienter diagnosticeret med Covid-19. Dataene antyder et forhold mellem tiden fra indsamling af en prøve til test, cyklustærskel og symptomens sværhedsgrad. Undersøgelsesernes kvalitet var moderat med mangel på standardiseret rapportering. Tolv undersøgelser rapporterede, at Ct-værdier var signifikant lavere og logkopier højere i prøver, der producerede levende viruskultur. Fem undersøgelser rapporterede ingen vækst i prøver baseret på en Ct-cut-off-værdi. Disse værdier varierede fra $Ct > 24$ uden vækst til $Ct > 34$ eller mere. To undersøgelser rapporterer om en stærk sammenhæng mellem Ct-værdi og evne til at finde infektiøs virus, og at oddsene for levende viruskultur reduceres med 33% for hver enkeltenheds stigning i Ct. En afskåret RT-PCR $Ct > 30$ var forbundet med ikke-infektiøse prøver. En undersøgelse, der analyserede NSP-, N- og E-genfragmenterne i PCR-resultatet, rapporterede forskellige afskæringsgrænser afhængigt af det analyserede genfragment. Varigheden af RNA-udstødning påvist ved PCR var langt længere sammenlignet med påvisning af levende kultur. Seks ud af otte undersøgelser rapporterede RNA-udstødning i mere end 14 dage. Alligevel aftager infektivitet efter dag 8, selv blandt tilfælde med vedvarende høje virale belastninger. En meget lille del af de mennesker, der igen tester positivt efter udskrivning fra hospitalet eller med højt Ct, er sandsynligvis smitsomme. Konklusion Forventende rutinemæssig test af reference- og kulturprøver er nødvendig for hvert land der er involveret i pandemien for at fastslå nytten og pålideligheden af PCR for Covid-19 og dets relation til patient faktorer. Infektivitet er relateret til datoen for symptomdebut og cyklusgrænse niveau. En binær Ja / Nej tilgang til fortolkningen RT-PCR, der ikke er valideret mod viral kultur, vil resultere i falske positive med mulig adskillelse af et stort antal mennesker, der ikke længere er smitsomme og dermed ikke en trussel mod folkesundheden. [danish translation]*

- **33 Association of American Physicians and Surgeons.** COVID-19: What Does a Positive PCR Test Mean?. 10/09/2020. <https://aapsonline.org/covid-19-what-does-a-positive-pcr-test-mean/>

If you are spreading a deadly virus around every time you speak or breathe, you are a threat to public health. But if a swab has simply retrieved some fragments of a long-dead virus from deep within your nose, you are no more infectious than anyone else.

- **34 F Florian Deisenhammer · Wegene Borena · Angelika Bauer · Janine Kimpel · Dagmar Rudzki · Kathrin Schanda · Jonas Egeter · Katharina Hufner · Barbara Sperner-Unterweger · Markus Reind.** 6-month SARS-CoV-2 antibody persistency in a Tyrolian COVID-19 cohort. Springer Link. 09/12/2020. <https://link.springer.com/article/10.1007%2Fs00508-020-01795-7>

We prospectively followed 29 coronavirus disease 2019 cases, mean age 44 ± 13.2 years. Except for one participant with a pre-existing diagnosis of rheumatoid arthritis, all other participants were previously healthy. We determined anti-viral binding antibodies at 2–10 weeks, 3 months, and 6 months after disease onset as well as neutralizing antibodies at 6 months. Two binding antibody assays were used, targeting the S1 subunit of the spike protein, and the receptor binding domain.

Results

All participants fully recovered spontaneously except for one who had persisting hyposmia. Antibodies to the receptor binding domain persisted for 6 months in all cases with a slight increase of titers, whereas antibodies to S1 dropped below the cut-off point in 2 participants and showed a minimal decrease on average, mainly at month 3 of follow-up in males; however, neutralizing antibodies were detected in all samples at 6 months of follow-up.

Vi fulgte fremadrettet 29 tilfælde af coronavirus sygdom i 2019, gennemsnitlig alder $44 \pm 13,2$ år. Bortset fra en deltager med en allerede eksisterende diagnose af reumatoid arthritis var alle andre deltagere tidligere sunde. Vi bestemte antivirale bindingsantistoffer 2-10 uger, 3 måneder og 6 måneder efter sygdomsudbrud samt neutraliserende antistoffer 6 ved måneder. Der blev anvendt to bindende antistofassays, der var målrettet mod S1-underenheden af spidsproteinet og det receptorbindende domæne.

Resultater

Alle deltagere kom sig fuldt ud spontant bortset fra en, der havde vedvarende hyposmi. Antistoffer mod receptorbindingsdomænet vedvarede i 6 måneder i alle tilfælde med en let stigning i titere, hvorimod antistoffer mod S1 faldt under afskæringspunktet hos 2 deltagere og viste et minimalt fald i gennemsnit, hovedsageligt ved måned 3 af opfølgningen hos mænd; dog blev neutraliserende antistoffer påvist i alle prøver efter 6 måneders opfølgning. [danish translation]

- **35 Folkhälsomyndigheten.** Serologi för covid-19. Folkhälsomyndigheten 04/2020. <https://www.folkhalsomyndigheten.se/contentassets/470ac03e33d94c32906478fce196f117/serologi-covid-19.pdf>

Denna publikation avser att sammanfatta aktuellt kunskapsläge rörande antikroppssvar och immunitet för sjukdomen covid-19. Trots att kunskapsläget inte är fullständigt klart, är det angeläget att tidigt sammanställa den kunskap som finns om sjukdomen avseende serologi och immunitet. Publikationen avser att ge stöd till beslut för hur pandemin fortsatt ska hanteras avseende påvisning av antikroppar och immunitet samt peka på de kunskapsluckor som fortsatt behöver utredas närmare. Publikationen är baserad på ett underlag framtaget av professor och överläkare Jan Albert och specialistläkare Robert Dyrdak vid Karolinska universitetssjukhuset och professor Gunilla Karlsson Hedestam, samtliga vid Karolinska institutet i Stockholm.

This publication intends to summarize the current state of knowledge regarding antibody responses and immunity to the disease covid-19. Although the state of knowledge is not completely clear, it is important to compile the existing knowledge about the disease regarding serology and immunity at an early stage. The publication intends to provide support for decisions on how the pandemic should continue to be handled with regard to the detection of antibodies and immunity, and to point out the knowledge gaps that still need

to be investigated in more detail. The publication is based on a document produced by professor and chief physician Jan Albert and specialist physician Robert Dyrdak at Karolinska University Hospital and Professor Gunilla Karlsson Hedestam, all at Karolinska Institutet in Stockholm.[english translation]

Denne publikation har til hensigt at opsummere den aktuelle viden om antistofrespons og immunitet over for sygdommen covid-19. Selvom den nuværende viden ikke er helt komplet, er det vigtigt at samle den eksisterende viden om sygdommen vedrørende serologi og immunitet på et tidligt tidspunkt. Publikationen har til hensigt at yde støtte til beslutninger om, hvordan pandemien fortsat skal håndteres med hensyn til påvisning af antistoffer og immunitet, og påpege de videnshuller, der stadig skal undersøges mere detaljeret. Publikationen er baseret på et dokument produceret af professor og overlæge Jan Albert og specialislæge Robert Dyrdak ved Karolinska Universitetshospital og professor Gunilla Karlsson Hedestam, alt sammen ved Karolinska Institutet i Stockholm.[danish translation]

- **36 Folkhälsomyndigheten.** Användning av PCR för påvisning av pågående covid-19, en teknisk vägledning.

<https://www.folkhalsomyndigheten.se/contentassets/b2c3b5f226ac45d0926cf351ea15b0dc/anvandning-pcr-pavisning-pagaende-covid-19.pdf> 2020/09/24

- Vägledningen har utarbetats för att beskriva användning av Realtids RT-PCR i diagnostik av covid-19 och vilka särskilda beaktanden som bör göras avseende testets prestanda beroende på testningens syfte. I dokumentet används genomgående begreppet PCR som kortform för det längre begreppet Realtids RT-PCR. PCR är en träffsäker och tillförlitlig metod, men då den globala efterfrågan på tester är mycket stor och testningen sker i stor skala finns en risk för att felaktiga resultat kan uppstå, varför kvalitetssäkringsarbetet blir särskilt viktigt. Konsekvensen av felaktiga resultat kan bli omfattande för personen som drabbas, hälso- och sjukvården och samhället i övrigt. I vägledningen lyfts av den anledningen exempel på åtgärder som analyserande laboratorier kan vidta för att minska risken för felaktiga resultat. Dokumentet vänder sig till kliniska mikrobiologiska laboratorier och externa aktörer som använder PCR för att påvisa pågående covid-19.

Guiden er udviklet til at beskrive brugen af realtids RT-PCR ved diagnose af covid-19, og hvilke særlige overvejelser der skal tages med hensyn til testens ydeevne afhængigt af testformål. I dokumentet bruges overalt begrebet PCR som en kort form af det længere udtryk realtids RT-PCR. PCR er en nøjagtig og pålidelig metode, men da den globale efterspørgsel efter tests er meget stor, og afprøvningen finder sted i stor skala, er der en risiko for, at forkerte resultater kan opstå, hvorfor kvalitetssikringsarbejde bliver særlig vigtigt. Konsekvensen af forkerte resultater kan være omfattende for den berørte person samt sundhedsplejen og samfundet generelt. Af denne grund fremhæver vejledningen eksempler på foranstaltninger som f.eks analytiske laboratorier kan tage for at reducere risikoen for fejlagtige resultater. Dokumentet er rettet mod kliniske mikrobiologiske laboratorier og eksterne aktører ved hjælp af PCR til at detektere igangværende covid-19. [danish google translation]

The guide has been developed to describe the use of real-time RT-PCR in diagnosis of covid-19 and what special considerations should be made regarding the test performance depending on the purpose of the testing. Throughout this document, the concept of is used PCR as a short form for the longer concept of real-time RT-PCR. PCR is an accurate and reliable method, but as the global demand for tests is very large and the testing takes place on a large scale, there is a risk that incorrect results can arise, which is why quality assurance work becomes particularly important. The consequence of incorrect results can be extensive for the person affected, health care and society in general. For this reason, the guide highlights examples of measures such as analytical laboratories can take to reduce the risk of erroneous results. The document is addressed to clinical microbiological laboratories and external actors using PCR to detect ongoing covid-19.[english google translation]

- **37 FOLKHÄLSOMYNDIGHETEN.** Provtagning vid PCR-påvisning av SARS-CoV-2 i de övre luftvägarna. 2020/10/13.
<https://www.folkhalsomyndigheten.se/contentassets/370e0816bc0a4f179613d6ef74e903d9/provtagning-pcr-pavisning-sars-cov-2-luftvagarna.pdf>.

Denna litteraturgenomgång har genomförts för att sammanställa slutsatser från publikationer där känsligheten vid PCR-påvisning av SARS-CoV-2 jämförts vid provtagning mellan olika delar av de övre luftvägarna. Fokus har varit vid påvisning av virus i de övre luftvägarna. Den analytiska träffsäkerheten och känsligheten i PCR är i regel mycket hög men beroende på frågeställning och symtombild är provtagning av relevant lokal respektive tidpunkt i sjukdomsförloppet avgörande för slutsats om förekomst av sjukdom eller inte utifrån provresultatet. Sammanställningen vänder sig till kliniska mikrobiologiska laboratorier och andra ansvariga aktörer som ansvarar för genomförande av PCR-testning för att påvisa pågående covid-19 med infektionsfokus i de övre luftvägarna. I dokumentet används genomgående begreppet PCR som kortform för det längre begreppet realtids RT-PCR.

This literature review has been conducted to compile conclusions from publications comparing the sensitivity of PCR detection of SARS-CoV-2 sampling between different parts of the upper respiratory tract. The focus has been on detection of viruses in the upper respiratory tract. The analytical accuracy and sensitivity of PCR is usually very high though depending on the issue and symptom picture is sampling of relevant premises respective time in the course of the disease decisive for the conclusion of the presence of disease or not based on the test result. The compilation is aimed at clinical microbiological laboratories and others responsible actors responsible for conducting PCR testing to demonstrate ongoing covid-19 with infection focus in the upper respiratory tract. Throughout the document, the term PCR is used as a short form for the longer the concept of real-time RT-PCR. [english translation]

Denne litteraturgennemgang er udført for at compilere konklusioner fra publikationer, der sammenligner følsomheden ved PCR-påvisning af SARS-CoV-2, når der tages prøveudtagning mellem forskellige dele af de øvre luftveje. Fokus har været på påvisning af vira i de øvre luftveje. Den analytiske nøjagtighed og følsomhed i PCR er normalt meget høj, men afhængigt af spørgsmålet og symptombilledet er prøveudtagning af det relevante sted på kroppen og tidspunktet i sygdomsforløbet afgørende når der skal drages konklusioner omkring tilstedeværelse eller fravær af sygdom ud fra testresultater. Udgivelsen er rettet mod kliniske mikrobiologiske laboratorier og andre ansvarlige aktører, der er ansvarlige for at udføre PCR-test for at detektere igangværende covid-19 med fokus på infektion i de øvre luftveje. Dokumentet bruger konsekvent udtrykket PCR som en kort form for den længerevarende realtids RT-PCR. [danish translation]

- **38 FOLKHÄLSOMYNDIGHETEN.** VÄGLEDNING OM KRITERIER FÖR BEDÖMNING AV SMITTFRIHET VID COVID-19. <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/v/vagledning-om-kriterier-for-bedomning-av-smittfrihet-vid-covid-19/>. 2020/11/30

Folkhälsomyndigheten har tagit fram nationella kriterier för bedömning av smittfrihet vid covid-19.

The Swedish Public Health Agency has developed national criteria for assessing freedom from infection in covid-19. [english translation]

Det svenske folkesundhedsagentur har udviklet nationale kriterier til vurdering af frihed for infektion i covid-19. [danish translation]

- **39 FOLKHÄLSOMYNDIGHETEN.** Vägledning om kriterier för bedömning av smittfrihet vid covid-19. UPPDATERAD: 30 NOVEMBER 2020ARTIKELNUMMER: 20110.

<https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/v/vagledning-om-kriterier-for-bedomning-av-smittfrihet-vid-covid-19/?pub=72947>

Smittsamheten av SARS-CoV-2 är sannolikt störst i anslutning till insjuknandet och i början av sjukdomsförloppet. Det är svårt att värdera provsvar hos personer senare i förloppet då RNA kan detekteras under flera veckor men inte kan skilja på infektiöst och icke-infektiöst (av immunförsvaret inaktiverat) virus. PCR-test kan därför inte användas för att avgöra smittfrihet och man får istället främst använda kliniska kriterier samt tid från insjuknandet.

The infectivity of SARS-CoV-2 is probably greatest in connection with the illness and at the beginning of the disease course. It is difficult to evaluate test results in individuals later in the course as RNA can be detected for several weeks but can not distinguish between infectious and non-infectious (inactivated by the immune system) virus. PCR tests can therefore not be used to determine freedom from infection and you must instead mainly use clinical criteria and time from illness.[english google translation]

Smitsomheden af SARS-CoV-2 er sandsynligvis størst i forbindelse med sygdommen og i begyndelsen af sygdomsføreløbet. Det er vanskeligt at evaluere testresultater hos individer senere i løbet, da RNA kan påvises i flere uger, men ikke kan skelne mellem infektiøs og ikke-infektiøs (immuninaktiveret) virus. PCR-test kan derfor ikke bruges til at bestemme infektionsfrihed, og du skal i stedet primært bruge kliniske kriterier og tid fra sygdom.[danish translation]

- **40 Kathleen McCarthy.** Questioning Unreliable PCR Testing Is Hardly Trivia. 2020/12/09 <https://www.rcreader.com/commentary/questioning-unreliable-pcr-testing-is-hardly-trivial>.

PCR (Polymerase Chain Reaction) tests are remarkable things. Inventor [Kary Mullis](#) (1944-2019) won a Nobel Peace Prize in 1993 for its far-reaching impact on the world of virology, microbiology, and so much more. The PCR test can detect almost anything microbial, no matter how tiny, but it cannot determine how much of the microbe is there. Therein lies the crux of the controversy inherent in diagnosing COVID-19 cases using PCR testing.

PCR (Polymerase Chain Reaction) test er bemærkelsesværdige ting. Opfinderen Kary Mullis (1944-2019) vandt en Nobels fredspris i 1993 for sin vidtrækkende indvirkning på virologi, mikrobiologi og meget mere. PCR-testen kan påvise næsten alt mikrobielt, uanset hvor lille det er, men det kan ikke bestemme, hvor meget af mikroben der er. Deri ligger kernen i den kontrovers, der er forbundet med diagnosticering af COVID-19 tilfælde ved hjælp af PCR-test.[danish translation]

- **41 Kathleen McCarthy.** Questioning Unreliable PCR Testing Is Hardly Trivia.[danish translation] 2020/12/09

PCR (Polymerase Chain Reaction) test er bemærkelsesværdige ting. Opfinderen Kary Mullis (1944-2019) vandt en Nobels fredspris i 1993 for sin vidtrækkende indvirkning på virologi, mikrobiologi og meget mere. PCR-testen kan påvise næsten alt mikrobielt, uanset hvor lille det er, men det kan ikke bestemme, hvor meget af mikroben der er. Deri ligger kernen i den kontrovers, der er forbundet med diagnosticering af COVID-19 tilfælde ved hjælp af PCR-test.

- **42 Borger, Pieter, Malhotra, Bobby Rajesh, Yeadon, Michale et.al..** External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level consequences for false positive results. 2020/12/02 DOI: [10.5281/zenodo.4298004](https://doi.org/10.5281/zenodo.4298004) [https://www.researchgate.net/publication/346483715_External_peer_review_of_the_RTPCR_test_to_detect_SARS-CoV-](https://www.researchgate.net/publication/346483715_External_peer_review_of_the_RTPCR_test_to_detect_SARS-CoV-2)

[2 reveals 10 major scientific flaws at the molecular and methodological level consequences for false positive results](#)

In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication in which 1) all components of the presented test design were cross checked, 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice, and 3) parameters examined against relevant scientific literature covering the field.

The published RT-qPCR protocol for detection and diagnostics of 2019-nCoV and the manuscript suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned. Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws.

I lyset af alle konsekvenserne af netop denne publikation for samfund over hele verden foretog en gruppe uafhængige forskere en punkt-for-punkt gennemgang af den førnævnte publikation, hvor 1) alle komponenter i det præsenterede testdesign blev krydskontrolleret, 2) RT-qPCR-protokolbefalinger blev vurderet med henblik på god laboratoriepraksis og 3) parametre undersøgt i forhold til relevant videnskabelig litteratur, der dækker området.

Den offentliggjorte RT-qPCR-protokol til påvisning og diagnostik af 2019-nCoV og manuskriptet lider af adskillige tekniske og videnskabelige fejl, herunder utilstrækkelig primerdesign, en problematisk og utilstrækkelig RT-qPCR-protokol og fraværet af en nøjagtig testvalidering. Hverken den præsenterede test eller selve manuskriptet opfylder kravene til en acceptabel videnskabelig publikation. Yderligere er alvorlige interessekonflikter hos forfatterne ikke nævnt. Endelig betyder den meget korte tidsplan mellem indsendelse og accept af offentliggørelsen (24 timer), at en systematisk peer review-proces enten ikke blev udført her eller er af problematisk dårlig kvalitet. Vi leverer overbevisende bevis for flere videnskabelige utilstrækkeligheder, fejl og mangler. [danish translation]

- **43 Borger, Pieter, Malhotra, Bobby Rajesh, Yeadon, Michale et.al** External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level consequences for false positive results. 2020/12/02
- **44 Corman-Drosten-paper-part2-appendix**
- the Corman et al. paper (Eurosurveillance) is the first article on SARS-CoV-2 published online on January 23 2020
- the exact same protocol was submitted to the WHO prior topublication inEurosurveillance
- at the same time Chinese researchers developed RT-PCR protocols
- the WHO recommended the Corman-Drosten protocol as standard procedure to be followed worldwide on January 21st,
- o before the the paper was accepted for publication
- o before any other scientific publication was published describing the disease or the virus

- *Corman et al. udgivelsen (Eurosurveillance) er den første artikel om SARS-CoV-2 offentliggjort online den 23. januar 2020*
- *nøjagtig samme protokol blev sendt til WHO forudgående publiceringen i Eurosurveillance*
- *samtidig udviklede kinesiske forskere RT-PCR-protokoller*
- *WHO anbefalede Corman-Drosten-protokollen som standardprocedure, der skal følges over hele verden den 21. januar,*
- o *før papiret blev accepteret til offentliggørelse*
- o *før der blev offentliggjort nogen anden videnskabelig publikation, der beskriver sygdommen eller virussen [danish translation]*
- **45 Corman-Drosten-paper-part3-appendix**
- **46 Corman-Drosten-paper-part4-appendix- letter to Mr. Borger**

Dear Mr Borger, Re: Your application for access to documents—Ref20-4957 We refer to your e-mail dated 26/10/2020 in which you make a request for access to documents, registered on 27/10/2020 under the above mentioned reference number. Your application concerns the following document: a copy of the peer review report for the article Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR published by Eurosurveillance

Kære Mr Borger, Re: Din ansøgning om aktindsigt – Ref20-4957: Vi henviser til din e-mail dateret 26/10/2020, hvor du fremsætter en anmodning om aktindsigt, registreret den 27/10/2020 under ovennævnte referencenummer. Din ansøgning vedrører følgende dokument: en kopi af peer review-rapporten til artiklen Detection of 2019 novel coronavirus (2019-nCoV) ved realtids RT-PCR udgivet af Eurosurveillance [danish translation]

- **47 Corman-Drosten-paper-part5-appendix**
- **48 Corman-Drosten-paper-part6-appendix**
- **49 Corman-Drosten-paper-part7-appendix**

5. Corona is a common cold, including SARS-CoV-2, an...o late injuries, etc

- **50 K G Nicholson 1, J Kent, V Hammersley, E Cancio** . Acute viral infections of upper respiratory tract in elderly people living in the community: comparative, prospective, population based study of disease burden. BMJ. 1997 Oct 25;315(7115):1060-4. doi: 10.1136/bmj.315.7115.1060. <https://pubmed.ncbi.nlm.nih.gov/9366736/>.

Objective: To evaluate the disease burden of upper respiratory infections in elderly people living at home.

Design: Prospective surveillance of elderly people.

Intervention: None.

Setting: Leicestershire, England

Subjects: 533 subjects 60 to 90 years of age.

Main outcome measures: Pathogens, symptoms, restriction of activity, duration of illness, medical consultations, interval between onset of illness and medical consultation, antibiotic use, admission to hospital, and death.

Results: 231 pathogens were identified for 211 (43%) of 497 episodes for which diagnostic specimens were available: 121 (52%) were rhinoviruses, 59 (26%) were coronaviruses, 22 (9.5%) were influenza A or B, 17 (7%) were respiratory syncytial virus, 7 (3%) were parainfluenza viruses, and 3 (1%) were Chlamydia species; an adenovirus and Mycoplasma pneumoniae caused one infection each. Infections occurred at a rate of 1.2 episodes per person per annum (95% confidence interval 1.0 to 1.7; range 0-10) and were clinically indistinguishable. Lower respiratory tract symptoms complicated 65% of upper respiratory infections and increased the medical consultation rate 2.4-fold (chi 2 test $P < 0.001$). The median interval between onset of illness and medical consultation was 3 days for influenza and 5 days for other infections. Rhinoviruses caused the greatest disease burden overall followed by episodes of unknown aetiology, coronaviruses, influenza A and B, and respiratory syncytial virus.

Conclusions: Respiratory viruses cause substantial morbidity in elderly people. Although respiratory syncytial virus and influenza cause considerable individual morbidity, the burden of disease from rhinovirus infections and infections of unknown aetiology seems greater overall. The interval between onset of illness and consultation together with diagnostic difficulties raises concern regarding the role of antiviral drugs in treating influenza.

Formål: At evaluere sygdomsbyrden ved øvre luftvejsinfektioner hos ældre der bor hjemme.

Design: Fremtidig overvågning af ældre.

Intervention: Ingen.

Omgivelser: Leicestershire, England

Emner: 533 forsøgspersoner i alderen 60 til 90 år.

Hovedmålninger: Patogener, symptomer, aktivitetsbegrænsning, sygdomsvarighed, medicinsk konsultation, interval mellem sygdomsudbrud og medicinsk konsultation, brug af antibiotika, indlæggelse på hospital og død.

Resultater: 231 patogener blev identificeret for 211 (43%) af 497 episoder, for hvilke der var diagnostiske prøver tilgængelige: 121 (52%) var rhinovirus, 59 (26%) var coronavirus, 22 (9,5%) var influenza A eller B, 17 (7%) var respiratorisk syncytialvirus, 7 (3%) var parainfluenzavirus, og 3 (1%) var Chlamydia-arter; et adenovirus og Mycoplasma pneumoniae forårsagede en infektion hver. Infektioner forekom med en hastighed på 1,2 episoder pr. person pr. År (95% konfidensinterval 1,0 til 1,7; interval 0-10) og var klinisk uskelnelige. Nedre luftvejssymptomer komplicerede 65% af øvre luftvejsinfektioner og øgede den medicinske

konsultationsrate 2,4 gange (*chi 2 test* $P < 0,001$). Medianintervallet mellem sygdomsudbrud og medicinsk konsultation var 3 dage for influenza og 5 dage for andre infektioner. Rhinovirus forårsagede den største sygdomsbyrde generelt efterfulgt af episoder med ukendt ætiologi, coronavirus, influenza A og B og respiratorisk syncytial virus. [danish translation]

- **51 Michael Levitt.** Analysis of nCov-2019 Data on 2/5/2020” by Michael Levitt, Stanford University

Table 1. Showing data for New Coronavirus 2019 (nCoV) from 22 January to 4 February 2020.

Tabel 1. Data for Ny Coronavirus 2019 (nCOV) fra 22. januar til 4. februar 2020 [danish translation]

- **52 BÖRJE PERATT.** Corona en gigantisk bluff? – Åtgärderna är extremt skadliga! (vetenskaplig studie). HK. <https://humanismkunskap.org/2020/12/14/corona-en-gigantisk-bluff-atgarderna-ar-extremt-skadliga-vetenskaplig-studie/>.

Uppgifterna över påstådda smittor av coronavirus och hot om fler covid19-döda är, om man studerar alla länders statistik, inte bara kraftigt överdrivna utan direkt falska. Detta påminner om hur Anthony Fauci 2009 skrämde upp USA med att en tredjedel av alla amerikaner skulle smittas [1] av svininfluensan (H1N1) och en miljon skulle dö om de inte vaccinerade sig. I masspsykosens spår såldes vacciner för miljarder över hela världen där sedan det mesta fick kastas.

The data on alleged coronavirus infections and the threat of more covid19 deaths are, if one studies the statistics of all countries, not only greatly exaggerated but directly false. This is reminiscent of how Anthony Fauci in 2009 intimidated the United States into saying that a third of all Americans would be infected [1] with swine flu (H1N1) and one million would die if they did not get vaccinated. In the wake of mass psychosis, billions of vaccines were sold all over the world, since most of them were thrown out. [english translation]

Dataene om påståede coronavirusinfektioner og truslen om flere covid19-dødsfald er, hvis man studerer statistikken i alle lande, ikke kun stærkt overdrevne, men direkte falske. Dette minder om, hvordan Anthony Fauci i 2009 skræmte USA ved at sige, at en tredjedel af alle amerikanere ville blive inficeret [1] med svineinfluenza (H1N1), og en million ville dø, hvis de ikke blev vaccineret. I kølvandet på massepsykosen blev milliarder af vacciner solgt over hele verden, hvor de fleste af dem derefter blev kasseret. [danish translation]

- 53 Joshua D Niforatos, resident physician, Edward R Melnick, assistant professor, Jeremy S Faust, instructor in emergency medicine. Covid-19 fatality is likely overestimated. BMJ 2020; 368 doi: <https://doi.org/10.1136/bmj.m1113> (Published 20 March 2020) Cite this as: BMJ 2020;368:m1113. <https://www.bmj.com/content/368/bmj.m1113>

The final case fatality rate (CFR) from SARS-CoV-2, the virus that causes covid-19, will likely be lower than those initially reported.¹ Previous reviews of H1N1 and SARS show the systematic inflation of early mortality estimates.²³ Early estimates of H1N1’s mortality were susceptible to uncertainty about asymptomatic and subclinical infections, heterogeneity in approaches to diagnostic testing, and biases in confounding, selection, detection, reporting, and so on.²³ These biases are difficult to overcome early in a pandemic.³

We read Xu and colleagues’ report of 62 cases of covid-19 outside of Wuhan, China, with interest, as no patients died in the study period.⁵ Compared with a report of the 72 314 cases throughout China, the marked differences in outcomes from Hubei (the province of which Wuhan is the capital) compared with all other provinces are worth a brief discussion

Den endelige dødsrate (CFR) fra SARS-CoV-2, den virus, der forårsager covid-19, vil sandsynligvis være lavere end oprindeligt rapporteret [1] Tidligere reviews af H1N1 og SARS viser den systematiske inflation af tidlige dødelighedsestimater. [23] Tidlige skøn over H1N1's dødelighed var modtagelige for usikkerhed om asymptomatiske og subkliniske infektioner, heterogenitet i tilgange til diagnostisk test og bias i forvirring, selektion, påvisning, rapportering og så videre. [23] Disse forstyrrelser er vanskelige at overkomme tidligt i en pandemi.[3]

Vi læste Xu og kollegers rapport om 62 tilfælde af covid-19 uden for Wuhan, Kina, med interesse, da ingen patienter døde i undersøgelsesperioden.[5] Sammenlignet med en rapport om de 72.314 tilfælde i hele Kina var de markante forskelle i resultater fra Hubei (den provins, hvor Wuhan er hovedstad) sammenlignet med alle andre provinser, værd at udsætte for en kort diskussion værd[danish translation]

- **54 Jay Bhattacharya.** COVID-19: Mortality and Mitigation Effects. IFR (infection fatality rate) by age. https://www.youtube.com/watch?v=BkgTqkL-bqY&ab_channel=Co-Immunity (09:39min.)

- **55 John P A Ioannidis 1, Cathrine Axfors 2, Despina G Contopoulos-Ioannidis.** Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. *Environ Res.* 2020 Sep;188:109890.doi: 10.1016/j.envres.2020.109890. Epub 2020 Jul 1. <https://pubmed.ncbi.nlm.nih.gov/32846654/>

To provide estimates of the relative rate of COVID-19 death in people <65 years old versus older individuals in the general population, the absolute risk of COVID-19 death at the population level during the first epidemic wave, and the proportion of COVID-19 deaths in non-elderly people without underlying diseases in epicenters of the pandemic.

For at give skøn over den relative hyppighed af COVID-19 død hos mennesker <65 år versus ældre individer i den generelle befolkning, den absolutte risiko for COVID-19 død på befolkningsniveauet under den første epidemiske bølge samt andelen af COVID-19 dødsfald hos ikke-ældre uden underliggende sygdomme i pandemiens epicentre.[danish translation]

- **56 Takuya Sekine, AndréPerez-Potti,Olga Rivera-Ballesteros, ...,Hans-Gustaf Ljunggren, Soo Aleman,Marcus Bugger.** Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19. *CellPress Sekine et al., 2020, Cell183, 158–168*October 1, 2020*2020 The Author(s). Published by Elsevier Inc.<https://doi.org/10.1016/j.cell.2020.08.017>ll.

Sekine et al. provide a functional and phenotypic map of SARS-CoV-2-specific T cells across the full spectrum of exposure, infection, and COVID-19 severity. They observe that SARS-CoV-2 elicits broadly directed and functionally replete memory T cells that may protect against recurrent episodes of severe COVID-19.

- **57 Yanis RousselabAudrey Giraud-GatineauacdeMarie-Thérèse JimenoJean-Marc RolainabChristine ZandottiabPhilippe Colsonab.** SARS-CoV-2: fear versus data. *International Journal of Antimicrobial Agents*_ Volume 55, Issue 5, May 2020, 105947. <https://www.sciencedirect.com/science/article/abs/pii/S0924857920300972>.

SARS-CoV-2, the novel coronavirus from China, is spreading around the world, causing a huge reaction despite its current low incidence outside China and the Far East. Four common coronaviruses are in current circulation and cause millions of cases worldwide. This article compares the incidence and mortality rates of these four common coronaviruses with those of SARS-CoV-2 in Organisation for Economic Co-operation and Development countries. It is concluded that the problem of SARS-CoV-2 is probably being overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time of writing.

SARS-CoV-2, den nye coronavirus fra Kina, spredes over hele verden og forårsager en kæmpe reaktion på trods af sin nuværende lave forekomst uden for Kina og Fjernøsten. Fire almindelige coronavirus er i øjeblikket i omløb og forårsager millioner af tilfælde verden over. Denne artikel sammenligner forekomsten og dødeligheden af disse fire almindelige coronavirus med de af SARS-CoV-2 i Organisationen for økonomisk samarbejde og udviklingslande. Det konkluderes, at problemet med SARS-CoV-2 sandsynligvis overvurderes, da 2,6 millioner mennesker dør af luftvejsinfektioner hvert år sammenlignet med mindre end 4000 dødsfald for SARS-CoV-2 i skrivende stund.[danish translation]

- **58 John P A Ioannidis.** Infection fatality rate of COVID-19 inferred from seroprevalence data. Meta-Research Innovation Center at Stanford (METRICS), Stanford University. Published online: 14 October 2020. https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

Results I included 61 studies (74 estimates) and eight preliminary national estimates. Seroprevalence estimates ranged from 0.02% to 53.40%. Infection fatality rates ranged from 0.00% to 1.63%, corrected values from 0.00% to 1.54%. Across 51 locations, the median COVID-19 infection fatality rate was 0.27% (corrected 0.23%): the rate was 0.09% in locations with COVID-19 population mortality rates less than the global average (< 118 deaths/million), 0.20% in locations with 118–500 COVID-19 deaths/million people and 0.57% in locations with > 500 COVID-19 deaths/million people. In people < 70 years, infection fatality rates ranged from 0.00% to 0.31% with crude and corrected medians of 0.05%. Conclusion The infection fatality rate of COVID-19 can vary substantially across different locations and this may reflect differences in population age structure and casemix of infected and deceased patients and other factors. The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic.

Resultater: Jeg inkluderede 61 studier (74 estimater) og otte foreløbige nationale estimater. Seroprevalensestimater varierede fra 0,02% til 53,40%. Infektionsdødeligheden varierede fra 0,00% til 1,63%, korrigerede værdier fra 0,00% til 1,54%. På tværs af 51 placeringer var den gennemsnitlige dødelighed på COVID-19-infektion 0,27% (korrigeret 0,23%): frekvensen var 0,09% på placeringer med COVID-19-befolkningsdødelighed mindre end det globale gennemsnit (<118 dødsfald / million), 0,20% på steder med 118–500 COVID-19 dødsfald / millioner mennesker og 0,57% på steder med > 500 COVID-19 dødsfald / millioner mennesker. Hos mennesker <70 år varierede antallet af infektionsdødeligheder fra 0,00% til 0,31% med rå og korrigerede medianer på 0,05%. Konklusion: Infektionsdødeligheden af COVID-19 kan variere væsentligt på forskellige steder, og dette kan afspejle forskelle i befolkningsaldersstruktur og casemix hos inficerede og afdøde patienter og andre faktorer. De afledte dødsfald af infektioner havde tendens til at være meget lavere end estimater, der blev foretaget tidligere i pandemien.[danish translation]

- **59 John Hardie, BDS, MSc, PhD, FRCDC.** The Peculiar Reality of COVID-19. Oralhealth. June 3 2020. <https://www.oralhealthgroup.com/blogs/the-peculiar-reality-of-covid-19/>

From its earliest days COVID – 19 has been an evolving dilemma. As this is being written in mid May 2020, it would be foolish to predict the future profile of the infection. Instead, some of the known and unknown aspects of the disease will be discussed.

- **60 PÜSCHEL.** „In Hamburg ist niemand ohne Vorerkrankung an Corona gestorben“. Die Welt. Hamburg. 2020/04/07. <https://www.welt.de/regionales/hamburg/article207086675/Rechtsmediziner-Pueschel-In-Hamburg-ist-niemand-ohne-Vorerkrankung-an-Corona-gestorben.html>

Der renommierte Hamburger Rechtsmediziner Klaus Püschel hält die Angst vor Corona für übertrieben. Mit seinem Team obduziert er die Toten in Hamburg, und er stellt fest: Das Virus sei in diesen Fällen nur der letzte Tropfen gewesen.

Den berømte Hamburg-retsmedicinske læge Klaus Püschel anser frygten for Corona for overdrevet. Han og hans team obduerede de døde i Hamborg, og han fandt ud af, at virussen kun var den sidste dråbe i disse tilfælde. [danish translation]

The renowned Hamburg forensic doctor Klaus Püschel considers the fear of Corona to be exaggerated. He and his team autopsied the dead in Hamburg, and he found that the virus was only the last drop in these cases. [english translation]

- **61 PÜSCHEL.** „In Hamburg ist niemand ohne Vorerkrankung an Corona gestorben“. Die Welt. Hamburg. 2020/04/07.

Der renommierte Hamburger Rechtsmediziner Klaus Püschel hält die Angst vor Corona für übertrieben. Mit seinem Team obduziert er die Toten in Hamburg, und er stellt fest: Das Virus sei in diesen Fällen nur der letzte Tropfen gewesen.

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The renowned Hamburg forensic doctor Klaus Püschel considers the fear of Corona to be exaggerated. He and his team autopsied the dead in Hamburg, and he found that the virus was only the last drop in these cases. [english translation]

6. All classes (alfa to delta) of corona virus mutates 10 times (?) a year

- **63 Shuo Su, Gary Wong, Weifeng Shi, Jun Liu, Alexander C.K. Lai, Jiyong Zhou et al.** Epidemiology, Genetic Recombination, and Pathogenesis of Coronaviruses. Review Trends Microbio 2016

Abstract Epidemiology, Genetic Recombination, and Pathogenesis of Coronaviruses: Human coronaviruses (HCoV) were first described in the 1960s for patients with the common cold. Since then, more HCoVs have been discovered, including those that cause severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), two pathogens that, upon infection, can cause fatal respiratory disease in humans. It was recently discovered that dromedary camels in Saudi Arabia harbor three different HCoV species, including a dominant MERS HCoV lineage that was responsible for the outbreaks in the Middle East and South Korea during 2015. In this review we aim to compare and contrast the different HCoVs with regard to epidemiology and pathogenesis, in addition to the virus evolution and recombination events which have, on occasion, resulted in outbreaks amongst humans.

Epidemiologi, genetisk rekombination og patogenese af coronavirus: Menneskelige coronavirus (HCoV'er) blev først beskrevet i 1960'erne for patienter med forkølelse. Siden da er flere HCoV'er blevet opdaget, herunder dem, der forårsager alvorligt akut respiratorisk syndrom (SARS) og Mellemøsten respiratorisk syndrom (MERS), to patogener, der ved infektion kan forårsage dødelig luftvejssygdom hos mennesker. Det blev for nylig opdaget, at dromedar kamel i Saudi-Arabien huser tre forskellige HCoV-arter, herunder et dominerende MERS HCoV-afstamning, der var ansvarlig for udbruddene i Mellemøsten og Sydkorea i 2015. I denne gennemgang tilstræber vi at sammenligne og kontrastere de forskellige HCoV'er med hensyn til epidemiologi og patogenese, ud over virusudviklingen og rekombinationshændelser, som til tider har resulteret i udbrud blandt mennesker. [danish translation]

- **64 Jie Cui, Fang Li and Zheng- Li Shi.** Origin and evolution of pathogenic coronaviruses. Nat Rev Microbiol 17, 181–192 (2019). <https://doi.org/10.1038/s41579-018-0118-9>. Published 10 December 2018. Issue Date March 2019. <https://www.nature.com/articles/s41579-018-0118-9>

Abstract: Origin and evolution of pathogenic coronaviruses: Severe acute respiratory syndrome coronavirus (SARS- CoV) and Middle East respiratory syndrome coronavirus (MERS- CoV) are two highly transmissible and pathogenic viruses that emerged in humans at the beginning of the 21st century. Both viruses likely originated in bats, and genetically diverse coronaviruses that are related to SARS- CoV and MERS- CoV were discovered in bats worldwide. In this Review , we summarize the current knowledge on the origin and evolution of these two pathogenic coronaviruses and discuss their receptor usage; we also highlight the diversity and potential of spillover of bat- borne coronaviruses, as evidenced by the recent spillover of swine acute diarrhoea syndrome coronavirus (SADS- CoV) to pigs.

Oprindelse og udvikling af patogene coronavirus: Alvorligt akut respiratorisk syndrom coronavirus (SARS CoV) og Mellemøsten respiratorisk syndrom coronavirus (MERS-CoV) er to meget overførbare og patogene vira, der opstod hos mennesker i begyndelsen af det 21. århundrede. Begge vira opstod sandsynligvis i flagermus, og genetisk forskellige coronavirus, der er relateret til SARS-CoV og MERS-CoV, blev opdaget hos flagermus over hele verden. I denne gennemgang opsummerer vi den nuværende viden om oprindelsen og udviklingen af disse to patogene coronavirus og diskuterer deres brug af receptorer; vi fremhæver også mangfoldigheden og potentialet ved udslip af flagermus-bårne coronavirus, som det fremgår af den nylige udslip af svinekutant diarré syndrom coronavirus (SADS-CoV) til svin. [danish translation]

7. Corona virus is transmitted from healthy to healthy people with a small bolus that is contagious and gives immunological resistance but without symptoms and without antibodies and without harm to anybody

- **65 Nina Le Bert, Anthony T. Tan, Kamini Kunasegaran, Christine Y. L. Tham, Morteza Hafezi, Adeline Chia et al.** SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and

uninfected controls. Nature 584, 457–462 (2020). <https://doi.org/10.1038/s41586-020-2550-z>.
<https://www.nature.com/articles/s41586-020-2550-z>

Abstract SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls: Memory T cells induced by previous pathogens can shape susceptibility to, and the clinical severity of, subsequent infections¹. Little is known about the presence in humans of pre-existing memory T cells that have the potential to recognize severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Here we studied T cell responses against the structural (nucleocapsid (N) protein) and non-structural (NSP7 and NSP13 of ORF1) regions of SARS-CoV-2 in individuals convalescing from coronavirus disease 2019 (COVID-19) (n = 36). In all of these individuals, we found CD4 and CD8 T cells that recognized multiple regions of the N protein. Next, we showed that patients (n = 23) who recovered from SARS (the disease associated with SARS-CoV infection) possess long-lasting memory T cells that are reactive to the N protein of SARS-CoV 17 years after the outbreak of SARS in 2003; these T cells displayed robust cross-reactivity to the N protein of SARS-CoV-2. We also detected SARS-CoV-2-specific T cells in individuals with no history of SARS, COVID-19 or contact with individuals who had SARS and/or COVID-19 (n = 37). SARS-CoV-2-specific T cells in uninfected donors exhibited a different pattern of immunodominance, and frequently targeted NSP7 and NSP13 as well as the N protein. Epitope characterization of NSP7-specific T cells showed the recognition of protein fragments that are conserved among animal betacoronaviruses but have low homology to ‘common cold’ human-associated coronaviruses. Thus, infection with betacoronaviruses induces multi-specific and long-lasting T cell immunity against the structural N protein. Understanding how pre-existing N- and ORF1-specific T cells that are present in the general population affect the susceptibility to and pathogenesis of SARS-CoV-2 infection is important for the management of the current COVID-19 pandemic.

SARS-CoV-2-specifik T-celleimmunitet i tilfælde af COVID-19 og SARS, og uinficerede kontroller: Hukommelses-T-celler induceret af tidligere patogener kan forme modtagelighed for og den kliniske sværhedsgrad af efterfølgende infektioner¹. Der vides ikke meget om tilstedeværelsen hos mennesker af eksisterende hukommelses-T-celler, der har potentialet til at genkende alvorligt akut respiratorisk syndrom coronavirus 2 (SARS-CoV-2). Her studerede vi T-celleresponser mod de strukturelle (nukleokapsid (N) - proteiner) og ikke-strukturelle (NSP7 og NSP13 af ORF1) regioner af SARS-CoV-2 hos individer, der er i gang fra coronavirus sygdom 2019 (COVID-19) (n = 36). Hos alle disse individer fandt vi CD4- og CD8-T-celler, der genkendte flere regioner af N-proteinet. Dernæst viste vi, at patienter (n = 23), der kom sig efter SARS (sygdommen forbundet med SARS-CoV-infektion), har langvarige hukommelses-T-celler, der er reaktive over for N-proteinet i SARS-CoV 17 år efter udbruddet af SARS i 2003; disse T-celler udviste robust krydsreaktivitet over for N-proteinet fra SARS-CoV-2. Vi påviste også SARS-CoV-2-specifikke T-celler hos personer uden SARS, COVID-19 eller kontakt med personer, der havde SARS og / eller COVID-19 (n = 37). SARS-CoV-2-specifikke T-celler i uinficerede donorer udviste et andet immunodominansmønster og målrettede ofte NSP7 og NSP13 såvel som N-proteinet. Epitopkarakterisering af NSP7-specifikke T-celler viste genkendelsen af proteinfragmenter, der er konserveret blandt dyrebetacoronavirus, men har lav homologi til 'forkølelse' menneskeassocierede coronavirus. Således inducerer infektion med betacoronavirus multispecifik og langvarig T-celleimmunitet mod det strukturelle N-protein. At forstå, hvordan eksisterende N- og ORF1-specifikke T-celler, der er til stede i den generelle befolkning, påvirker følsomheden over for og patogenesen af SARS-CoV-2-infektion, er vigtig for styringen af den nuværende COVID-19-pandemi.[danih translation]

• **66 Jose Mateus, Alba Grifoni, Alison Tarke, John Sidney, Sydney I. Ramirez, Jennifer M. Dan et. al.** Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans. Science 370 (6512), 89-94. DOI: 10.1126/science.abd3871 originally published online August 4, 2020. <https://pubmed.ncbi.nlm.nih.gov/32753554/>

Abstract Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans: Many unknowns exist about human immune responses to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. SARS-CoV-2-reactive CD4⁺ T cells have been reported in unexposed individuals, suggesting preexisting cross-reactive T cell memory in 20 to 50% of people. However, the source of those T cells has been speculative. Using human blood samples derived before the SARS-CoV-2 virus was discovered in

2019, we mapped 142 T cell epitopes across the SARS-CoV-2 genome to facilitate precise interrogation of the SARS-CoV-2-specific CD4+ T cell repertoire. We demonstrate a range of preexisting memory CD4+ T cells that are cross-reactive with comparable affinity to SARS-CoV-2 and the common cold coronaviruses human coronavirus (HCoV)-OC43, HCoV-229E, HCoV-NL63, and HCoV-HKU1. Thus, variegated T cell memory to coronaviruses that cause the common cold may underlie at least some of the extensive heterogeneity observed in coronavirus disease 2019 (COVID-19) disease.

Selektive og krydsreaktive SARS-CoV-2 T-celleepitoper hos ikke-eksponerede mennesker: Meget ukendt eksisterer om humant immunrespons på det alvorlige akutte respiratoriske syndrom coronavirus 2 (SARS-CoV-2) -virus. SARS-CoV-2-reaktive CD4 + T-celler er blevet rapporteret hos ikke-eksponerede individer, hvilket tyder på, at der allerede findes krydsreaktiv T-cellehukommelse hos 20 til 50% af befolkningen. Imidlertid har kilden til disse T-celler været spekulativ. Ved hjælp af humane blodprøver afledt før SARS-CoV-2-virus blev opdaget i 2019 kortlagde vi 142 T-celleepitoper på tværs af SARS-CoV-2 genomet for at lette præcis forløb af det SARS-CoV-2-specifikke CD4 + T-cellerpertoire. Vi demonstrerer en række allerede eksisterende hukommelse CD4 + T-celler, der er krydsreaktive med sammenlignelig affinitet med SARS-CoV-2 og forkølelse coronavirus humant coronavirus (HCoV) -OC43, HCoV-229E, HCoV-NL63 og HCoV-HKU1. Således kan varieret T-cellehukommelse til coronavirus, der forårsager forkølelse, ligge til grund for mindst noget af den omfattende heterogenitet, der er observeret i coronavirus sygdom 2019 (COVID-19) sygdom. [danish translation]

8 Facemasks do not prevent SARS-CoV-2 infection either way - do not protect you from others or others from you – big Danish study showing you are not protected; can we show that it does not prevent spread to others

• **67 Henning Bundgaard, DMSc; Johan Skov Bundgaard, BSc; Daniel Emil Tadeusz Raaschou-Pedersen, BSc; Christian von Buchwald, DMSc; Tobias Todsén, MD; Jakob Boesgaard Norsk et. al.** Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial. *Ann Intern Med.* 2020 Nov 18:M20-6817. doi: 10.7326/M20-6817. Epub ahead of print. PMID: 33205991; PMCID: PMC7707213. <https://pubmed.ncbi.nlm.nih.gov/33205991/>

Abstract Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial: Background: Observational evidence suggests that mask wearing mitigates transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It is uncertain if this observed association arises through protection of uninfected wearers (protective effect), via reduced transmission from infected mask wearers (source control), or both. Objective: To assess whether recommending surgical mask use outside the home reduces wearers' risk for SARS-CoV-2 infection in a setting where masks were uncommon and not among recommended public health measures. Design: Randomized controlled trial (DANMASK-19 [Danish Study to Assess Face Masks for the Protection Against COVID-19 Infection]). (ClinicalTrials.gov: NCT04337541) Setting: Denmark, April and May 2020. Participants: Adults spending more than 3 hours per day outside the home without occupational mask use. Intervention: Encouragement to follow social distancing measures for coronavirus disease 2019, plus either no mask recommendation or a recommendation to wear a mask when outside the home among other persons together with a supply of 50 surgical masks and instructions for proper use. Measurements: The primary outcome was SARS-CoV-2 infection in the mask wearer at 1 month by antibody testing, polymerase chain reaction (PCR), or hospital diagnosis. The secondary outcome was PCR positivity for other respiratory viruses. Results: A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control; 4862 completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was 0.3 percentage point (95% CI, 1.2 to 0.4 percentage point; P= 0.38) (odds ratio, 0.82 [CI, 0.54 to 1.23]; P= 0.33). Multiple imputation accounting for loss to follow-up yielded similar results. Although the difference observed was not statistically significant, the 95% CIs are compatible with a 46% reduction to a 23% increase in infection. Limitation: Inconclusive results, missing data, variable adherence, patient-reported findings on home tests, no blinding, and no assessment of whether

masks could decrease disease transmission from mask wearers to others. Conclusion: The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use. The data were compatible with lesser degrees of self-protection. Primary Funding Source: The Salling Foundations

Effektiviteten ved at tilføje en maskeanbefaling til andre folkesundhedsforanstaltninger for at forhindre SARS-CoV-2-infektion hos danske maskebærere: Et randomiseret kontrolleret forsøg: Baggrund: Observationsbevis antyder, at iført maske dæmper transmission af svær akut respiratorisk syndrom coronavirus 2 (SARS-CoV-2). Det er usikkert, om denne observerede tilknytning opstår gennem beskyttelse af ikke-inficerede bærere (beskyttende effekt), via reduceret transmission fra inficerede maskebærere (kilde kontrol) eller begge dele. Formål: At vurdere, om anbefaling af kirurgisk maskebrug uden for hjemmet reducerer bærerens risiko for SARS-CoV-2-infektion i et miljø, hvor masker var usædvanlige og ikke blandt de anbefalede folkesundhedsforanstaltninger. Design: Randomiseret kontrolleret forsøg (DANMASK-19 [dansk undersøgelse til vurdering af ansigtsmasker til beskyttelse mod COVID-19-infektion]). (ClinicalTrials.gov: NCT04337541) Indstilling: Danmark, april og maj 2020. Deltagere: Voksne bruger mere end 3 timer om dagen uden for hjemmet uden brug af erhvervsmaske. Intervention: Tilskyndelse til at følge sociale distanceringsforanstaltninger for coronavirus sygdom 2019 plus enten ingen maskeanbefaling eller en anbefaling om at bære en maske, når de er uden for hjemmet blandt andre personer sammen med en levering af 50 kirurgiske masker og instruktioner til korrekt brug. Målinger: Det primære resultat var SARS-CoV-2-infektion hos maskebæreren 1 måned ved antistoftest, polymerasekædereaktion (PCR) eller hospitalsdiagnose. Det sekundære resultat var PCR-positivitet for andre respiratoriske vira. Resultater: I alt 3030 deltagere blev tilfældigt tildelt anbefalingen om at bære masker, og 2994 blev tildelt kontrol; 4862 afsluttede undersøgelsen. Infektion med SARS-CoV-2 forekom hos 42 deltagere anbefalede masker (1,8%) og 53 kontroldeltagere (2,1%). Forskellen mellem grupper var 0,3 procentpoint (95% CI, 1,2 til 0,4 procentpoint; $P = 0,38$) (oddsforhold, 0,82 [CI, 0,54 til 1,23]; $P = 0,33$). Flere imputeringer, der tegner sig for tab til opfølgning, gav lignende resultater. Selvom den observerede forskel ikke var statistisk signifikant, er 95% CI'er kompatible med en 46% reduktion til en 23% stigning i infektion. Begrænsning: Ufuldstændige resultater, manglende data, variabel overholdelse, patientrapporterede fund ved hjemmetest, ingen blinding og ingen vurdering af, om masker kunne mindske sygdomsoverførsel fra maskebærere til andre. Konklusion: Anbefalingen om at bære kirurgiske masker for at supplere andre folkesundhedsforanstaltninger reducerede ikke SARS-CoV-2-infektionsfrekvensen blandt bærere med mere end 50% i et samfund med beskedne infektionsfrekvenser, en vis grad af social

afstand og usædvanlig generel maske brug. Dataene var kompatible med mindre grad af selvbeskyttelse. Primær finansieringskilde: Salling Foundations [danish translation]

- **68 Bernhard Oberrauch, Marco Adami, Ulrich Gutweniger, Elisabetta Galli M.D, Veronika Dellasega M.D, Heike Müller M.D., et. al.** Ist der Gebrauch von Mund Nasen Bedeckungen in der Gesamtbevölkerung eher schädlich als nützlich unter Berücksichtigung der CO₂ Konzentration? Trans: Is the use of mouth and nose covers in the general population harmful rather than beneficial, considering the CO₂ concentration? 30.11.020. <https://www.dropbox.com/s/6755pnsv0asp4uj/german-study-Unabhaengige-Studie-Oberrauch-CO2-Messungen-11-2020.pdf?dl=0>

The Milgram Experiment is a psychological experiment first carried out in New Haven in 1961 and developed by psychologist Stanley Milgram to test the willingness of average people to obey authoritarian instructions even when they are in direct conflict with their conscience. The experiment consisted of a "teacher" - the actual test person - giving a "student" (an actor) an electric shock if there were mistakes in the composition of word pairs. An experimenter (also an actor) instructed the participants. The intensity of the electric shock should be increased after each error. This arrangement was carried out in different variations.[english translation]

Milgram-eksperimentet er et psykologisk eksperiment, der først blev udført i New Haven i 1961 og udviklet af psykolog Stanley Milgram for at teste gennemsnitfolks vilje til at adlyde autoritære instruktioner, selv når de er i direkte konflikt med deres samvittighed. Eksperimentet bestod i, at en "lærer" - den egentlige testperson - gav en "elev" (en skuespiller) et elektrisk stød, hvis der var fejl i sammensætningen af ordpar. En eksperimentator (også en skuespiller) gav instruktioner. Intensiteten af det elektriske skule øges efter hver fejl. Dette arrangement blev udført i forskellige variationer.[danish translation]

No English Abstract so far for Trans: Is the use of mouth and nose covers in the general population harmful rather than beneficial, considering the CO2 concentration?

- **69 World Doctors Alliance/ Care4Truth – Interdisciplinary research team.** Literature research: Are there Risks associated with the use of a mouth-nose-cover (MNC1) in children and adolescents? 3.12.2020 <https://worlddoctorsalliance.com/blog/literature-research-harm-masks-children/>

Introduction: In recent months there have been repeated discussions about the benefits and harms of a mouth-nose-cover2 (MNC). For example, the recommendation changed from “counterproductive for the general population” to “unnecessary”, to “possibly protective”, to “protective”, to “urgent recommendation” and finally to “compulsory wearing”.

It is not surprising that this discussion is not only scientific, but also political and emotional.

The obligation to wear a mask has now been extended to students of different ages in many federal states. But what about the assessment of the proportionality and, above all, of the safety of the use of an MNC for children and young people?

This compilation highlights various aspects which require the greatest possible attention.

Not only can a health risk for children and adolescents not be ruled out, it is even highly possible according to our findings. In order to demonstrate this in a comprehensible way, three questions are addressed below are existing studies applicable to children and young people? 2. is there a direct health risk from wearing MNC? 3. is there an indirect health risk due to contamination?

I de seneste måneder har der været gentagne diskussioner om fordele og skader ved mund-næse-cover2 (MNC). For eksempel skiftede henstillingen fra "kontraproduktiv for den generelle befolkning" til "unødvendig", til "muligvis beskyttende", til "beskyttende", til "presserende anbefaling" og endelig til "obligatorisk iført". Det er ikke overraskende, at denne diskussion ikke kun er videnskabelig, men også politisk og følelsesladet. Forpligtelsen til at bære en maske er nu blevet udvidet til at omfatte studerende i forskellige aldre i mange føderale stater. Men hvad med vurderingen af proportionaliteten og frem for alt sikkerheden ved brugen af et MNC til børn og unge? Denne samling fremhæver forskellige aspekter, der kræver størst mulig opmærksomhed. Ikke alene kan en sundhedsrisiko for børn og unge ikke udelukkes, det er endda meget muligt ifølge vores fund. For at demonstrere dette på en forståelig måde behandles tre spørgsmål nedenfor 1. gælder eksisterende undersøgelser for børn og unge? 2. er der en direkte sundhedsrisiko ved at bære MNC? 3. er der en indirekte sundhedsrisiko på grund af forurening?[danish translation]

- **70 Jingyi Xiao, Eunice Y. C. Shiu, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, et. al.** Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings— Personal Protective and Environmental Measures. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures. Emerg Infect Dis. 2020;26(5):967-975. <https://dx.doi.org/10.3201/eid2605.190994>. https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

Abstract Nonpharmaceutical Measures for Pandemic Influenza(...): There were 3 influenza pandemics in the 20th century, and there has been 1 so far in the 21st century. Local, national, and international health authorities regularly update their plans for mitigating the next influenza pandemic in light of the latest available evidence on the effectiveness of various control measures in reducing transmission. Here, we review the evidence base on the effectiveness of nonpharmaceutical personal protective measures and environmental hygiene measures in nonhealthcare settings and discuss their potential inclusion in pandemic plans. Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza. We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning. We identified several major knowledge gaps requiring further research, most fundamentally an improved characterization of the modes of person-to-person transmission.

Ikke-farmaceutiske foranstaltninger til pandemisk influenza (...): Der var 3 influenzapandemier i det 20. århundrede, og der har været 1 indtil videre i det 21. århundrede. Lokale, nationale og internationale sundhedsmyndigheder opdaterer regelmæssigt deres planer for at afbøde den næste influenzapandemi i lyset af den seneste tilgængelige dokumentation for effektiviteten af forskellige kontrolforanstaltninger til at reducere transmission. Her gennemgår vi bevisgrundlaget for effektiviteten af ikke-farmaceutiske personlige beskyttelsesforanstaltninger og miljøhygiejniske foranstaltninger i ikke-sundhedsmæssige omgivelser og diskuterer deres potentielle inkludering i pandemiplaner. Selvom mekanistiske undersøgelser understøtter den potentielle effekt af håndhygiejne eller ansigtsmasker, understøttede beviser fra 14 randomiserede kontrollerede forsøg med disse foranstaltninger ikke en væsentlig effekt på transmission af laboratoriebekræftet influenza. Vi fandt ligeledes begrænsede beviser for effektiviteten af forbedret hygiejne og miljørensning. Vi identificerede flere store videnhuller, der krævede yderligere forskning, mest grundlæggende en forbedret karakterisering af former for transmission til person til person. [danish translation]

- **71 Faisal Al Badri.** Surgical mask contact dermatitis and epidemiology of contact dermatitis in healthcare workers. *Current Allergy & Clinical Immunology* September 2017 Vol 30, No 3. <https://www.researchgate.net/publication/323278369>

Abstract Surgical mask contact dermatitis and epidemiology of contact dermatitis in healthcare workers: Although contact dermatitis in healthcare workers is common, there are very few case reports about surgical mask dermatitis. Contact dermatitis due to N95 masks during the severe acute respiratory syndrome (SARS) pandemic has been documented in a few studies. It has been attributed to free formaldehyde which was confirmed to be present in certain types of N95 mask. None of the cases studied was found to be related to dibromodicyanobutane, which is found predominantly as a preservative in detergents used in the healthcare environment. In this article a case is presented to illustrate important aspects of contact dermatitis in healthcare workers, particularly surgical face-mask contact dermatitis. The article further explores dibromodicyanobutane as a known cause of allergic contact dermatitis (ACD).

Kirurgisk maske kontaktdermatitis og epidemiologi af kontakt dermatitis hos sundhedspersonale: Selvom kontaktdermatitis hos sundhedspersonale er almindelig, er der meget få sags rapporter om kirurgisk maske dermatitis. Kontaktdermatitis på grund af N95-masker under den alvorlige akutte respiratoriske syndrom (SARS) pandemi er blevet dokumenteret i nogle få undersøgelser. Det er tilskrevet frit formaldehyd, der blev bekræftet at være til stede i visse typer N95-masker. Ingen af de undersøgte tilfælde viste sig at være relateret til dibromodicyanobutan, som overvejende findes som konserveringsmiddel i vaskemidler, der anvendes i sundhedsmiljøet. I denne artikel præsenteres en sag for at illustrere vigtige aspekter af kontaktdermatitis hos sundhedspersonale, især kirurgisk ansigtsmaske kontaktdermatitis. Artiklen udforsker yderligere dibromodicyanobutan som en kendt årsag til allergisk kontaktdermatitis (ACD). [danish translation]

Facemask image: no reliable source.

- **72 Silke Schwarz, Ekkehart Jenetzky, Hanno Krafft, Tobias Maurer, David Martin.** Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children. 2021/01/05 <https://www.researchsquare.com/article/rs-124394/v1>

Background: Narratives about complaints in children and adolescents caused by wearing a mask are accumulating. There is, to date, no registry for side effects of masks.

Methods: At the University of Witten/Herdecke an online registry has been set up where parents, doctors, pedagogues and others can enter their observations. On 20.10.2020, 363 doctors were asked to make entries and to make parents and teachers aware of the registry.

Results: By 26.10.2020 the registry had been used by 20,353 people. In this publication we report the results from the parents, who entered data on a total of 25,930 children. The average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%).

Baggrund: Fortællinger om klager hos børn og unge, der er forårsaget af at bære en maske, akkumuleres. Der er til dato ikke noget register over bivirkninger af masker.

Metoder: Ved University of Witten / Herdecke er der oprettet et online-register, hvor forældre, læger, pædagoger og andre kan komme med deres observationer. Den 20.10.2020 blev 363 læger bedt om at registrere og gøre forældre og lærere opmærksomme på registret.

Resultater: Den 26.10.2020 var registreringsdatabasen blevet brugt af 20.353 personer. I denne publikation rapporterer vi resultaterne fra forældrene, der indtastede data om i alt 25.930 børn. Den gennemsnitlige brugstid for masken var 270 minutter om dagen. Forringelser forårsaget af iført masken blev rapporteret af 68% af forældrene. Disse omfattede irritabilitet (60%), hovedpine (53%), koncentrationsbesvær (50%), mindre lykke (49%), modvilje mod at gå i skole / børnehave (44%), utilpashed (42%) nedsat læring (38%) og døsigheid eller træthed (37%). [danish translation]

- **73 Bernhard Oberrauch* (Architekt und Baubiologe), Marco Adami (Physiker), Ulrich Gutweniger (Psychologe), Elisabetta Galli M.D., Veronika Dellasega M.D, Heike Müller M.D., Bernhard Thomaser M.D, Maria Peregger M.D, Roberto Cappelletti*M.D.** Ist der Gebrauch von Mund-Nasen-Bedeckungen in der Gesamtbevölkerung eher schädlich als nützlich unter Berücksichtigung der CO2 Konzentration?. 2020/11/30. https://www.sunshine.it/wp-content/uploads/2020/12/DT_Unabhaengige-Studie_zur_Mund-Nasen-Bedeckung.pdf

Einführung. Seit 4. November 2020 besteht in Italien eine allgemeine Pflicht zum Gebrauch einer MundNasen-Bedeckung (kurz MNB) bei Kindern ab 6 Jahren, sowohl im Freien als auch in Innenräumen, ebenso für die gesamte Dauer des Unterrichts, um die Ausbreitung des Sars-Cov-2 Virus in der Bevölkerung in Schach zu halten. Um festzustellen, ob die oft von Patienten beklagten Symptome wie Konzentrationsschwäche, Kopfschmerzen, Abgeschlagenheit, Atembeschwerden, Schwindel, Halsschmerzen wirklich auf das längerfristige Tragen einer MNB zurückzuführen sind, haben wir Tests zur Feststellung von der tatsächlichen Konzentration von Kohlendioxid (kurz CO₂) unter der MNB durchgeführt. Es ist nun die vorliegende Arbeitentstand, in der das Mikroambiente, sowie im Besonderen die CO₂ -Konzentration unter der MNB untersucht wird, in der Annahme, dass eben jenes CO₂ -Gas die genannten Beschwerden hervorbringt.

Introduction. Since November 4, 2020, there has been a general obligation in Italy to use a mouth and nose cover (MNB for short) for children from 6 years of age, both outdoors and indoors for the entire duration of the school lesson to keep the spread of the Sars-Cov-2 virus in the population under control. To determine whether the symptoms often complained about, such as poor concentration, Headache, fatigue, difficulty

breathing, dizziness, sore throat really can be attributed to the the use of MND for longer durations, we have had tests to determine the actual concentration of carbon dioxide (CO2 for short) carried out under the MNB. Now the work at hand emerged to figure out in which the micro-ambience and in particular the CO2 concentration under the MNB is investigated on the assumption that precisely this CO2 gas causes the complaints mentioned. [english translation]

Introduktion. Siden 4. november 2020 har der været en generel forpligtelse i Italien til at bruge en mund- og næseovertræk (forkortet MNB) til børn fra 6 år, både udendørs og indendørs i hele skolelektionen for at holde spredningen af Sars-Cov-2-viruset i befolkningen under kontrol. For at afgøre, om symptomerne ofte klaget over, såsom dårlig koncentration, hovedpine, træthed, åndedrætsbesvær, svimmelhed, ondt i halsen virkelig kan tilskrives brugen af MND i længere tid, har vi udført tests for at bestemme den faktiske koncentration af kuldioxid (forkortet CO2) under MNB. Nu fremkommer det aktuelle arbejde for at finde ud af, hvor mikro-atmosfæren og især CO2-koncentrationen under MNB blev undersøgt under antagelse om, at netop denne CO2-gas forårsager de nævnte klager [danish translation]

- **74 (void number)**

- **75 Bernhard Oberrauch* (Architekt und Baubiologe), Marco Adami (Physiker), Ulrich Gutweniger (Psychologe), Elisabetta Galli M.D., Veronika Dellasega M.D, Heike Müller M.D., Bernhard Thomaser M.D, Maria Paregger M.D, Roberto Cappelletti* M.D.** Ist der Gebrauch von Mund-Nasen-Bedeckungen in der Gesamtbevölkerung eher schädlich als nützlich unter Berücksichtigung der CO2 Konzentration?. [english translation] 2020/11/30.

On the contrary, some studies – such as on the use of facemasks – show, that the moisture, caused by repeated use and an inadequate filtration function, favor an increase in infections (36). One study with thousands of people during a pilgrimage to Mecca revealed more respiratory infections in the Group that wore masks all the time (46). Dermatological phenomena such as „mask acne“ occur frequently. There are also phenomena of „risk compensation“ of a false sense of security, which is created by the use of the masks (48)

Tværtimod viser nogle undersøgelser - som f.eks. Undersøgelsen om brugen af ansigtsmasker - at fugtigheden forårsaget af gentagen brug og en utilstrækkelig filtreringsfunktion favoriserer en stigning i infektioner (36). En undersøgelse med tusinder af mennesker under en pilgrimsrejse til Mekka afslørede flere luftvejsinfektioner i gruppen, der hele tiden bar maske (46). Dermatologiske fænomener som "maske acne" forekommer ofte. Der er også fænomener med "risikokompensation" af en falsk følelse af sikkerhed, hvilket er skabt ved brug af maskerne (48) [danish translation]

9. The COVID-19 pandemic is a false pandemic, with manipulated statistics, fake media reports etc. Bhakdi's book Corona – false pandemic

- **76 Karina Reiss Ph.D. Sucharit Bhakdi MD.** Corona, False Alarm? Facts and Figures. Originally published in Germany by Goldegg Verlag GmbH, Friedrichstraße 191 • D-10117 Berlin, in 2020 as Corona Fehlalarm? Chelsea Green Publishing Pub. Date: 02.10.2020 ISBN: 9781645020578 <https://www.chelseagreen.com/product/corona-false-alarm/>

Abstract Corona, False Alarm: In Corona, False Alarm?, award-winning researchers Dr. Sucharit Bhakdi and Dr. Karina Reiss give clarity to these confusing and stressful times. They offer analysis of whether radical protective measures—including lockdown, social distancing, and mandatory masking—have been justified, and what the ramifications have been for society, the economy, and public health (...)

Corona, Falsk Alarm: I Corona, Falsk Alarm ?, giver prisvindende forskere Dr.

Sucharit Bhakdi og Dr. Karina Reiss klarhed over disse forvirrende og stressende tider. De tilbyder analyse af, hvorvidt radikale beskyttelsesforanstaltninger - herunder lockdown, social distancering og

obligatorisk maskering - har været berettigede, og hvilke konsekvenser det har haft for samfundet, økonomien og folkesundheden (...) [danish translation]

- **77 David Crowe**, Coronavirus Panic (Flaws in Coronavirus Pandemic Theory), Flaws in Coronavirus Pandemic Theory (theinfectiousmyth.com) 2020/06/06.

<https://theinfectiousmyth.com/book/CoronavirusPanic.pdf>

The world is suffering from a massive delusion based on the belief that a test for RNA2 is a test for a deadly new virus, a virus that has emerged from wild bats or other animals in China, supported by the western assumption that Chinese people will eat anything that moves. If the virus exists, then it should be possible to purify viral particles. From these particles RNA can be extracted and should match the RNA used in this test. Until this is done it is possible that the RNA comes from another source, which could be the cells of the patient, bacteria, fungi etc. There might be an association with elevated levels of this RNA and illness, but that is not proof that the RNA is from a virus. Without purification and characterization of virus particles, it cannot be accepted that an RNA test is proof that a virus is present.

Verden lider af en massiv vildfarelse baseret på troen på, at en test for RNA2 er en test for en dødelig ny virus, en virus, der er opstået fra vilde flagermus eller andre dyr i Kina, understøttet af den vestlige antagelse om, at kineserne vil spise alt, hvad der bevæger sig. Hvis virussen eksisterer, skal det være muligt at isolere virale partikler. Fra disse partikler kan RNA ekstraheres og skal matche det RNA, der blev brugt i denne test. Indtil dette er gjort, er det muligt, at RNA kommer fra en anden kilde, som kan være patientens celler, bakterier, svampe osv. Der kan være en sammenhæng med forhøjede niveauer af dette RNA og sygdom, men det er ikke bevis for, at RNA er fra en virus. Uden oprensning og karakterisering af viruspartikler kan det ikke accepteres, at en RNA-test er bevis for, at en virus er til stede. [danish translation]

- **78 David Crowe**, RAQ - Rarely Asked Questions on Coronavirus.pdf, RAQ - Rarely Asked Questions on Coronavirus (theinfectiousmyth.com) 2020/04/11

<https://theinfectiousmyth.com/CoronavirusRAQ.php>

This is a list of important questions on the coronavirus, many of them are not asked as much as they should be. In conversations with friends, and especially with journalists and public health officials.

Dette er en liste over vigtige spørgsmål om coronavirus, mange af dem bliver ikke stillet så meget som de burde være. I samtaler med venner og især med journalister og folkesundhedseksperter. [danish translation]

- **79 Oonagh McDonald**, Professor's model for coronavirus predictions should not have been used, The Times, 2020/09/15 . <https://www.thetimes.co.uk/article/professors-model-for-coronavirus-predictions-should-not-have-been-used-z7dqrkzdz>

he response to Covid-19 in the UK, the US and other countries was shaped by the dramatic headlines in mid-March, suggesting 550,000 deaths in the UK and 2.2 million in the US. Faced with widely publicised, alarming figures, as demonstrated by Imperial College's Professor Neil Ferguson, governments were forced to react with the unprecedented lockdown to suppress Covid-19. No one looked at his ten years of predictions that were wrong.

Reaktionen på Covid-19 i Storbritannien, USA og andre lande blev formet af de dramatiske overskrifter i midten af marts, der foreslog 550.000 dødsfald i Storbritannien og 2,2 millioner i USA. Konfronteret med vidt omtalte, alarmerende figurer, som demonstreret af professor Neil Ferguson fra Imperial College, blev regeringer tvunget til at reagere med den hidtil usete nedlukningsstrategi for at undertrykke Covid-19. Ingen så på hans ti års forudsigelser, der var forkerte.[danish translation]

- **80 LEV FACHER**, Pharma is showering Congress with cash, even as drug makers race to fight the coronavirus, statnews.com, 2020/10/08. <https://www.statnews.com/feature/prescription-politics/prescription-politics/>.

As the Covid-19 pandemic has sparked a race among drug makers eager to develop a vaccine and improve the industry's standing in Washington — pharma's giving underscores the breadth of its influence and its efforts to curry favor through lobbying and donations to the lawmakers who regulate health care.

Da Covid-19-pandemien har udløst et kapløb blandt lægemiddelproducenter, der er ivrige efter at udvikle en vaccine og forbedre branchens status i Washington - lægemiddelindustriens generøsitet understreger bredden af dens indflydelse og dets bestræbelser på at opbygge gunst gennem lobbyvirksomhed og donationer til lovgivere, der regulerer sundhedspleje.[danish translation]

10 Lockdowns do not work on the spread of corona virus

- **81 Ivor Cummins**. CRUCIAL Viral Update Dec 7th - Europe and USA Explained! Youtube Video <https://www.youtube.com/watch?v=3cjgicrA504> Downloaded 22.01.2020

Needs Abstract

- **82 Bjørnskov, Christian**, Did Lockdown Work? An Economist's Cross-Country Comparison (August 2, 2020). Available at SSRN: <https://ssrn.com/abstract=3665588> or <http://dx.doi.org/10.2139/ssrn.3665588>. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3665588.

Abstract Did Lockdown Work: I explore the association between the severity of lockdown policies in the first half of 2020 and mortality rates. Using two indices from the Blavatnik Centre's Covid 19 policy measures and comparing weekly mortality rates from 24 European countries in the first halves of 2017-2020, and addressing policy endogeneity in two different ways, I find no clear association between lockdown policies and mortality development.

Virkede lockdown: Jeg undersøger sammenhængen mellem sværhedsgraden af lockdown-politikker i første halvdel af 2020 og dødeligheden. Brug af to indekser fra Blavatnik-centrets Covid 19-politiske tiltag og sammenligning af ugentligedødeligheder fra 24 europæiske lande i første halvdel af 2017-2020 og adressering af politisk endogenitet på to forskellige måder, finder jeg ingen klar sammenhæng mellem lockdown-politikker og udvikling af dødelighed.[danish translation]

- **83 Rabail Chaudhrya, George Dranitsarisb, Talha Mubashirc, Justyna Bartoszkoda, Sheila Riazia**. A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes. EClinicalMedicine 25 (2020) 100464. Publisher The Lancet Date: August 2020 DOI: <https://doi.org/10.1016/j.eclinm.2020.100464>

Abstract A country level analysis measuring(...): Background – A country level exploratory analysis was conducted to assess the impact of timing and type of national health policy/actions undertaken towards

COVID-19 mortality and related health outcomes. Methods – Information on COVID-19 policies and health outcomes were extracted from websites and country specific sources. Data collection included the government's action, level of national preparedness, and country specific socioeconomic factors. Data was collected from the top 50 countries ranked by number of cases. Multivariable negative binomial regression was used to identify factors associated with COVID-19 mortality and related health outcomes.

En landeanalyse, der måler (...): Baggrund - Der blev udført en sonderendeanalyse på landniveau for at vurdere virkningen af timing og type af nationalsundhedspolitik / aktioner, der er gennemført mod COVID-19-dødelighed og relaterede sundhedsresultater. Metoder - Oplysninger om COVID-19-politikker og sundhedsresultater blev hentet fra websteder og landespecifikke kilder. Dataindsamlingen omfattede regeringens handling, niveauet af nationalberedskab og landespecifikke socioøkonomiske faktorer. Data blev indsamlet fra de top 50 lande rangeret efter antal sager. Multivariabel negativ binomial regression blev brugt til at identificere faktorer forbundet med COVID-19 dødelighed og relaterede sundhedsresultater. [danish translation]

- **84 Joakim Book, Christian Bjørnskov.** Lockdowns Don't Prevent Coronavirus Spread. Article from American Institute for Economic Research (AIER). 12.01.2021. <https://www.aier.org/article/lockdowns-dont-prevent-coronavirus-spread/>

Naturally, proponents of lockdowns have long said that strong government action prevented all kinds of horrors. If anything, the poor outcomes we had in the spring and the fall indicated that we didn't do enough. Skeptics, on the other hand, said that lockdowns did nothing but harm our societies – physically, economically, and mentally – and that infection rate curves moved the way they did regardless of what strong-worded politicians implemented, and often before their strong policies took effect. The August NBER paper by Andrew Atkeson, Karen Kopecky and Tao Zha, '[Four Stylized Facts about COVID-19](#)' spells out the uncomfortable position for most policy-makers: the virus seems to spread rapidly, kill selectively, and in no way responds to anything that well-meaning politicians have thrown at it.

Naturligvis har tilhængere af lockdowns længe sagt, at stærk regeringshandling forhindrede alle slags rædsler. Om noget, viste de dårlige resultater, vi havde om foråret og efteråret, at vi ikke gjorde nok. Skeptikere sagde på den anden side, at lockdowns ikke andet end skadede vores samfund - fysisk, økonomisk og mentalt - og at infektionskurver flyttede sig som de gjorde, uanset hvad stærkt formulerede politikere implementerede og ofte før deres stærke politik tog effekt. August NBER-papiret af Andrew Atkeson, Karen Kopecky og Tao Zha, 'Fire stiliserede fakta om COVID-19', angiver den ubehagelige position for de fleste beslutningstagere: virussen ser ud til at sprede sig hurtigt, dræbe selektivt og reagerer på ingen måde på alt, hvad velmenende politikere har kastet mod det. [danish translation]

- **85 Bendavid, E., Oh, C., Bhattacharya, J. and Ioannidis, J.P.** Assessing Mandatory Stay-at-Home and Business Closure Effects on the Spread of COVID-19. European Journal of Clinical Investigation. 05 January 2021. Accepted Author Manuscript e13484. <https://doi.org/10.1111/eci.13484>. <https://onlinelibrary.wiley.com/doi/abs/10.1111/eci.13484>

Abstract Assessing Mandatory Stay-at-Home(...) : Background and Aims – The most restrictive non-pharmaceutical interventions (NPIs) for controlling the spread of COVID-19 are mandatory stay-at-home and business closures. Given the consequences of these policies, it is important to assess their effects. We evaluate the effects on epidemic case growth of more restrictive NPIs (mrNPIs), above and beyond those of less restrictive NPIs (lrNPIs). Methods – We first estimate COVID-19 case growth in relation to any NPI implementation in subnational regions of 10 countries: England, France, Germany, Iran, Italy, Netherlands, Spain, South Korea, Sweden, and the US. Using first-difference models with fixed effects, we isolate the effects of mrNPIs by subtracting the combined effects of lrNPIs and epidemic dynamics from all NPIs. We use case growth in Sweden and South Korea, two countries that did not implement mandatory stay-at-home and business closures, as comparison countries for the other 8 countries (16 total comparisons). Results – Implementing any NPIs was associated with significant reductions in case growth in 9 out of 10 study countries, including South Korea and Sweden that implemented only lrNPIs (Spain had a non-significant effect). After subtracting the epidemic and lrNPI effects, we find no clear, significant beneficial

effect of mrNPIs on case growth in any country. In France, e.g., the effect of mrNPIs was +7% (95CI -5%-19%) when compared with Sweden, and +13% (-12%-38%) when compared with South Korea (positive means pro-contagion). The 95% confidence intervals excluded 30% declines in all 16 comparisons and 15% declines in 11/16 comparisons.

Conclusions – While small benefits cannot be excluded, we do not find significant benefits on case growth of more restrictive NPIs. Similar reductions in case growth may be achievable with less restrictive interventions.

Vurdering af obligatorisk hjemmeophold (...): Baggrund og mål - De mest restriktive ikke-farmaceutiske indgreb (NPI'er) til at kontrollere spredningen af COVID-19 er obligatorisk hjemmeophold og lukning af virksomheder. I betragtning af konsekvenserne af disse politikker er det vigtigt at vurdere deres virkninger. Vi evaluerer virkningerne på epidemisk vækst af mere restriktive NPI'er (mrNPI'er) ud over dem af mindre restriktive NPI'er (lrNPI'er). Metoder - Vi estimerer først COVID - 19-vækst i forhold til enhver NPI-implementering i subnationale regioner i 10 lande: England, Frankrig, Tyskland, Iran, Italien, Holland, Spanien, Sydkorea, Sverige og USA. Ved hjælp af first-difference modeller med faste effekter isolerer vi virkningerne af mrNPI'er ved at trække de kombinerede effekter af lrNPI'er og epidemisk dynamik fra alle NPI'er. Vi bruger sagsvækst i Sverige og Sydkorea, to lande, der ikke gennemførte obligatorisk hjemmefra og lukning af virksomheder, som sammenligningslande for de andre 8 lande (16 samledesammenligninger). Resultater - Implementering af eventuelle NPI'er var forbundet med signifikante reduktioner i tilfælde af vækst i 9 ud af 10 undersøgelseslande, herunder Sydkorea og Sverige, der kun implementerede lrNPI'er (Spanien havde en ikke-signifikant effekt). Efter at have trukket epidemien og lrNPI-effekterne finder vi ingen klar, signifikant gavnlig effekt af mrNPI'er på sagsvækst i ethvert land. I Frankrig var f.eks. Effekten af mrNPI'er + 7% (95CI -5% - 19%) sammenlignet med Sverige og + 13% (- 12% - 38%) sammenlignet med Sydkorea (positivt betyder smittefarlig). 95% konfidensintervaller ekskluderede 30% fald i alle 16 sammenligninger og 15% fald i 11/16 sammenligninger. Konklusioner - Selvom små fordele ikke kan udelukkes, finder vi ikke væsentlige fordele ved vækst i tilfælde af mere restriktive NPI'er. Lignende reduktioner i tilfælde af, at vækst kan opnås med mindre restriktive indgreb. [danish translation]

• **86 Schaffert M, Zimmermann F, Bauer L, Kastner S, Schwarz A, Strenger V, et. al.** Austrian study shows that delays in accessing acute paediatric health care outweighed the risks of COVID-19. *Acta Paediatr.* 2020 Nov;109(11):2309-2310. doi: 10.1111/apa.15507. Epub 2020 Aug 19. PMID: 32734708; PMCID: PMC7693207. <https://onlinelibrary.wiley.com/doi/10.1111/apa.15507>

The COVID-19 pandemic resulted in a countrywide lockdown in Austria on 16 March, and this may have reduced the overall spread of the virus. We believe that the reduction in paediatric emergency department visits may have been due to fewer traumatic injuries, reductions in non-urgent medical referrals and more parents managing minor illnesses at home.

COVID - 19-pandemien resulterede i en landsdækkende lockdown i Østrig den 16. marts, og dette kan have reduceret den samlede spredning af virussen. Vi mener, at reduktionen af pædiatriske beredskabsbesøg kan have været på grund af færre traumatiske skader, reduktion i ikke-presserende medicinske henvisninger og flere forældre, der håndterer mindre sygdomme derhjemme. [danish translation]

- **87 LUCY JOHNSTON, SUNDAY EXPRESS HEALTH EDITOR.** UK lockdown was a 'monumental mistake' and must not happen again – Boris scientist says. Expresss. <https://www.express.co.uk/life-style/health/1320428/Coronavirus-news-lockdown-mistake-second-wave-Boris-Johnson>. <https://www.express.co.uk/life-style/health/1320428/Coronavirus-news-lockdown-mistake-second-wave-Boris-Johnson>

LOCKDOWN will come to be seen as a "monumental mistake on a global scale" and must never happen again, a scientist who advises the Government on infectious diseases says.

LOCKDOWN vil blive betragtet som en "monumental fejl på global skala" og må aldrig ske igen, udtaler en videnskabsmand, der rådgiver regeringen om infektionssygdomme. [danish translation]

- **88 amantha K Brooks, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, Gideon James Rubin.** The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext). 26/02/2020 [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence. We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable.

I Coronavirus-sygdomsudbruddet i december 2019 har mange lande bedt folk, der potentielt er kommet i kontakt med infektionen, om at isolere sig hjemme eller i en dedikeret karantænefacilitet. Beslutninger om, hvordan man anvender karantæne, bør baseres på det bedst tilgængelige bevis. Vi foretog en gennemgang af den psykologiske virkning af karantæne ved hjælp af tre elektroniske databaser. Af 3166 fundne publikationer er 24 inkluderet i denne anmeldelse. De fleste gennemgæede undersøgelser rapporterede om negative psykologiske effekter, herunder posttraumatiske stresssymptomer, forvirring og vrede. Stressfaktorer inkluderede længere karantæne, frygt for infektion, frustration, kedsomhed, utilstrækkelig forsyning, utilstrækkelig information, økonomisk tab og stigma. Nogle forskere har foreslået langvarige effekter. I situationer, hvor karantæne anses for nødvendige, bør embedsmænd ikke anvende karantæne af individer længere end krævet, give en klar begrundelse for karantæne og information om protokoller og sikre, at der leveres tilstrækkelige forsyninger. Appeller til altruisme ved at minde offentligheden om fordelene ved karantæne for det bredere samfund kan være gunstige. [danish translation]

- **89 Julio Torales, Marcelo O'Higgins, João Mauricio Castaldelli-Maia, Antonio Ventriglio.** The outbreak of COVID-19 coronavirus and its impact on global mental health. International Journal of Social Psychiatry. 03/31/2020 <https://doi.org/10.1177/0020764020915212>. <https://doi.org/10.1177/0020764020915212>

The current outbreak of COVID-19 coronavirus infection among humans in Wuhan (China) and its spreading around the globe is heavily impacting on the global health and mental health. Despite all resources

employed to counteract the spreading of the virus, additional global strategies are needed to handle the related mental health issues.

Det nuværende udbrud af COVID-19 coronavirusinfektion blandt mennesker i Wuhan (Kina) og dets spredning over hele kloden påvirker stærkt den globale sundhed og mental sundhed. På trods af alle ressourcer, der er brugt til at modvirke spredning af virussen, er der behov for yderligere globale strategier for at håndtere de relaterede psykiske problemer.[danish translation]

• **90 Russell M Viner, Simon J Russell, Helen Croker, Jessica Packer, Joseph Ward, Claire Stansfield, Oliver Mytton, Chris Bonell, Robert Boo.** School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review. The Lancet Child and Adolescent Health. 06/04/2020 [https://doi.org/10.1016/S2352-4642\(20\)30095-X](https://doi.org/10.1016/S2352-4642(20)30095-X)

In response to the coronavirus disease 2019 (COVID-19) pandemic, 107 countries had implemented national school closures by March 18, 2020. It is unknown whether school measures are effective in coronavirus outbreaks (eg, due to severe acute respiratory syndrome [SARS], Middle East respiratory syndrome, or COVID-19). We undertook a systematic review by searching three electronic databases to identify what is known about the effectiveness of school closures and other school social distancing practices during coronavirus outbreaks. We included 16 of 616 identified articles. School closures were deployed rapidly across mainland China and Hong Kong for COVID-19. However, there are no data on the relative contribution of school closures to transmission control. Data from the SARS outbreak in mainland China, Hong Kong, and Singapore suggest that school closures did not contribute to the control of the epidemic. Modelling studies of SARS produced conflicting results(...)

Som reaktion på coronavirus-sygdommen 2019 (COVID-19) -pandemien havde 107 lande implementeret nationale skolelukninger inden den 18. marts 2020. Det vides ikke, om skoleforanstaltninger er effektive i koronavirusudbrud (f.eks. På grund af svær akut respiratorisk syndrom [SARS], MERS eller COVID-19). Vi foretog en systematisk gennemgang ved at søge i tre elektroniske databaser for at identificere, hvad der er kendt om effektiviteten af lukninger af skoler og anden praksis for social distancering af skoler under koronavirusudbrud. Vi inkluderede 16 af 616 identificerede artikler. Skolelukninger blev hurtigt indsat på tværs af Kina og Hong Kong til COVID-19. Der er dog ingen data om det relative bidrag fra skolelukninger til kontrol af smittespredning. Data fra SARS-udbruddet på det kinesiske fastland, Hongkong og Singapore antyder, at skolelukninger ikke bidrog til kontrollen af epidemien. Modelleringsundersøgelser af SARS gav modstridende resultater (...)[danish translation]

• **91 Rabail Chaudhrya, George Dranitsaris, Talha Mubashir, Justyna Bartoszko, Sheila Riaz.** A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes. © 2020 The Authors. Published by Elsevier Ltd..21/07/2020 <https://doi.org/10.1016/j.eclinm.2020.100464>

Background: A country level exploratory analysis was conducted to assess the impact of timing and type of national health policy/actions undertaken towards COVID-19 mortality and related health

outcomes. Methods: Information on COVID-19 policies and health outcomes were extracted from websites and country specific sources. Data collection included the government's action, level of national preparedness, and country specific socioeconomic factors. Data was collected from the top 50 countries ranked by number of cases. Multivariable negative binomial regression was used to identify factors associated with COVID-19 mortality and related health outcomes. Findings: Increasing COVID-19 case loads were associated with countries with higher obesity (adjusted rate ratio [RR]=1.06; 95%CI: 1.01-1.11), median population age (RR=1.10; 95%CI: 1.05-1.15) and longer time to border closures from the first reported case

(RR=1.04; 95%CI: 1.011.08). Increased mortality per million was significantly associated with higher obesity prevalence (RR=1.12; 95%CI: 1.061.19) and per capita gross domestic product (GDP) (RR=1.03; 95%CI: 1.001.06). Reduced income dispersion reduced mortality (RR=0.88; 95%CI: 0.830.93) and the number of critical cases (RR=0.92; 95% CI: 0.870.97). Rapid border closures, full lockdowns, and widespread testing were not associated with COVID-19 mortality per million people. However, full lockdowns (RR=2.47; 95%CI: 1.085.64) and reduced country vulnerability to biological threats (i.e. high scores on the global health security scale for risk environment) (RR=1.55; 95%CI: 1.132.12) were significantly associated with increased patient recovery rates. Interpretation: In this exploratory analysis, low levels of national preparedness, scale of testing and population characteristics were associated with increased national case load and overall mortality. Funding: This study is non-funded.

Baggrund: Der blev udført en efterforskningsanalyse på landsplan for at vurdere virkningen af timing og type af national sundhedspolitik / handlinger, der er iværksat mod COVID-19-dødelighed og relateret sundhed. Metoder: Oplysninger om COVID-19-politikker og sundhedsresultater blev hentet fra websteder og landespecifikke kilder. Dataindsamlingen omfattede regeringens handling, niveauet af national beredskab og landespecifikke socioøkonomiske faktorer. Data blev indsamlet fra de top 50 lande rangeret efter antal tilfælde. Multivariabel negativ binomial regression blev brugt til at identificere faktorer forbundet med COVID-19 dødelighed og relaterede sundhedsresultater. Resultater: Stigende COVID-19 sagsbelastninger var forbundet med lande med højere fedme (justeret rate ratio [RR] = 1.06; 95% CI: 1.011.11), median populationsalder (RR = 1.10; 95% CI: 1.051.15) og længere tidslukning af lukninger fra det første rapporterede tilfælde (RR = 1,04; 95% CI: 1,011 .08). Øget dødelighed pr. Million var signifikant forbundet med højere fedmeprævalens (RR = 1,12; 95% CI: 1.061,19) og bruttonationalprodukt pr. Indbygger (BNP) (RR = 1,03; 95% CI: 1,001,06). Reduceret indkomstdispersion reducerede dødeligheden (RR = 0,88; 95% CI: 0,830,93) og antallet af kritiske tilfælde (RR = 0,92; 95% CI: 0,870,97). Hurtige grænseklausurer, fulde lockdowns og udbredt test var ikke forbundet med COVID-19 dødelighed pr. Million mennesker. Fulde lockdowns (RR = 2,47; 95% CI: 1.085,64) og reduceret landesårbarhed over for biologiske trusler (dvs. høje scoringer på den globale sundhedsskala for risikomiljø) (RR = 1,55; 95% CI: 1.132.12) var signifikant forbundet med øget patientgenopretningshastigheder. Fortolkning: I denne sonderende analyse var lave niveauer af national beredskab, teststørrelse og befolkningskarakteristika forbundet med øget national sagsbelastning og samlet dødelighed. [danish translation]

• **92 Mikael Nordfors.** No Effect Of Lockdown And Social Distancing On Covid 19 Mortality. World Freedom Alliance. 15/12/2020 <https://www.medicdebate.org/en/node/1318>

There are numerous publications with very varying results regarding the efficacy of Social Distancing and Lockdown and other Non-Pharmacological Interventions (NPI:s) on transmission and mortality of Covid 19. Generally speaking, the papers stating a positive effect of NPI:s are based on statistical models, or data not taking into account the natural fluctuations of Covid 19 transmission. They have also not taken into account the effect of false positive PCR tests and false death certificates. Moreover, there seems to be a trend that although NPI:s can have a slight effect on the transmission of the disease, this does not have to influence the overall mortality, i.e. a rapid spread among school children can lead to more immunity among the young, and a lesser risk that they will spread the disease to the elderly, who are mostly at risk.(...)

Der er adskillige publikationer med meget varierende resultater med hensyn til effekten af social distancering og lockdown og andre ikke-farmakologiske interventioner (NPI'er) på spredning og dødelighed af Covid 19. Generelt er udgivelserne, der angiver en positiv effekt af NPI'er baseret på statistiske modeller eller data, der ikke tager højde for de naturlige udsving i Covid 19-transmission. De har heller ikke taget højde for virkningen af falske positive PCR-tests og falske dødsattester. Desuden synes der at være en tendens til, at selvom NPI'er kan have en lille effekt på overførslen af sygdommen, behøver dette ikke at påvirke samlet dødelighed, dvs. en hurtig spredning blandt skolebørn, kan eksempelvis føre til mere

immunitet blandt de unge og en mindre risiko for, at de vil sprede sygdommen til ældre, som for det meste er i fare. (...)[danish translation]

- **93 Konstantinos Kontoangelos, Marina Economou and Charalambos Papageorgiou.** Mental Health Effects of COVID-19 Pandemia: A Review of Clinical and Psychological Traits. Psychiatry Investigation <https://www.psychiatryinvestigation.org/m/journal/view.php?number=1190>

Methods

In this general review, we examined the literature about the psychological effects of COVID-19 pandemic. In total 65 papers were reviewed using the Medline computer database. Only publications in English were selected.

Results

Children are likely to be experiencing worry, anxiety and fear and older people are also those with underlying health conditions, having been identified as more vulnerable to COVID-19, can be extremely frightening and very fear-inducing. China and several other countries took strict isolation measures. Medical staff and affiliated healthcare workers (staff) are under both physical and psychological pressure.

Conclusion

The COVID-19 pandemic is exceptional. Its effect will likely be imprinted on each individual involved. Extensive stressors will emerge or become worsened. Many medical staff workers will be harmfully psychologically affected.

Abstrakt

Objektiv

Da coronavirus (COVID-19) pandemisk fejer over hele verden, forårsager det udbredt bekymring, frygt og stress, som alle er naturlige og normale reaktioner på den skiftende og usikre situation, som alle befinder sig i.

Metoder

I denne generelle gennemgang undersøgte vi litteraturen om de psykologiske virkninger af COVID-19 pandemi. I alt blev 65 papirer gennemgået ved hjælp af Medline-databasen. Kun publikationer på engelsk blev valgt.

Resultater

Børn oplever sandsynligvis bekymring, angst og frygt, og ældre mennesker er også dem med underliggende sundhedsmæssige forhold, der er blevet identificeret som mere sårbare over for COVID-19, kan være ekstremt skræmmende og meget frygtfremkaldende. Kina og flere andre lande tog strenge isolationsforanstaltninger. Medicinsk personale og tilknyttede sundhedsarbejdere (personale) er under både fysisk og psykisk pres.

Konklusion

COVID-19-pandemien er enestående. Dens virkning vil sandsynligvis blive præget på hver enkelt person, der er involveret. Omfattende stressfaktorer opstår eller forværres. Mange medarbejdere fra det medicinske personale vil blive skadeligt psykisk ramt.[danish translation]

- **94 Lyman Stone.** Lockdowns don't work, American Enterprise Institute. 21/04/2020. <https://www.aei.org/articles/lockdowns-dont-work/>

Lockdowns don't work. That simple sentence is enough to ignite a firestorm of controversy these days, whether you say it in public (to someone at least six feet away, of course) or online. As soon as the words leave your lips, they begin to be interpreted in extraordinary ways. Why do you want to kill old people? Why do you think the economy is more important than saving lives? Why do you hate science? Are you a shill for Trump? Why are you spreading misinformation about the severity of COVID? But here's the thing: there's no evidence of lockdowns working. If strict lockdowns actually saved lives, I would be all for them, even if they had large economic costs. But, put simply, the scientific and medical case for strict lockdowns is paper-thin.

Lockdowns fungerer ikke. Den enkle sætning er nok til at antænde en ildstorm af kontrovers i disse dage, hvad enten du siger det offentligt (til en person mindst seks meter væk, selvfølgelig) eller online. Så snart ordene forlader dine læber, begynder de at blive fortolket på ekstraordinære måder. Hvorfor vil du dræbe gamle mennesker? Hvorfor tror du økonomien er vigtigere end at redde liv? Hvorfor hader du videnskab? Er du en lobbyist for Trump? Hvorfor spreder du misinformation om sværhedsgraden af COVID? Men her er sagen: der er ingen beviser for, at nedlukninger fungerer. Hvis strenge lockdowns faktisk reddede liv, ville jeg være helt for dem, selvom de havde store økonomiske omkostninger. Men den videnskabelige og medicinske argumentation for strenge lockdowns er simpelthen papirstynd.[danish translation]

- **95 Greg Clark(Chair); Aaron Bell; Dawn Butler; Katherine Fletcher; Andrew Griffith; Mark Logan; Carol Monaghan; Graham Stringer; Zarah Sultana.** Science and Technology Committee Oral evidence: UK Science, Research and Technology Capability and Influence in Global Disease Outbreaks, HC 136. House of Commons. 10/06/2020 <https://committees.parliament.uk/oral-evidence/701/html/>

- **96 Fegert, J.M., Vitiello, B., Plener, P.L. et al.** Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child Adolesc Psychiatry Ment Health* **14**, 20 (2020). <https://doi.org/10.1186/s13034-020-00329-3>

Abstract

Background: The coronavirus disease 2019 (COVID-19) is profoundly affecting life around the globe. Isolation, contact restrictions and economic shutdown impose a complete change to the psychosocial environment in affected countries. These measures have the potential to threaten the mental health of children and adolescents significantly. Even though the current crisis can bring with it opportunities for personal growth and family cohesion, disadvantages may outweigh these benefits. Anxiety, lack of peer contact and reduced opportunities for stress regulation are main concerns. Another main threat is an increased risk for parental mental illness, domestic violence and child maltreatment. Especially for children and adolescents

with special needs or disadvantages, such as disabilities, trauma experiences, already existing mental health problems, migrant background and

low socioeconomic status, this maybe a particularly challenging time. To maintain regular and emergency child and adolescent psychiatric treatment during the pandemic is a major challenge but is necessary for limiting long-term consequences for the mental health of children and adolescents. Urgent research questions comprise understanding the mental health effects of social distancing and economic pressure, identifying risk and resilience factors, and preventing long-term consequences, including—but not restricted to—child maltreatment. The efficacy of telepsychiatry is another highly relevant issue to evaluate the efficacy of telehealth and perfect its applications to child and adolescent psychiatry. Conclusion: There are numerous mental health threats associated with the current pandemic and subsequent restrictions. Child and adolescent psychiatrists must ensure continuity of care during all phases of the pandemic. COVID-19-associated mental health risks will disproportionately hit children and adolescents who are already disadvantaged and marginalized. Research is needed to assess the implications of policies enacted to contain the pandemic on mental health of children and adolescents, and to estimate the risk/benefit ratio of measures such as homeschooling, in order to be better prepared for future developments.

Baggrund: Coronavirus sygdommen 2019 (COVID-19) påvirker dybt livet overalt i verden. Isolering, kontaktbegrænsninger og økonomisk nedlukning medfører en fuldstændig ændring af det psykosociale miljø i berørte lande. Disse foranstaltninger har potentiale til at true børns og unges mentale sundhed betydeligt. Selvom den nuværende krise kan medføre muligheder for personlig vækst og familiesammenhæng, kan ulemper opveje disse fordele. Angst, manglende peer-kontakt og reducerede muligheder for regulering af stress er de største bekymringer. En anden hovedtrussel er en øget risiko for forældres psykiske sygdomme, vold i hjemmet og behandling af børn. Især for børn og unge med særlige behov eller ulemper, såsom handicap, traumeerfaringer, allerede eksisterende psykiske problemer, indvandrerbaggrund og lav socioøkonomisk status, dette måske en særlig udfordrende tid. At opretholde regelmæssig og akut børne- og ungdomspsykiatrisk behandling under pandemien er en stor udfordring, men det er nødvendigt for at begrænse langsigtede konsekvenser for børns og unges mentale sundhed. Hastende forskningsspørgsmål omfatter forståelse af de psykiske sundhedseffekter af socialfordeling og økonomisk pres, identificering af risiko- og modstandsdygtighedsfaktorer og forebyggelse af langsigtede konsekvenser, herunder - men ikke begrænset til - mishandling af børn. Telepsykiatriens effektivitet er et andet meget relevant emne: at evaluere telesundhedens effektivitet og perfektionere dens anvendelser til børne- og ungdomspsykiatri.

Konklusion: Der er adskillige psykiske sundhedstrusler forbundet med den nuværende pandemi og efterfølgende begrænsninger. Børne- og ungdomspsykiatere skal sikre kontinuitet i plejen i alle faser af pandemien. COVID-19-relaterede psykiske sundhedsrisici vil uforholdsmæssigt ramme børn og unge, der allerede er dårligt stillede og marginaliserede. Der er behov for forskning for at vurdere implikationerne af politikker, der er vedtaget for at indeholde pandemi på børns og unges psykiske sundhed, og til at estimere risikoen / fordelene mellem foranstaltninger som hjemmeundervisning for at være bedre forberedt på den fremtidige udvikling. [danish translation]

• **97 Folkhälsomyndigheten.** Covid-19 Covid-19 in school children A comparison between Finland and Sweden. 07/07/2020. Article number:20108-1. <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/c/covid-19-in-schoolchildren>

In conclusion, closure or not of schools has had little if any impact on the number of laboratory confirmed cases in school aged children in Finland and Sweden. The negative effects of closing schools must be weighed against the positive effects, if any, it might have on the mitigation of the covid-19 pandemic.

Afslutningsvis har lukning eller ej af skoler haft ringe eller ingen indflydelse på antallet af laboratoriebekræftede tilfælde hos skolebørn i Finland og Sverige. De negative virkninger af lukning af skoler skal afvejes mod de positive virkninger, hvis nogen, det kan have på afbødningen af covid-19-pandemien. [danish translation]

98 Tom Woods. Death by Lockdown. The Tom Woods Show. 13/10/2020. <https://tomwoods.com/death-by-lockdown/>

I almost don't blame people who are unaware of this information, because you have to go to the UK, usually, or the international press in general, to find it. But here is some of the collateral damage caused by lockdowns. Read the original article at TomWoods.com. <http://tomwoods.com/death-by-lockdown/>

• **99 John Gibson.** Government Mandated Lockdowns Do Not Reduce Covid-19 Deaths: Implications for Evaluating the Stringent New Zealand Response. UNIVERSITY OF WAIKATO Hamilton New Zealand. 06/2020. <https://doi.org/10.1080/00779954.2020.1844786>

Abstract: The New Zealand policy response to Coronavirus (Covid-19) was the most stringent in the world during the Level 4 lockdown. At least ten billion New Zealand dollars of output (≈ 3.3% of GDP) were lost then, compared to staying at Level 2. For lockdown to be optimal requires large health benefits to offset these output losses. Forecast deaths from epidemiological models are not valid counterfactuals, due to poor identification. Instead, I use empirical data, based on variation amongst United States counties, over one-fifth of which just had social distancing rather than lockdown. Political drivers of lockdown provide identification. Lockdowns do not reduce Covid-19 deaths. This pattern is visible on each date that key lockdown decisions were made in New Zealand. The ineffectiveness of lockdowns implies New Zealand suffered large economic costs for little benefit in terms of lives saved.

Det newzealandske politiske svar på Coronavirus (Covid-19) var det strengeste i verden under niveau 4-låsning. Mindst ti milliarder newzealandske dollars for produktionen (~ 3,3% af BNP) gik tabt dengang sammenlignet med at blive på niveau 2. For at låsning for at være optimal kræver store sundhedsmæssige fordele for at udligne disse produktionstab. Forudsætte dødsfald fra epidemiologiske modeller er ikke gyldige kontrafaktiske på grund af dårlig identifikation. I stedet bruger jeg empiriske data, der er baseret på variation blandt USA: lande, hvoraf mere end en femtedel bare havde social distansering snarere end lockdown. Politiske drivere for lockdown giver identifikation. Lockdowns reducerer ikke Covid-19 dødsfald. Dette mønster er synligt på hver dato, hvor beslutninger om nøglelåsning blev truffet i New Zealand. Ineffektiviteten af lockdowns indebærer at New Zealand led store økonomiske omkostninger til ringe fordel med hensyn til reddede liv. [danish translation]

• **100 Andrew Atkeson, Karen Kopecky, Tao Zha.** FOUR STYLIZED FACTS ABOUT COVID-19. NATIONAL BUREAU OF ECONOMIC RESEARCH 1050 Massachusetts Avenue Cambridge, MA 02138. 08/2020. DOI 10.3386/w27719 . <http://www.nber.org/papers/w27719>

We document four facts about the COVID-19 pandemic worldwide relevant for those studying the impact of non-pharmaceutical interventions (NPIs) on COVID-19 transmission. First: across all countries and U.S. states that we study, the growth rates of daily deaths from COVID-19 fell from a wide range of initially high levels to levels close to zero within 20-30 days after each region experienced 25 cumulative deaths. Second: after this initial period, growth rates of daily deaths have hovered around zero or below everywhere in the world. Third: the cross section standard deviation of growth rates of daily deaths across locations fell very rapidly in the first 10 days of the epidemic and has remained at a relatively low level since then. Fourth: when interpreted through a range of epidemiological models, these first three facts about the growth rate of COVID deaths imply that both the effective reproduction numbers and transmission rates of COVID-19 fell from widely dispersed initial levels and the effective reproduction number has hovered around one after the first 30 days of the epidemic virtually everywhere in the world. We argue that failing to account for these four stylized facts may result in overstating the importance of policy mandated NPIs for shaping the progression of this deadly pandemic.

- **101 Altman, M.(2020).**Smart thinking, lockdown and Covid-19: Implications for public policy. *Journal of Behavioral Economics for Policy*,4(COVID-19 Special Issue), 23-33.
<https://discovery.dundee.ac.uk/en/publications/smart-thinking-lockdown-and-covid-19-implications-for-public-poli>

Abstract: The response to Covid-19 has been overwhelmingly to lockdown much the world's economies in order to minimize death rates as well as the immediate negative effects of Covid-19. I argue that such policy is too often de-contextualized as it ignores policy externalities, assumes death rate calculations are appropriately accurate and, as well, assumes focusing on direct Covid-19 effects to maximize human welfare is appropriate. As a result of this approach, current policy can be misdirected, with highly negative effects on human welfare. Moreover, such policies can inadvertently result in not minimizing death rates (incorporating externalities) at all, especially in the long run. Such misdirected and sub-optimal policy is a product of policy makers using inappropriate mental models which are lacking in a number of key areas: the failure to take a more comprehensive macro perspective to address the virus; using bad heuristics or decision-making tools; relatedly not recognizing the differential effects of the virus; and adopting herding strategy (follow-the-leader) when developing policy. Improving the decision-making environment, inclusive of providing more comprehensive governance and improving mental models, could have lockdowns throughout the world thus yielding much higher levels of human welfare.

Svaret på Covid-19 har overvældende været at låse meget af verdens økonomier for at minimere dødeligheden såvel som de umiddelbare negative virkninger af Covid-19. Jeg argumenterer for, at en sådan politik er for ofte kontekstualiseret, da den ignorerer politiske eksternaliteter, antager, at dødsfaldsberegninger er passende nøjagtige, og antager også, at fokus på direkte Covid-19-effekter for at maksimere menneskelig velfærd er passende. Som et resultat af denne tilgang kan den nuværende politik blive forkert styret med meget negative virkninger på menneskers velfærd. Desuden kan sådanne politikker utilsigtet resultere i ikke at minimere dødelighed (inkorporere eksternaliteter) overhovedet, især ikke på lang sigt. En sådan fejlagtig og suboptimal politik er et produkt af beslutningstagere, der bruger upassende mentale modeller, der mangler på en række nøgleområder: manglen på at tage et mere omfattende makroperspektiv på at adressere virussen; ved hjælp af dårlige heuristikker eller beslutningsværktøjer relateret ikke at genkende virussens forskellige virkninger; og vedtagelse af hyrdestrategi (følg lederen), når politikken udvikles. Forbedring af det beslutningstagende miljø, herunder levering af mere omfattende regeringsførelse og forbedring af mentale modeller, kunne have lockdowns overalt i verden og dermed give langt højere niveauer af menneskelig velfærd. [danish translation]

- **102 Marco Colombo, Joseph Mellor, Helen M Colhoun, M. Gabriela M. Gomes, Paul M McKeigue.** Trajectory of COVID-19 epidemic in Europe. medrxiv. 28/09/2020. <https://doi.org/10.1101/2020.09.26.20202267>
medRxiv 2020.09.26.20202267; doi: <https://doi.org/10.1101/2020.09.26.20202267>

Abstract

The classic Susceptible-Infected-Recovered model formulated by Kermack and McKendrick assumes that all individuals in the population are equally susceptible to infection. From fitting such a model to the trajectory of mortality from COVID-19 in 11 European countries up to 4 May 2020 Flaxman et al. concluded that "major non-pharmaceutical interventions -- and lockdowns in particular -- have had a large effect on reducing transmission". We show that relaxing the assumption of homogeneity to allow for individual variation in susceptibility or connectivity gives a model that has better fit to the data and more accurate 14-day forward prediction of mortality. Allowing for heterogeneity reduces the estimate of "counterfactual" deaths that would have occurred if there had been no interventions from 3.2 million to 262,000, implying that most of the slowing and reversal of COVID-19 mortality is explained by the build-up of herd immunity. The estimate of the herd immunity threshold depends on the value specified for the infection fatality ratio (IFR): a value of 0.3% for the IFR gives 15% for the average herd immunity threshold.

Den klassiske modtagelige-inficerede-gendannede model formuleret af Kermack og McKendrick antager, at alle individer i befolkningen er lige så modtagelige for infektion. Fra montering af en sådan model tildødelighedens bane fra COVID-19 i 11 europæiske lande frem til 4. maj 2020 Flaxman et al. konkluderede, at "større ikke-farmaceutiske interventioner - og især lockdowns - har haft en stor effekt på at reducere transmission". Vi viser, ved at afslappe antagelsen om homogenitet for at muliggøre individuelvariation i modtagelighed eller forbindelse giver en model, der passer bedretil dataene og en mere nøjagtig 14-dages forudsigtelse af dødelighed. At tillade heterogenitet reducerer estimatet for "kontrafaktiske" dødsfald, dertil ville have fundet sted, hvis der ikke havde været nogen indgreb fra 3,2 millioner til 262.000, hvilket antyder, at det meste af opbremsning og tilbageførsel af COVID-19-dødelighed forklares med opbygningen af besætningsimmunitet. Estimatet af besætningsimmunitetstærsklen afhænger af den angivne værdi for infektionsdødelighedsforholdet (IFR): en værdi på 0,3% for IFR giver 15% for den gennemsnitlige besætningsimmunitetstærskel. [danish translation]

- **103 Thomas Meunier.** Full lockdown policies in Western Europe countries have no evident impacts on the COVID-19 epidemic. 01/05/2020. medRxiv . <https://doi.org/10.1101/2020.04.24.20078717>

This phenomenological study assesses the impacts of full lockdown strategies applied in Italy, France, Spain and United Kingdom, on the slowdown of the 2020 COVID-19 outbreak. Comparing the trajectory of the epidemic before and after the lockdown, we find no evidence of any discontinuity in the growth rate, doubling time, and reproduction number trends. Extrapolating pre-lockdown growth rate trends, we provide estimates of the death toll in the absence of any lockdown policies, and show that these strategies might not have saved any life in western Europe. We also show that neighboring countries applying less restrictive social distancing measures (as opposed to police-enforced home containment) experience a very similar time evolution of the epidemic.

Denne fænomenologiske undersøgelse vurderer virkningerne af fulde lockdown-strategier anvendt i Italien, Frankrig, Spanien og Det Forenede Kongerige på afmatningen af COVID-19-udbruddet i 2020. Ved at sammenligne epidemiens bane før og efter nedlukningen finder vi ikke nogle beviser, for at der er diskontinuitet i vækstraten, fordoblingstiden og reproduktionstaludviklingen. Ekstrapolering af væksthastighedstendenser før lockdown og viser, at disse strategier måske ikke har reddet noget liv i Vesteuropa. Vi viser også, at nabolande, der anvender mindre begrænsende

sociale distanceringsforanstaltninger (i modsætning til politi-tvunget hjemindeslutning), oplever en meget lignende tidsudvikling af epidemien. [danish translation]

- **104 Miles, D., Stedman, M., & Heald, A.** (2020). LIVING WITH COVID-19: BALANCING COSTS AGAINST BENEFITS IN THE FACE OF THE VIRUS. National Institute Economic Review, 253, R60-R76. doi:10.1017/nie.2020.30 . <https://www.cambridge.org/core/journals/national-institute-economic-review/article/abs/living-with-covid19-balancing-costs-against-benefits-in-the-face-of-the-virus/C1D46F6A3118D0360CDAB7A08E94ED22>

This paper analyses the costs and benefits of lockdown policies in the face of COVID-19. What matters for people is the quality and length of lives and one should measure costs and benefits in terms of those things. That raises difficulties in measurement, particularly in valuing potential lives saved. We draw upon guidelines used in the UK for public health decisions, as well as other measures, which allow a comparison between health effects and other economic effects. We look at evidence on the effectiveness of past severe restrictions applied in European countries, focusing on the evidence from the UK. The paper considers policy options for the degree to which restrictions are eased. There is a need to normalise how we view COVID because its costs and risks are comparable to other health problems (such as cancer, heart problems, diabetes) where governments have made resource decisions for decades. The lockdown is a public health policy and we have valued its impact using the tools that guide health care decisions in the UK public health system. The evidence suggests that the costs of continuing severe restrictions in the UK are large relative to likely benefits so that a substantial easing in general restrictions in favour of more targeted measures is warranted.

Dette papir analyserer omkostningerne og fordelene ved lockdown-politikker over for COVID-19. Det, der betyder noget for mennesker, er livskvaliteten og længden, og man skal måle omkostninger og fordele med hensyn til disse ting. Det rejser vanskeligheder ved måling, især med at vurdere potentielle liv, der er reddet. Vi trækker på retningslinjer, der anvendes i Storbritannien til beslutninger om folkesundhed, samt andre foranstaltninger, der muliggør en sammenligning mellem sundhedseffekter og andre økonomiske virkninger. Vi ser på beviser for effektiviteten af tidligere alvorlige begrænsninger anvendt i europæiske lande med fokus på beviserne fra Storbritannien. Papiret overvejer politiske muligheder for, i hvilket omfang begrænsninger lettes. Der er behov for at normalisere vores opfattelse af COVID, fordi dets omkostninger og risici kan sammenlignes med andre sundhedsmæssige problemer (såsom kræft, hjerteproblemer, diabetes), hvor regeringer har truffet ressourcebeslutninger i årtier. Lockdown er en politik for folkesundhed, og vi har værdsat dens indflydelse ved hjælp af de værktøjer, der styrer beslutninger om sundhedspleje i det britiske folkesundhedssystem. Beviset tyder på, at omkostningerne ved fortsat alvorlige begrænsninger i Storbritannien er store i forhold til sandsynlige fordele, så det er berettiget at foretage en væsentlig lempelse af de generelle begrænsninger til fordel for mere målrettede foranstaltninger. [danish translation]

- **105 Stefan Homburg¹, Christof Kuhbandner.** The illusory effects of non-pharmaceutical interventions on COVID-19 in Europe. Leibniz University Hannover, Department of Public Finance, Germany. University of Regensburg, Department of Human Sciences, Germany 17/06/2020. https://advance.sagepub.com/articles/preprint/Comment_on_Flaxman_et_al_2020_The_illusory_effects_of_non-pharmaceutical_interventions_on_COVID-19_in_Europe/12479987

no abstract

- **106 Simon N. Wood.** Did COVID-19 infections decline before UK lockdown?. Cornell University. University of Bristol, UK. 2020/06/01. <https://arxiv.org/abs/2005.02090v5>

The number of new infections per day is a key quantity for effective epidemic management. It can be estimated by testing of random population samples. Without such direct epidemiological measurement, other

approaches are required to infer whether the number of new cases is likely to be increasing or decreasing: for example, estimating the pathogen reproductive rate, R , using data gathered from the clinical response to the disease. For COVID-19 (SARS-CoV-2) such R estimation is heavily dependent on modelling assumptions, because the available clinical case data are opportunistic observational data subject to severe temporal confounding. Given this difficulty it is useful to reconstruct the time course of infections from the least compromised available data, using minimal prior assumptions. A Bayesian inverse problem approach applied to UK data on COVID-19 deaths and the disease duration distribution suggests that infections were in decline before full UK lockdown (24 March 2020), and that infections in Sweden started to decline only a day or two later. An analysis of UK data using the model of Flaxman et al. (2020, Nature 584) gives the same result under relaxation of its prior assumptions on R .

- **107 Christof Kuhbandner, Stefan Homburg, Harald Walach, Stefan Hockertz.** Was Germany's Corona Lockdown Necessary. University of Regensburg, Germany. 24/06/2020. https://advance.sagepub.com/articles/preprint/Comment_on_Dehting_et_al_Science_15_May_2020_eabb9789_Inferred_change_points_in_the_spread_of_COVID-19_reveals_the_effectiveness_of_interventions_/12362645

Abstract: During the spread of SARS-Cov-2, Germany imposed various restrictions, including an extensive lockdown on 23 March 2020. In this paper, we point out that the evaluation of the success of such policies depends critically on data quality. Using reported confirmed cases is apt to produce misleading results because these data come with unknown variable lags. Using data on incident cases, i.e., dates of the onset of symptoms, produces results that are much more reliable.

Under udbredelsen af SARS-Cov-2 indførte Tyskland forskellige restriktioner, herunder en omfattende nedlukning den 23. marts 2020. I denne artikel udpeger vi, at evalueringen af succesen med sådanne politikker afhænger kritisk af datakvaliteten. Brug af rapporterede bekræftede tilfælde er kun at give vildledende resultater, fordi disse data kommer med ukendte variable forsinkelser. Brug af data på hændelsestilfælde, dvs. datoer for symptomernes indtræden, giver resultater, der er meget mere pålidelige. [danish translation]

- **108 Vincent Chin, John P.A. Ioannidis, Martin A. Tanner, Sally Cripps.** Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three Models. medRxiv 2020.07.22.20160341. 13/09/2020. <https://doi.org/10.1101/2020.07.22.20160341>

Objective To compare the inference regarding the effectiveness of the various non-pharmaceutical interventions (NPIs) for COVID-19 obtained from different SIR models.

Study design and setting We explored two models developed by Imperial College that considered only NPIs without accounting for mobility (model 1) or only mobility (model 2), and a model accounting for the combination of mobility and NPIs (model 3). Imperial College applied models 1 and 2 to 11 European countries and to the USA, respectively. We applied these models to 14 European countries (original 11 plus another 3), over two different time horizons.

Results While model 1 found that lockdown was the most effective measure in the original 11 countries, model 2 showed that lockdown had little or no benefit as it was typically introduced at a point when the time-varying reproductive number was already very low. Model 3 found that the simple banning of public events was beneficial, while lockdown had no consistent impact. Based on Bayesian metrics, model 2 was better supported by the data than either model 1 or model 3 for both time horizons.

Conclusions Inferences on effects of NPIs are non-robust and highly sensitive to model specification. Claimed benefits of lockdown appear grossly exaggerated.

Målsætning at sammenligne slutningen med hensyn til effektiviteten af de forskellige ikke-farmaceutiske interventioner (NPI'er) for COVID-19 opnået fra forskellige SIR-modeller. Undersøgelingsdesign og

indstilling Vi undersøgte to modeller udviklet af ImperialCollege, der kun betragtede NPI'er uden at tage højde for mobilitet (model 1) eller kunmobilitet (model 2) og en model, der tegner sig for kombinationen af mobilitet og NPI'er(model 3). Imperial College anvendte henholdsvis model 1 og 2 til 11 europæiske lande og USA. Vi anvendte disse modeller i 14 europæiske lande (original 11 plus en anden 3) over to forskellige tidshorisonter. Resultater Mens model 1 fandt ud af, at lockdown var den mest effektive foranstaltning i de oprindelige 11 lande, viste model 2, at lockdown havde ringe eller ingen fordel, da den typisk blev indført på et tidspunkt, hvor den tidsvarierende reproduktionstal allerede var meget lavt. Model 3 fandt ud af, at det enkle forbud mod offentlige begivenheder var gavnligt, mens nedlukning ikke havde nogen konsekvent indvirkning. Baseret på Bayesiske målinger blev model 2 bedre understøttet af dataene end enten model 1 eller model 3 for begge tidshorisonter. Konklusioner Konklusioner om effekter af NPI'er er ikke-robuste og meget følsomme over for modelspecifikation. Påståede fordele ved lockdown synes at være overdrevent overdrevne. [danish translation]

109 Rita Jaafar, Sarah Aherfi, Nathalie Wurtz, Clio Grimaldier, Thuan Van Hoang, Philippe Colson, Didier Raoult, Bernard La Scola. Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positive Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates. Oxford Academic, Clinical Infectious Diseases. 28/09/2020. <https://doi.org/10.1093/cid/ciaa1491>. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

The outbreak of the coronavirus disease 2019 (COVID-19) pandemic due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was declared a pandemic on 12 March 2020 by the World Health Organization [1]. A major issue related to the outbreak has been to correlate viral RNA load obtained after reverse-transcription polymerase chain reaction (RT-PCR) and expressed as the cycle threshold (Ct) with contagiousness and therefore duration of eviction from contacts and discharge from specialized infectious disease wards. Several recent publications, based on more than 100 studies, have attempted to propose a cutoff Ct value and duration of eviction, with a consensus at approximately Ct >30 and at least 10 days, respectively [2–5]. However, in an article published in *Clinical Infectious Diseases*, Bullard et al reported that patients could not be contagious with Ct >25 as the virus is not detected in culture above this value [6]. This limit was then evoked in the French media during an interview with a member of the French Scientific Council Covid-19 as a possible value above which patients are no longer contagious [7].

• **110 S. Kortüm, P. Frey, D. Becker, H.-J. Ott, H-P. Schlaudt.** Corona-Independent Excess Mortality Due to Reduced Use of Emergency Medical Care in the Corona Pandemic: A Population-Based Observational Study. 2020/10/28. doi: <https://doi.org/10.1101/2020.10.27.20220558>. <https://www.medrxiv.org/content/10.1101/2020.10.27.20220558v1>

A significant decrease in the number of cases of emergency medical care during the first phase of the Corona pandemic has been reported from various regions of the world. Due to the lack of or delayed use of medical assistance, particularly in the case of time-critical clinical pictures (myocardial infarction, stroke), a corona collateral damage syndrome is postulated regarding possible health consequences. The present study investigates changes in the use of preclinical and clinical emergency care and effects on overall mortality in a rural area.

• **111 Christof Kuhbandner.** Warum die Wirksamkeit des Lockdowns wissenschaftlich nicht bewiesen ist. Telepolis. 2020/12/18. <https://www.heise.de/tp/features/Warum-die-Wirksamkeit-des-Lockdowns-wissenschaftlich-nicht-bewiesen-ist-4992909.html?seite=all>

Ab dem 16. Dezember wurde von Bund und Ländern ein "harter Lockdown" verhängt, der zunächst bis zum 10. Januar gelten soll. In einer Serie von drei Artikeln werden die wissenschaftlichen Begründungen genauer

beleuchtet. Im ersten Artikel werden die fehlenden wissenschaftlichen Beweise für die Wirksamkeit von Lockdowns thematisiert. Im zweiten Artikel werden die in den Regierungserklärungen ignorierten Kollateralschäden von Lockdowns beschrieben, welche inzwischen durch zahlreichen Studien belegt sind. Im dritten Artikel wird anhand einer kritischen Beleuchtung der vom Robert-Koch-Institut (RKI) veröffentlichten Corona-Fallzahlen diskutiert, inwiefern eine Angst in der Größenordnung, wie sie von den Regierungen, den Medien und manchen Wissenschaftlern vermittelt wird, wirklich gerechtfertigt ist.

From 16 December, the Bund and the Länder issued a "horticultural lockdown" up to and including 10 January. In a series of three articles, the scientific reasons are generally supported. In the first article, the relevant knowledge for the effectiveness of Lockdowns is thematized. In the second article, the collapse of the lockdowns of Lockdowns is ignored in all Member States, and all research studies are required. In the third article, a critical review of the Robert Koch-Institut (RKI) is discussed in the coronation cases, including an increase in size, such as the media, media and some of the most important issues in the world.[english translation]

- **112 Christof Kuhbandner.** Warum die Wirksamkeit des Lockdowns wissenschaftlich nicht bewiesen ist.[english translation] Telepolis. 2020/12/18.

Effektivität der Maßnahme Gegenstand von Fachdebatten. Kein Effekt von Frühjahrs-Lockdown. Studiendesign bei Prognosen versagt.

Effectiveness of the measure the subject of technical debates. No effect of spring lockdown. Study design fails in forecasting.[english google translation]

Foranstalningens effektivitet genstand for tekniske debatter. Ingen effekt af fjederlåsning. Undersøgelsesdesign mislykkes i prognoser. [danish google translation]

- **113 Christof Kuhbandner.** Über die ignorierten Kollateralschäden von Lockdowns.Telepolis. 2020/12/21. <https://www.heise.de/tp/features/Ueber-die-ignorierten-Kollateralschaeden-von-Lockdowns-4993947.html?seite=all>

Maßnahmen gegen die Pandemie müssen gegen die negativen Folgen abgewogen werden – was zu wenig geschieht. Etwa mit Blick auf Akuterkrankungen, Minderjährige und Suchtverhalten.

- **114 Christof Kuhbandner.** Über die ignorierten Kollateralschäden von Lockdowns. [english translation] Telepolis. 2020/12/21

Measures against the pandemic must be weighed against the negative consequences - which is not done enough. For example with a view to acute illnesses, minors and addictive behavior. [english google translation]

Foranstalninger mod pandemien skal afvejes mod de negative konsekvenser - hvilket ikke gøres nok. For eksempel med henblik på akutte sygdomme, mindreårige og vanedannende adfærd. [danish google translation]

- **115 Prof. Dr. Helmut Küchenhoff.** CoDAG-Bericht Nr. LMU. München. 4. 11.12.2020 <https://www.covid19.statistik.uni-muenchen.de/pdfs/bericht-4.pdf>

Die Entwicklung der rohen gemeldeten Fallzahlen von positiv-getesteten COVID-19-Infektionen allein haben, wie oft diskutiert, wenig Aussagekraft. Sie unterliegenMeldeverzögerung und sind durch Veränderungen in den länderspezifischen Teststrategien(insbesondere hinsichtlich der Anzahl der

durchgeführten Tests und der fokussierten Zielgruppe) verzerrt. Auch ein Wochendurchschnitt kann diese Defizite nicht ausgleichen. Todeszahlen sind gegenüber den gemeldeten Fallzahlen etwas robuster.(...)

- **116 Prof. Dr. Helmut Küchenhoff.** CoDAG-Bericht Nr. 4. LMU. München [english translation]. 11.12.2020

As is often discussed, the development of the raw reported number of cases of positive COVID-19 infections alone has little informative value. They are subject to delay in reporting and are distorted by changes in country-specific test strategies (especially with regard to the number of tests performed and the target group focused). Even a weekly average cannot compensate for these deficits; death rates are somewhat more robust compared to the reported number of cases (...) [english google translation]

Som ofte diskuteret har udviklingen af det rå rapporterede antal tilfælde af positive COVID-19-infektioner alene ringe informativ værdi. De udsættes for forsinket rapportering og er fordrejet af ændringer i landespecifikke teststrategier (især med hensyn til antallet af udførte tests og målgruppen fokuseret). Selv et ugentligt gennemsnit kan ikke kompensere for disse underskud; dødsfald er noget mere robuste sammenlignet med det rapporterede antal tilfælde (...) [danish google translation]

13. Documentation of censorship in the media

- **117 John P A Ioannidis.** Coronavirus disease 2019: the harms of exaggerated information and non-evidence-based measures. Pubmed. Eur J Clin Invest. 2020 Mar 23;e13223.

doi: 10.1111/eci.13223. <https://pubmed.ncbi.nlm.nih.gov/32202659/>

The evolving coronavirus disease 2019 (COVID-19) pandemic¹ is certainly cause for concern. Proper communication and optimal decision-making is an ongoing challenge, as data evolve. The challenge is compounded, however, by exaggerated information. This can lead to inappropriate actions. It is important to differentiate promptly the true epidemic from an epidemic of false claims and potentially harmful actions.

Den udviklende coronavirus sygdom 2019 (COVID-19) pandemi¹ er bestemt grund til bekymring. Korrekt kommunikation og optimal beslutningstagning er en løbende udfordring, når data udvikler sig.

Udfordringen forstærkes dog af overdreven information. Dette kan føre til upassende handlinger. Det er vigtigt hurtigt at skelne mellem den sande epidemi og en epidemi med falske påstande og potentielt skadelige handlinger.[danish google translation]

- **118 Dolan, Paul, Hallsworth, Michael, Halpern, David, King, Dominic and Vlaev, Ivo** (2010) MINDSPACE: influencing behaviour through public policy. . Institute of Government, London, UK. <https://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf>

Influencing people's behaviour is nothing new to Government, which has often used tools such as legislation, regulation or taxation to achieve desired policy outcomes. But many of the biggest policy challenges we are now facing – such as the increase in people with chronic health conditions – will only be resolved if we are successful in persuading people to change their behaviour, their lifestyles or their existing

habits. Fortunately, over the last decade, our understanding of influences on behaviour has increased significantly and this points the way to new approaches and new solutions.

At påvirke folks adfærd er ikke noget nyt for regeringen, som ofte har brugt værktøjer som lovgivning, regulering eller beskatning for at opnå de ønskede politiske resultater. Men mange af de største politiske udfordringer, vi nu står over for - såsom stigningen i mennesker med kroniske helbredstilstande - vil kun blive løst, hvis det lykkes at overtale folk til at ændre deres adfærd, deres livsstil eller deres eksisterende vaner. Heldigvis er vores forståelse af indflydelse på adfærd i løbet af det sidste årti steget markant, og dette viser vejen til nye tilgange og nye løsninger. [danish google translation]

- **119 Aoife Gallagher.** UCD professor asked to resign from EU committee over Covid-19 claims. The Irish Times. 22/01/2021 <https://www.irishtimes.com/news/ireland/irish-news/ucd-professor-asked-to-resign-from-eu-committee-over-covid-19-claims-1.4277698>

A University College Dublin (UCD) professor, who chairs the Eurosceptic Irish Freedom Party, has been asked to resign from a leading European Union scientific committee over online claims she made about the Covid-19 pandemic.

En professor i University College Dublin (UCD), der er formand for Eurosceptic Irish Freedom Party, er blevet bedt om at træde tilbage fra en førende EU-videnskabelig komité på grund af online-påstande, hun fremsatte om Covid-19-pandemin. [danish google translation]

- **120 Sarah Johnson.** NHS staff forbidden from speaking out publicly about coronavirus. The guardian. Thu 9 Apr 2020. <https://www.theguardian.com/society/2020/apr/09/nhs-staff-forbidden-speaking-out-publicly-about-coronavirus>

Healthcare professionals are being silenced and threatened with disciplinary action for speaking out about their work during the coronavirus outbreak, the Guardian can reveal.

Sundhedspersonale bliver tavs og truet med disciplinære handlinger for at tale om deres arbejde under koronavirusudbruddet, kan Guardian afsløre. [danish google translation]

- **121 Dr John Lee.** The way 'Covid deaths' are being counted is a national scandal. The spectator. **30 May 2020.** <https://www.spectator.co.uk/article/the-way-covid-deaths-are-being-counted-is-a-national-scandal>

Boris Johnson, Chris Whitty and Simon Stevens held a very sombre press conference in Downing Street this evening to mark the awful milestone of more than 100,000 UK deaths in this pandemic. The Prime Minister offered his 'deepest condolences to everyone who has lost a loved one',(...)

Boris Johnson, Chris Whitty og Simon Stevens holdt en meget dystert pressekonference i Downing Street i aften for at markere den forfærdelige milepæl med mere end 100.000 britiske dødsfald i denne pandemi.

Premierministeren sendte sin 'dybeste medfølelse med alle, der har mistet en elsket', (...) [danish google translation]

- **122 Prof.Dr. Ingrid Mühlhauser**, Risikokommunikation zu COVID-19 in den Medien, EbM-Netzwerk Berlin, 2020/08/20

https://www.kvhh.net/_Resources/Persistent/0/8/4/b/084b5b84d1afe1bdfe79bd457abc7a64a84583d2/EBM_12_20_KVH_Journal_COVID%20Mortalit%C3%A4tsdaten_1.pdf

Ein wichtiges Anliegen der Evidenzbasierten Medizin (EbM) ist die verständliche Kommunikation von wissenschaftlichen Daten. Zahlen ohne Bezugsgrößen können nicht sinnvoll gedeutet werden. Der Rahmen, in dem Zahlen gestellt werden, das sogenannte framing, kann die Bewertung der Daten wesentlich beeinflussen. Daher gibt es seit Jahren Kriterien für eine wissenschaftsbasierte Risikokommunikation zu Gesundheitsthemen. Das EbM-Netzwerk hat seit Beginn der Pandemie in mehreren Stellungnahmen eine verständliche Risikokommunikation eingefordert. Dennoch werden diese Kriterien in der medialen Berichterstattung zu SARS-CoV-2/COVID-19 weiterhin nicht angemessen berücksichtigt (1,2)

An important concern of evidence-based medicine (EbM) is the understandable communication of scientific data. Numbers without reference values cannot be meaningfully interpreted. The frame in which the numbers are set, the so-called framing, can significantly influence the evaluation of the data. That is why there have been criteria for science-based risk communication on health issues for years. Since the beginning of the pandemic, the EbM network has called for understandable risk communication in several statements. Nevertheless, these criteria are still not adequately considered in the media reporting on SARS-CoV-2 / COVID-19 (1,2) [english google translation]

En vigtig bekymring for evidensbaseret medicin (EbM) er den forståelige kommunikation af videnskabelige data. Tal uden referenceværdier kan ikke fortolkes meningsfuldt. Den ramme, hvor tallene er indstillet, den såkaldte indramning, kan have væsentlig indflydelse på vurderingen af dataene. Derfor har der været kriterier for videnskabelig risikokommunikation om sundhedsspørgsmål i årevis. Siden begyndelsen af pandemien har EbM-netværket krævet forståelig risikokommunikation i flere udsagn. Ikke desto mindre overvejes disse kriterier stadig ikke tilstrækkeligt i medieindberetningen om SARS-CoV-2 / COVID-19 (1,2) [danish google translation]

14. Documentation of misinformation in the media and social media

- **123 Dennis Gräf, Martin Hennig**. Die Verengung der Welt (The narrowing of the world, unofficial translation). 08/2020.

https://www.researchgate.net/publication/343736403_Die_Verengung_der_Welt_Zur_medialen_Konstruktion_Deutschlands_unter_Covid-19_anhand_der_Formate_ARD_Extra_-Die_Coronalage_und_ZDF_Spezial.

Die Pandemie im Zusammenhang mit dem Coro-navirus (SARS-CoV-2) und der damit einhergehenden Erkrankung Covid-19 lässt sich auch als eine Geschichte einer Pandemie der Medien beschreiben. Genauso, wie sich das Virus global verbreitet hat, ist auch für die Medien schon rein quantitativ eine immense Verbreitung der Berichterstattung zum Corona-virus zu diagnostizieren. Signifikant ist bereits die Tatsache, dass ab der zweiten Märzwoche 2020 bis in den Juni hinein die öffentlich-rechtlichen Programme ARD und ZDF nahezu täglich nach der Hauptnachrichtensendung am Abend eine Sondersendung (ARD Extra: Die Corona Lage und ZDF Spezial) zum Coronavirus ausstrahlen.

The pandemic in connection with the coronavirus (SARS-CoV-2) and the associated disease Covid-19 can also be described as a story of a media pandemic. Just as the virus has spread globally, an immense spread of reporting on the corona virus can also be diagnosed in purely quantitative terms. It is already significant that from the second week of March 2020 until June the public broadcasters ARD and ZDF will broadcast a special (ARD Extra: Die Corona Lage and ZDF Spezial) almost every day after the main news broadcast in the evening Broadcast coronavirus. [english google translation]

Pandemien i forbindelse med coronavirus (SARS-CoV-2) og den tilknyttede sygdom Covid-19 kan også beskrives som en historie om en mediepanдеми. Ligesom virussen har spredt sig globalt, kan en enorm spredning af rapportering om coronavirussen også diagnosticeres rent kvantitativt. Det er allerede vigtigt, at fra den anden uge i marts 2020 til juni vil de offentlige tv-stationer ARD og ZDF sende en special (ARD Extra: Die Corona Lage og ZDF Spezial) næsten hver dag efter den vigtigste nyhedsudsendelse om aftenen Broadcast coronavirus. [danish google translation]

15. Spread of Corona infection

- **124 Tom Jefferson, Carl Heneghan, Elizabeth Spencer, Jon Brassey** . Are you infectious if you have a positive PCR test result for COVID-19?. The Centre for Evidence-Based Medicine. Oxford, 2020. <https://www.cebm.net/covid-19/infectious-positive-pcr-test-result-covid-19/>

PCR detection of viruses is helpful so long as its accuracy can be understood: it offers the capacity to detect RNA in minute quantities, but whether that RNA represents infectious virus may not be clear.

During our Open Evidence Review of oral-fecal transmission of Covid-19, we noticed how few studies had attempted or reported culturing live SARS-CoV-2 virus from human samples.

This surprised us, as viral culture is regarded as a gold standard or reference test against which any diagnostic index test for viruses must be measured and calibrated, to understand the predictive properties of that test. In viral culture, viruses are injected in the laboratory cell lines to see if they cause cell damage and death, thus releasing a whole set of new viruses that can go on to infect other cells.

We, therefore, reviewed the evidence from studies reporting data on viral culture or isolation as well as reverse transcriptase-polymerase chain reaction (RT-PCR), to understand more about how the PCR results reflect infectivity.

PCR-detektion af vira er nyttigt, så længe dets nøjagtighed kan være udestood: det giver kapacitet til at detektere RNA i små mængder, men om det RNA repræsenterer infektiøs virus, er muligvis ikke klart.

Under vores Open Evidence Review af oral-fækal transmission af Covid-19 bemærkede vi, hvor få undersøgelser der var forsøgt eller rapporteret om dyrkning af levende SARS-CoV-2-virus fra humane prøver. Dette overraskede os, da viral kultur betragtes som en guldstandard eller referencetest, mod hvilken enhver diagnostisk indeks test for vira skal måles og kalibreres for at forstå de forudsigelige egenskaber ved denne test. I viral kultur injiceres vira i laboratoriecellelinjerne for at se, om de forårsager celledød og død, hvilket frigiver et helt sæt nye vira, der kan fortsætte med at inficere andre celler.

Vi gennemgik derfor beviserne fra undersøgelser, der rapporterede data om viral kultur eller isolering samt omvendt transkriptase-polymerasekædereaktion (RT-PCR) for at forstå mere om, hvordan PCR-resultaterne afspejler infektivitet. [danish google translation]

- **125 Michael Day.** Covid-19: four fifths of cases are asymptomatic, Chinafigures indicate.

BMJ 2020; 369 doi: <https://doi.org/10.1136/bmj.m1375> (Published 02 April 2020)Cite this

as: BMJ 2020;369:m1375. <https://www.bmj.com/content/369/bmj.m1375.short>

New evidence has emerged from China indicating that the large majority of coronavirus infections do not result in symptoms.

Chinese authorities began publishing daily figures on 1 April on the number of new coronavirus cases that are asymptomatic, with the first day's figures suggesting that around four in five coronavirus infections caused no illness. Many experts believe that unnoticed, asymptomatic cases of coronavirus infection could be an important source of contagion.

Der er kommet nye beviser fra Kina, der tyder på, at det store flertal af coronavirusinfektioner ikke resulterer i symptomer. Kinesiske myndigheder begyndte at offentliggøre daglige tal den 1. april om antallet af nye tilfælde af coronavirus, der er asymptomatiske, idet tallene fra første dag tyder på, at omkring fire ud af fem coronavirusinfektioner ikke forårsagede nogen sygdom. Mange eksperter mener, at ubemærket, asymptomatiske tilfælde af coronavirusinfektion kan være en vigtig kilde til smitte. [danish google translation]

- **126 Thomas V. Inglesby, Jennifer B. Nuzzo, Tara O'Toole and D. A. Henderson.** Disease Mitigation Measures in the Control of Pandemic Influenza. Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. Dec 2006.366-375. <http://doi.org/10.1089/bsp.2006.4.366>. <https://www.liebertpub.com/doi/abs/10.1089/bsp.2006.4.366>

The threat of an influenza pandemic has alarmed countries around the globe and given rise to an intense interest in disease mitigation measures. This article reviews what is known about the effectiveness and practical feasibility of a range of actions that might be taken in attempts to lessen the number of cases and deaths resulting from an influenza pandemic. The article also discusses potential adverse second- and third-order effects of mitigation actions that decision makers must take into account. Finally, the article summarizes the authors' judgments of the likely effectiveness and likely adverse consequences of the range of disease mitigation measures and suggests priorities and practical actions to be taken.

Truslen om en influenzapandemi har foruroliget lande over hele kloden og givet anledning til en intens interesse i sygdomsbekæmpelsesforanstaltninger. Denne artikel gennemgår, hvad der er kendt om effektiviteten og den praktiske gennemførlighed af en række handlinger, der kan træffes i forsøg på at mindske antallet af tilfælde og dødsfald som følge af en influenzapandemi. Artiklen diskuterer også potentielle negative anden- og tredjeordenseffekter af afbødende handlinger, som beslutningstagere skal tage i betragtning. Endelig opsummerer artiklen forfatterens vurdering af den sandsynlige effektivitet og sandsynlige negative konsekvenser af en række sygdomsbekæmpende foranstaltninger og foreslår prioriteter og praktiske tiltag, der skal træffes. [danish google translation]

• **127 John J Cannell, Michael Zasloff, Cedric F Garland, Robert Scragg & Edward Giovannucci.** On the epidemiology of influenza. *Virology Journal* 5, Article number: 29 (2008).
<https://link.springer.com/article/10.1186/1743-422X-5-29>

The epidemiology of influenza swarms with incongruities, incongruities exhaustively detailed by the late British epidemiologist, Edgar Hope-Simpson. He was the first to propose a parsimonious theory explaining why influenza is, as Gregg said, "seemingly unmindful of traditional infectious disease behavioral patterns." Recent discoveries indicate vitamin D upregulates the endogenous antibiotics of innate immunity and suggest that the incongruities explored by Hope-Simpson may be secondary to the epidemiology of vitamin D deficiency. We identify – and attempt to explain – nine influenza conundrums: (1) Why is influenza both seasonal and ubiquitous and where is the virus between epidemics? (2) Why are the epidemics so explosive? (3) Why do they end so abruptly? (4) What explains the frequent coincidental timing of epidemics in countries of similar latitude? (5) Why is the serial interval obscure? (6) Why is the secondary attack rate so low? (7) Why did epidemics in previous ages spread so rapidly, despite the lack of modern transport? (8) Why does experimental inoculation of seronegative humans fail to cause illness in all the volunteers? (9) Why has influenza mortality of the aged not declined as their vaccination rates increased? We review recent discoveries about vitamin D's effects on innate immunity, human studies attempting sick-to-well transmission, naturalistic reports of human transmission, studies of serial interval, secondary attack rates, and relevant animal studies. We hypothesize that two factors explain the nine conundrums: vitamin D's seasonal and population effects on innate immunity, and the presence of a subpopulation of "good infectors." If true, our revision of Edgar Hope-Simpson's theory has profound implications for the prevention of influenza.

Epidemiologien af influenza sværmer med uoverensstemmelser, uoverensstemmelser udtømmende beskrevet af den afdøde britiske epidemiolog, Edgar Hope-Simpson. Han var den første til at foreslå en parsimonious teori, der forklarede, hvorfor influenza er, som Gregg sagde, "tilsyneladende ubemærket over traditionelle smitsomme sygdomsadfærdsmønstre." Nylige opdagelser indikerer, at D-vitamin opregulerer de endogene antibiotika af medfødt immunitet og antyder, at de uoverensstemmelser, der er undersøgt af Hope-Simpson, kan være sekundære til epidemiologien af D-vitaminmangel. Vi identificerer - og forsøger at forklare - ni influenzakonundrum: (1) Hvorfor er influenza både sæsonbestemt og allestedsnærværende, og hvor er virussen mellem epidemier? (2) Hvorfor er epidemierne så eksplosive? (3) Hvorfor slutter de så brat? (4) Hvad forklarer den hyppige sammenfaldende timing af epidemier i lande med lignende breddegrad? (5)

Hvorfor er det serielle interval uklart? (6) Hvorfor er den sekundære angrebsrate så lav? (7) Hvorfor spredte epidemier i tidligere tider sig så hurtigt på trods af manglen på moderne transport? (8) Hvorfor forårsager eksperimentel podning af seronegative mennesker ikke sygdom hos alle frivillige? (9) Hvorfor er influenzadødeligheden hos ældre ikke faldet, da deres vaccinationsrate steg? Vi gennemgår nylige opdagelser om D-vitaminets virkninger på medfødt immunitet, humanstudier, der forsøger sygdom i brøndtransmission, naturalistiske rapporter om human transmission, undersøgelser af serielt interval, sekundære angrebshastigheder og relevante dyreforsøg. Vi antager, at to faktorer forklarer de ni gåde: D-vitaminets sæson- og befolkningseffekter på medfødt immunitet og tilstedeværelsen af en underpopulation af "gode infektorer." Hvis det er sandt, har vores revision af Edgar Hope-Simpsons teori dybe konsekvenser for forebyggelse af influenza. [danish google translation]

- **128 Jerker Jonsson, Vägledning om kriterier förbedömning av smittfrihet vid covid-19,**

Folkhälsomyndigheten, Artikelnummer: 20110, 2020/07/21, Uppdaterad: 2020/11/30

<https://www.folkhalsomyndigheten.se/contentassets/b8ac06e9725640e6a1d258472346abfb/vagledning-anvandning-antigentester-covid-19.pdf>

Dokumentet vänder sig till vårdgivare, kliniska mikrobiologiska laboratorier samt andra regionala aktörer och har utarbetats för att utgöra ett stöd vid användning av antigen test för att påvisa pågående covid-19. Dokumentet ger även vägledning för vilka prestandakrav som rekommenderas för antigen test. Med antigen test avses snabbtest för påvisning av SARS-CoV-2 antigen.

The document is aimed at caregivers, clinical microbiological laboratories and other regional actors and has been prepared to provide support in the use of antigen tests to detect ongoing covid-19. The document also provides guidance on which performance requirements are recommended for antigen tests. -CoV-2 antigen. [english google translation]

Dokumentet henvender sig til pårørende, kliniske mikrobiologiske laboratorier og andre regionale aktører og er forberedt på at yde støtte til brugen af antigenforsøg til påvisning af igangværende covid-19. Dokumentet giver også vejledning om, hvilke præstationskrav, der anbefales til antigenforsøg. -CoV-2 antigen. [danish google translation]

- **129 Jeffrey Shaman, Marta Galanti, Direct Measurement of Rates of Asymptomatic Infection and Clinical Care-Seeking for Seasonal Coronavirus,** medRxiv preprint doi:

<https://doi.org/10.1101/2020.01.30.20019612> Department of Environmental Health Sciences, Mailman School of Public Health, Columbia University, 722 West 168th Street, New York, NY 10032, 2020/02/03
<https://www.medrxiv.org/content/10.1101/2020.01.30.20019612v1.full.pdf>

The pandemic potential of the novel coronavirus (nCoV) that emerged in Wuhan, China, during December 2019 is strongly tied to the number and contagiousness of undocumented human infections. Here we present findings from a proactive longitudinal sampling study of acute viral respiratory infections that documents rates of asymptomatic infection and clinical care seeking for seasonal coronavirus. We find that the majority of infections are asymptomatic by most symptom definitions and that only 4% of individuals experiencing a seasonal coronavirus infection episode sought medical care for their symptoms. These numbers indicate that a very high percentage of seasonal coronavirus infections are undocumented and provide a reference for understanding the spread of the emergent nCoV.

Det pandemiske potentiale for det nye coronavirus (nCoV), der opstod i Wuhan, Kina, i løbet af december 2019 er stærkt bundet til antallet og smitsomheden af dokumenterede menneskelige infektioner. Her præsenterer vi fund fra en proaktiv longitudinal samplingsundersøgelse af akutte virale luftvejsinfektioner, der dokumenterer satser for asymptomatisk infektion og klinisk pleje, der søger efter sæsonbestemt

coronavirus. Vi finder ud af, at størstedelen af infektioner er asymptomatiske efter de fleste definitioner af symptomer, og at kun 4% af individer, der oplever en sæsonbetiget episode med coronavirusinfektion, søgte lægehjælp for deres symptomer. Disse tal indikerer, at en meget høj procentdel af sæsonbestemte coronavirusinfektioner er udokumenteret og giver en reference til forståelse af spredningen af den nye nCoV. [danish google translation]

- **130 Florian Deisenhammer**, 6-month SARS-CoV-2 antibody persistency in a Tyrolian COVID-19 cohort, Wiener Klinische Wochenschrift. doi: 10.1007/s00508-020-01795-7. 2020/12/09. <https://pubmed.ncbi.nlm.nih.gov/33315138/>

As coronavirus disease 2019 caused by severe acute respiratory syndrome coronavirus 2 evolved only recently, the persistency of the anti-viral antibody response remains to be determined. Methods We prospectively followed 29 coronavirus disease 2019 cases, mean age 44 ± 13.2 years. Except for one participant with a pre-existing diagnosis of rheumatoid arthritis, all other participants were previously healthy. We determined anti-viral binding antibodies at 2–10 weeks, 3 months, and 6 months after disease onset as well as neutralizing antibodies at 6 months. Two binding antibody assays were used, targeting the S1 subunit of the spike protein, and the receptor binding domain.

Da coronavirus sygdom 2019 forårsaget af alvorligt akut respiratorisk syndrom coronavirus 2 først udviklede sig for nylig, er persistensen af antiviralt antistofrespons stadig at blive bestemt. Metoder Vi prospektivt fulgte 29 coronavirus disease 2019 sager, gennemsnitlig alder $44 \pm 13,2$ år. Bortset fra en deltager med en allerede eksisterende diagnose af reumatoid arthritis var alle andre deltagere tidligere raske. Vi bestemte antiviralt bindende antistoffer ved 2-10 uger, 3 måneder og 6 måneder efter sygdomsudbrud samt neutraliserende antistoffer efter 6 måneder. Der blev anvendt to bindende antistofassays, der var målrettet mod S1-underenheden af spike-proteinet og det receptorbindende domæne. [danish google translation]

16. On the Precautionary Principle

- **131 John Hardie BDS, MSc, PhD, FRCDC**. Thoughts and Concerns Regarding the New Corona Virus. Norman Pilon. 14/04/2020. <https://normanpilon.com/2020/05/26/thoughts-and-concerns-regarding-the-new-corona-virus-john-hardie-bds-msc-phd-frcdc>

The late winter and early spring of 2020 will be earmarked in history as the era of, “The Great Corona Virus Pandemic.” It remains undecided if this designation will be one praising the collective efforts of all to defeat an invisible foe, or if it will be remembered as a public health over reaction which precipitated an economic disaster. As this article is being written in late March to mid April 2020 it would be foolhardy to predict on which side of the equation the pandemic will be judged. However, the author has had a 35 year interest in infectious diseases and has, over the last six weeks, amassed a considerable amount of literature on the new corona virus. Reading this material has identified a recurring theme, an absence [of] actual information on the virus. It has led to the conclusion that the world has rushed to a premature assessment of a virus about which little is known. What follows are the authors thoughts and concerns that have justified this understanding of the corona pandemic.

Den sene vinter og det tidlige forår 2020 vil blive øremærket i historien som æra af "The Great Corona Virus Pandemic." Det forbliver uafgjort, om denne betegnelse er en, der roser den samlede indsats for alle for at besejre en usynlig fjende, eller hvis den vil blive husket som en folkesundhed over reaktion, der udløste en økonomisk katastrofe. Da denne artikel skrives i slutningen af marts til midten af april 2020, ville det være dårligt at forudsige på hvilken side af ligningen pandemien vil blive bedømt. Forfatteren har imidlertid haft en 35-årig interesse i infektiøse sygdomme og har i løbet af de sidste seks uger samlet en betydelig mængde litteratur om den nye koronavirus. Læsning af dette materiale har identificeret et tilbagevendende tema, et fravær [af] faktisk information om virussen. Det har ført til den konklusion, at verden er skyndte sig til en for tidlig vurdering af en virus, som kun lidt er kendt om. Det følgende er forfatterens tanker og bekymringer, der har retfærdiggjort denne forståelse af koronapandemien. [danish google translation]

- **132 Peter Doshi.** Covid-19: Do many people have pre-existing immunity?

BMJ 2020; 370 doi: <https://doi.org/10.1136/bmj.m3563> 2020/09/17.

<https://www.bmj.com/content/370/bmj.m3563>

It seemed a truth universally acknowledged that the human population had no pre-existing immunity to SARS-CoV-2, but is that actually the case? Peter Doshi explores the emerging research on immunological responses.

Det virkede som en sandhed, der var almindeligt anerkendt, at den menneskelige befolkning ikke havde nogen eksisterende immunitet over for SARS-CoV-2, men er det faktisk tilfældet? Peter Doshi udforsker den nye forskning i immunologiske reaktioner. [danish google translation]

EU-papers

- **133 Ottavio Marzocchi.** The Impact of Covid-19 Measures on Democracy, the Rule of Law and Fundamental Rights in the EU. Policy Department for Citizens' Rights and Constitutional Affairs.

2020/04/23.

[https://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_BRI\(2020\)651343](https://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_BRI(2020)651343)

This Briefing was prepared by the Policy Department for Citizens' Rights and Constitutional Affairs upon request of the LIBE committee Monitoring Group on Democracy, Rule of Law and Fundamental Rights. It focuses on the measures adopted by EU Member States to fight Covid-19 and their impact on democracy, the rule of law and fundamental rights in the EU. The Policy Department has monitored such measures and examined their impact in relation to: state of emergency and exceptional powers, the functioning of national parliaments and of the judiciary; freedom of movement; freedom of expression and of the media; freedom of assembly; privacy and data protection; asylum; prisons; discrimination and vulnerable groups; other issues of relevance for Art. 2 TEU. The monitoring exercise reveals a series of areas of possible concern for the EU and the European Parliament. This exercise is notably useful in preparation of the first annual inter-institutional monitoring exercise in the framework of the new European mechanism on the Rule of Law.

Denne briefing blev udarbejdet af Policy Department for Citizens 'Rights and Constitutional Affairs efter anmodning fra LIBE-udvalget Monitoring Group on Democracy, Rule of Law and Fundamental Rights. Det fokuserer på de foranstaltninger, der er vedtaget af EU-medlemsstaterne for at bekæmpe Covid-19 og deres indvirkning på demokrati, retsstatsprincippet og grundlæggende rettigheder i EU. Politikafdelingen har overvåget sådanne foranstaltninger og undersøgt deres indvirkning i relation til: undtagelsestilstand og ekstraordinære beføjelser; de nationale parlamenters og retsvæsenets funktion; fri bevægelighed ytringsfrihed og medier; forsamlingsfrihed privatliv og databeskyttelse asyl; fængsler; diskrimination og sårbare grupper andre spørgsmål af relevans for art. 2 TEU. Overvågningsøvelsen afslører en række områder, der kan være bekymrede for EU og Europa-Parlamentet. Denne øvelse er især nyttig til forberedelse af den første årlige interinstitutionelle overvågningsøvelse inden for rammerne af den nye europæiske mekanisme for retsstatsprincippet. [danish google translation]

Europaparlamentet holdt en høring hvor der var general bekymring omkring truslen mod demokratiet og krænkelse af menneskerettighederne og andre grundrettigheder under corona pandemien i medlemslandene og der blev sat spørgsmålstegn ved rationalet bag disse, ligesom EU's repræsentation i de enkelte lande blev opfordret til at være opmærksomme på disse forhold og følge dem nøje.

1. Den vigtigste sag der føres pt. er en sag imod corona PCR-testens skabere ledet af Drosten. Sagen som i det væsentlige handler om PCR-testens ugyldighed.
2. En portugisisk dom ved appelretten i Portugal har konkluderet at PCR-testen er ugyldig, og at den i øvrigt slet ikke kan anvendes uden en lægelig klinisk diagnose af patienten mv.

Retten sagde:

“Baseret på den nuværende videnskabelige dokumentation er denne test [RT-PCR-testen] i sig selv ude af stand til at fastslå uden rimelig tvivl om, at positivitet faktisk svarer til infektion med SARS-CoV-2-viruset af flere grunde, blandt andet hvilke to er altafgørende (hvortil man skal tilføje spørgsmålet om guldstandard, som på grund af dette spørgsmåls specificitet ikke vil blive overvejet her): testens pålidelighed afhænger af antallet af anvendte cyklusser; testens pålidelighed afhænger af den nuværende virale belastning. ”

Citerer Jaafar et al. (2020;) konkluderer domstolen, at “hvis nogen testes af PCR som positive, når der anvendes en tærskel på 35 cyklusser eller højere (som reglen i de fleste laboratorier i Europa og USA), er sandsynligheden for, at personen er inficeret $<3\%$, og sandsynligheden for, at resultatet er falsk positivt, er 97% . ” Retten bemærker endvidere, at den cyklustærskel, der anvendes til de PCR-test, der i øjeblikket foretages i Portugal, er ukendt.

Citerer Surkova et al. (2020)) fastslår retten endvidere, at enhver diagnostisk test skal fortolkes i sammenhæng med den faktiske sandsynlighed for sygdom som vurderet inden selve testen foretages og udtrykker den opfattelse, at “i det nuværende epidemiologiske landskab i USA Stater Kongerige, er sandsynligheden stigende for, at Covid 19-test returnerer falske positive med store konsekvenser for enkeltpersoner, sundhedssystemet og samfundet. ”

Retten's resumé af sagen for at træffe afgørelse mod den regionale sundhedsmyndigheds appel lyder som følger:

”I betragtning af hvor meget videnskabelig tvivl der findes - som udtrykt af eksperter, dvs. de der betyder noget - om pålideligheden af PCR-testene i betragtning af manglen på information om testens analytiske parametre og i mangel af en læges diagnose, der understøtter eksistens af infektion eller risiko, er der ingen måde, denne domstol nogensinde ville være i stand til at afgøre, om C faktisk var en bærer af SARS-CoV-2-virus, eller om A, B og D havde haft en høj risiko for eksponering for det . ”

The European Parliament held a hearing in which there were general concerns about the threat to democracy and human rights violations and other fundamental rights during the corona pandemic in Member States and the rationale behind them was questioned, as well as the EU Representation in each country. conditions and follow them closely.

1. *The most important case currently pending. is a case against the creators of the corona PCR test led by Drosten. The case which is essentially about the invalidity of the PCR test.*
2. *A Portuguese judgment of the Court of Appeal in Portugal has concluded that the PCR test is invalid and that it cannot be used at all without a medical clinical diagnosis of the patient, etc.*

The court said: “Based on the current scientific evidence, this test [the RT-PCR test] is in itself unable to establish without reasonable doubt that positivity actually corresponds to infection with the SARS-CoV-2 virus for several reasons, including other which two are paramount (to which must be added the question of the gold standard, which due to the specificity of this question will not be considered here): the reliability of the test depends on the number of cycles used; the reliability of the test depends on the current viral load. ”Citing Jaafar et al. (2020;) the court concludes that “if someone is tested by PCR as positive when a threshold of 35 cycles or higher is applied (as a rule in most laboratories in Europe and the USA), the

probability that the person is infected is < 3%, and the probability that the result is false positive is 97%. "The Court further notes that the cycle threshold used for the PCR tests currently being carried out in Portugal is unknown. Citing Surkova et al. (2020)) the court further states that any diagnostic test must be interpreted in the context of the actual probability of disease as assessed before the test itself is performed and expresses the view that "in the current epidemiological landscape of the United States of America, the probability is increasing, that the Covid 19 test returns false positives with major consequences for individuals, the health system and society. "The Court's summary of the case for decision against the Regional Health Authority's appeal is as follows:"Considering how much scientific doubt there is - as expressed by experts, ie. those that matter - on the reliability of the PCR tests given the lack of information on the analytical parameters of the test and in the absence of a doctor's diagnosis supporting the existence of infection or risk, there is no way this court would ever be able to determine whether C was in fact a carrier of the SARS-CoV-2 virus, or whether A, B and D had a high risk of exposure to it. " [english google translation]

Complete List of Court Case references

December, 2020 - The Netherlands - PCR test

Den hollandske gruppe fik medhold ved retten i at de havde den grundlovssikrede ret til at demonstrere trods forbud fra regeringen. Yderligere fik de medhold i at PCR testen ikke kan anvendes diagnostisk. Retten medgav også at men ikke kan forbyde borgere at ankomme til deres eget land. Gruppen fik også retten ord for at retten til kropslig integritet ikke kunne krænkes pga. corona pandemien. Det samme galt for privatlivets fred. Den 31. december blev yderligere en sag om retten til den personlige integritet vundet. Vedrørende ansigtsmasker bestemte retten, at disse kun kan påbydes, når der er dokumentation for deres virkning. Denne dokumentation kunne anklagede ikke fremlægge.

The Dutch group was upheld by the court in that they had the constitutional right to demonstrate despite bans from the government. In addition, they were upheld in that the PCR test cannot be used diagnostically. The court also acknowledged that but can not prohibit citizens from arriving in their own country. The group also received word from the court that the right to bodily integrity could not be violated due to the corona pandemic. The same goes for privacy. On December 31, another case of the right to privacy was won. With regard to face masks, the court ruled that these can only be imposed when there is evidence of their effect. The defendant could not provide this documentation.[english google translation]

- **134** C/161507259 / KG ZA 20/399. mr. G. C. L. van de Corput vs. R.P. Hendriks. 09/09/2020. Postbus 16005, 3500 DA Utrecht https://www.viruswaarheid.nl/wp-content/uploads/2020/09/vonnis-9-september-2020-Viruswaarheid_RIVM-1.pdf
- **135** C/161507259 / KG ZA 20/399. mr. G. C. L. van de Corput vs. R.P. Hendriks. 09/09/2020. Postbus 16005, 3500 DA Utrecht. **extract [english translation]**
- **136** C/161507259 / KG ZA 20/399. mr. G. C. L. van de Corput vs. R.P. Hendriks. 09/09/2020. Postbus 16005, 3500 DA Utrecht. **extract [danish translation]**
- **137** C/13/688324 / KG ZA 20-713 MvW/MAH. STICHTING VIRUSWAARHEID vs. VEILIGHEIDSREGIO AMSTERDAM-AMSTELLAND. Rechtspraak.nl. 19/08/2020. https://doezelfnormaal.nl/wp-content/uploads/2020/08/ECLI_NL_RBAMS_2020_4057.pdf
- **138** C/13/688324 / KG ZA 20-713 MvW/MAH. STICHTING VIRUSWAARHEID vs. VEILIGHEIDSREGIO AMSTERDAM-AMSTELLAND. Rechtspraak.nl. 19/08/2020. **extract [english translation]**

- **139** C/13/688324 / KG ZA 20-713 MvW/MAH. STICHTING VIRUSWAARHEID vs. VEILIGHEIDSREGIO AMSTERDAM-AMSTELLAND. Rechtspraak.nl. 19/08/2020. [**extract danish translation**]
- **140** C/091602 130 / KG ZA 20-1060. Stichting Viruswaarheid.nl, . Willem Christiaan Engel, Jeroen Sebastiaan Pols - Viruswaarheid c.s. vs. de Staat der Nederlanden – de Staat. 9/12/2020. Rechtbank den Haag. <https://viruswaarheid.nl/wp-content/uploads/2020/12/lees-exemplaar-uitspraak-kort-geding-KG-ZA-20-1060-partijen-St.-Viruswaarheid.nl-CS-versus-De-Staat-der-Nederlanden-1.pdf>
- **141** C/091602 130 / KG ZA 20-1060. Stichting Viruswaarheid.nl, . Willem Christiaan Engel, Jeroen Sebastiaan Pols - Viruswaarheid c.s. vs. de Staat der Nederlanden – de Staat. 9/12/2020. Rechtbank den Haag. **extract [english translation]**
- **142** C/091602 130 / KG ZA 20-1060. verdict. Stichting Viruswaarheid.nl, . Willem Christiaan Engel, Jeroen Sebastiaan Pols - Viruswaarheid c.s. vs. de Staat der Nederlanden – de Staat. 9/12/2020. Rechtbank den Haag. **extract [danish translation]**
- **143** C/091602130/KG ZA 20-1060. - Viruswaarheid c.s. vs. de Staat der Nederlanden. Subpoema.
- **144** C/091602130/KG ZA 20-1060. - Viruswaarheid c.s. vs. de Staat der Nederlanden. Subpoema. **[english translation]**
- **145** void number
- **146** C/09/593800/ KG ZA 20/493. Staat der Nederlanden (Ministerie van Volksgezondheid en Sport en Ministerie van Justitie en Veiligheid), gedaagde vs. 1. Willem Engel, wonend te Rotterdam, 2. stichting Stichting Viruswaarheid.ni, gevestigd te Rotterdam, 3. Jeroen Sebastiaan Pols., eisers. Rechtbank den Haag 24/ 07/2020.
- **147** C/09/593800/ KG ZA 20/493. Staat der Nederlanden (Ministerie van Volksgezondheid en Sport en Ministerie van Justitie en Veiligheid), gedaagde vs. 1. Willem Engel, wonend te Rotterdam, 2. stichting Stichting Viruswaarheid.ni, gevestigd te Rotterdam, 3. Jeroen Sebastiaan Pols., eisers. Rechtbank den Haag 24/ 07/2020. **[extract english translation]**
- **148** C/09/593800/ KG ZA 20/493. Staat der Nederlanden (Ministerie van Volksgezondheid en Sport en Ministerie van Justitie en Veiligheid), gedaagde vs. 1. Willem Engel, wonend te Rotterdam, 2. stichting Stichting Viruswaarheid.ni, gevestigd te Rotterdam, 3. Jeroen Sebastiaan Pols., eisers. Rechtbank den Haag 24/ 07/2020. **[extract danish translation]**
- **149** C/09/604963/ KG ZA 20-1256. Eisers c. s. vs. DE STAAT DER NEDERLANDEN – de Staat. 31/12/2020. Rechtbank den Haag. <https://rechtennieuws.nl/wp-content/uploads/2021/01/KG-ZA-20-1256-Vonnis-in-kort-geding-van-31-december-20201.pdf>
- **150** C/09/604963/ KG ZA 20-1256. Eisers c. s. vs. DE STAAT DER NEDERLANDEN – de Staat. 31/12/2020. Rechtbank den Haag. **[extract english translation]**
- **151** C/09/604963/ KG ZA 20-1256. Eisers c. s. vs. DE STAAT DER NEDERLANDEN – de Staat. 31/12/2020. Rechtbank den Haag. **[extract danish translation]**

December, 2020 - France - Mouth mask mandatory

Retten afviste bestemmelse om at bære maske udendørs da den fandt at det ikke var produktivt.

The court rejected the decision to wear the mask outdoors as it found that it was not productive. [english google translation]

- **152** Jeanne-Marie Marco, France Bleu Occitanie, France Bleu . Le port du masque obligatoire en Ariège jugé illégal par le tribunal administratif de Toulouse. france bleu. 24/12/2020.
<https://www.francebleu.fr/infos/societe/le-port-du-masque-obligatoire-en-ariege-juge-illegal-par-le-tribunal-administratif-de-toulouse-1608811406>

Le tribunal administratif de Toulouse donne raison ce jeudi aux personnes ayant contesté le port du masque obligatoire en extérieur en Ariège. En effet, la préfète a imposé le masque sanitaire dans l'ensemble du département depuis le 30 octobre dernier et jusqu'au 20 janvier 2021. Arrêté retoqué "en raison de l'atteinte disproportionnée portée à la liberté d'aller et venir et au droit de chacun au respect de sa liberté personnelle" peut-on lire dans le communiqué du tribunal.

The Toulouse administrative court ruled in favor this Thursday to those who challenged the wearing of the compulsory mask outdoors in Ariège. Indeed, the prefect imposed the sanitary mask in the whole of the department since last October 30 and until January 20, 2021. Order retoked "because of the disproportionate interference with the freedom to come and go and to everyone's right to respect for their personal freedom "can be read in the court's press release.[english google translation]

Forvaltningsretten i Toulouse traf torsdag afgørelse til fordel for dem, der anfægtede at bære den obligatoriske maske udendørs i Ariège. Præferencen pålagde sanitetsmasken i hele afdelingen siden 30. oktober og indtil 20. januar 2021. Ordren trækkes tilbage "på grund af den uforholdsmæssige indblanding i friheden til at komme og gå og til alles ret til respekt for deres personlige frihed "kan læses i domstolens pressemeddelelse. [danish google translation]

- **153** Jeanne-Marie Marco, France Bleu Occitanie, France Bleu . Le port du masque obligatoire en Ariège jugé illégal par le tribunal administratif de Toulouse. france bleu. 24/12/2020. **[english translation]**

- **154** Jeanne-Marie Marco, France Bleu Occitanie, France Bleu . Le port du masque obligatoire en Ariège jugé illégal par le tribunal administratif de Toulouse. france bleu. 24/12/2020. **[danish translation]**

December, 2020 - Austria - Mandatory mouth mask in schools

Påbuddet om ansigtsmasker blev annulleret, da myndighederne ikke kunne dokumentere det gavnlige ved dem videnskabeligt.

The injunction on face masks was canceled as the authorities could not document the benefits of them scientifically. [english google translation]

- **155** V 436/2020-15 . Mag. Günter Novak Kaiser Rechtsanwalt GmbH vs. Verordnung des Bundesministers für Bildung, Wissenschaft und Forschung zur Bewältigung der COVID-19 .
Verfassungsgerichtshof Freyung 8, A-1010 Wien . 10/12/2020.
https://www.vfgh.gov.at/downloads/VfGH_10.12.2020_V_436_2020_Covid-Massnahmen_in_Schulen.pdf

- **156** Verfassungsgerichtshof Österreich. COVID-19: Maskenpflicht im Schulgebäude und Klassenteilung im Frühjahr waren gesetzwidrig . Verfassungsgerichtshof Österreich.23/12/2020. https://www.vfgh.gv.at/medien/Covid_Schulen.php

Zur Bewältigung der Folgen von COVID-19 im Schulwesen wurde mit Verordnung des Bundesministers für Bildung, Wissenschaft und Forschung im Mai 2020 für das (verbleibende) Schuljahr 2019/2020 angeordnet, dass die Schulklassen in zwei Gruppen geteilt und abwechselnd im Präsenzunterricht in der Schule unterrichtet werden. Darüber hinaus wurde vorgeschrieben, dass alle Personen im Schulgebäude, ausgenommen in der Unterrichtszeit, eine den Mund- und Nasenbereich abdeckende mechanische Schutzvorrichtung tragen müssen.

- **157** Verfassungsgerichtshof Österreich. COVID-19: Maskenpflicht im Schulgebäude und Klassenteilung im Frühjahr waren gesetzwidrig . Verfassungsgerichtshof Österreich.23/12/2020. [english translation]
- **158** Verfassungsgerichtshof Österreich. COVID-19: Maskenpflicht im Schulgebäude und Klassenteilung im Frühjahr waren gesetzwidrig . Verfassungsgerichtshof Österreich.23/12/2020. [danish translation]

December, 2020 - United States - Case closure GYM

Ejeren af et sportscenter vandt retten til at holde åbent da retten fandt lukning ude af proportioner med faren. Konstitutionen må vinde hvis der ikke er meget vægtige grunde til andet, mente dommeren.

The owner of a sports center won the right to stay open when the court found closure out of proportion to the danger. The constitution must win if there are not very compelling reasons for otherwise, the judge said. [english google translation]

159 Jack Davis. Court Hands Defiant Gym Owner a Huge Win Over Cuomo's Restrictions Western Journal. 23/12/2020.. <https://www.westernjournal.com/court-hands-defiant-gym-owner-huge-win-cuomos-restrictions/>

Santa came a bit early for Western New York gym owner Robbie Dinero in the form of a preliminary injunction from a state judge that allows him to reopen his gym at fullcapacity. The oral ruling Wednesday by State Supreme Court Judge Judge Paul B. Wojtaszeksaid the state's order closing gyms was arbitrary and capricious, attorney PaulCambria said, WGRZ-TVreported.

- **160** Jack Davis. Court Hands Defiant Gym Owner a Huge Win Over Cuomo's Restrictions. Western Journal. 23/12/2020. . [danish translation]

Julemanden kom lidt tidligt for den vestlige New York gymnastikejer Robbie Dinero i form af et foreløbigt påbud fra en statsdommer, der tillader ham at genåbne sit gymnastiksal med fuld kapacitet. Den mundtlige afgørelse onsdag af dommer Paul B. Wojtaszeks sagde statens højesteretsdommer, dommer Paul B. Wojtaszeks advokat PaulCambria sagde, WGRZ-TV rapporterede om, at lukning af fitnesscentre var vilkårlig og lunefuld. [danish google translation]

December, 2020 - Bosnia Herzegovina - Corona measures

AP3683/20 Med henvisning til en Europæiske konvention der beskytter menneskerettigheder og grundlæggende friheder konkluderede forfatningsdomstolen, at corona restriktionerne var ulovlige.

AP3683 / 20 Referring to a European Convention for the Protection of Human Rights and Fundamental Freedoms, the Constitutional Court concluded that corona restrictions were illegal. [english google translation]

- **161** Ustavni Sud Bosne i Hercegovine. 120. sjednica Velikog vijeća. 22/12/2020. Ustavni Sud Bosne i Hercegovine. <http://www.ccbh.ba/novosti/sjednice/?id=65a5bbe8-8d4d-42bb-aa89-429c8e83dcf3&lang=bs>
- **162** Ustavni Sud Bosne i Hercegovine. 120. sjednica Velikog vijeća. 22/12/2020. Ustavni Sud Bosne i Hercegovine. **[english translation]**
- **163** Ustavni Sud Bosne i Hercegovine. 120. sjednica Velikog vijeća. 22/12/2020. Ustavni Sud Bosne i Hercegovine. **[danish translation]**

December 11, 2020 - South Africa - ban of tobacco product sale

Western Cape High Court fandt at forbuddet mod salg af cigaretter ikke var tilstrækkelig begrundet i hensynet til manglende kapacitet på sygehusene. Retten fandt også at myndighederne ikke kunne tilsidesætte de grundrettigheder som konstitutionen indebar med henvisning til corona pandemien.

The Western Cape High Court found that the ban on the sale of cigarettes was not sufficiently justified in view of the lack of capacity in the hospitals. The court also found that the authorities could not override the fundamental rights that the constitution entailed with reference to the corona pandemic. [english google translation]

- **164** British American Tobacco South Africa (Pty). Ltd and Others v Minister of Co-operative Governance and Traditional Affairs and Others (6118/2020) [2020] ZAWCHC 180. 11 December 2020. <https://www.iol.co.za/news/politics/court-rules-ban-on-cigarette-sales-unconstitutional-to-avoid-a-repeat-90da82a7-f176-4392-b5d1-1e7f97c0d7f9>

Cape Town – Even though the cigarette ban was lifted at the end of August, in a reserved judgment, the Western Cape High Court ruled on Friday that the tobacco sales ban during the hard lockdown was not constitutional.

Cape Town - Selvom cigaretforbuddet blev ophævet i slutningen af august, besluttede Western Cape High Court i en forbeholdt dom fredag, at forbuddet mod salg af tobak under den hårde nedlåsning ikke var forfatningsmæssigt. [danish google translation]

- **165** British American Tobacco South Africa (Pty). Ltd and Others v Minister of Co-operative Governance and Traditional Affairs and Others (6118/2020) [2020] ZAWCHC 180 (11 December 2020), **[danish translation]**

November 2020 - United States - Closure of religious institutions

US Supreme Court fandt at grundrettigheden religionsfrihed i konstitutionen ikke kunne tilsidesættes med begrundelse i corona pandemien.

The U.S. Supreme Court found that the fundamental right to religious freedom in the Constitution could not be violated on the grounds of the corona pandemic. [english google translation]

- **166** Totenbetg N.. Supreme Court Says New York Can't Limit Attendance In Houses of Worship Due To COVID. npr. 26/11/2020. <https://www.npr.org/sections/coronavirus-live->

updates/2020/11/26/939264852/supreme-court-says-new-york-cant-limit-attendance-in-houses-of-worship-due-to-co?t=1611486484668

The U.S. Supreme Court has temporarily barred New York from enforcing strict attendance limits on places of worship in areas designated coronavirus hot spots, in a decision released just before midnight on Wednesday

- **167** Nina Totenberg. Supreme Court Says New York Can't Limit Attendance In Houses of Worship Due To COVID. npr. 26/11/2020. . **[danish translation]**

December, 2020 - France - Limit number of churchgoers

Retten fandt at corona restriktionerne ikke var sagligt begrundede.

The court found that the corona restrictions were not objectively justified. [englsih google translation]

- **168** France 24 with REUTERS. France's top court orders review of Covid-19 restrictions on church attendance. France 24. 29/11/2020. <https://www.france24.com/en/france/20201129-france-must-review-covid-19-restrictions-on-church-attendance-top-court-rules>

France's State Council, the country's highest court, has ordered the government to review a rule limiting the number of people in churches during religious services to 30.

Frankrigs statsråd, landets højeste domstol, har beordret regeringen til at gennemgå en regel, der begrænser antallet af mennesker i kirker under gudstjenester til 30. [danish google translation]

- **169** France 24 with REUTERS. France's top court orders review of Covid-19 restrictions on church attendance. France 24. 29/11/2020. **[danish transation]**

November, 2020 - Portugal - PCR test

- **170** Natasha Donn. Judges in Portugal highlight "more than debatable" reliability of Covid test. Portugal resident. 20/11/2020. <https://www.portugalresident.com/judges-in-portugal-highlight-more-than-debatable-reliability-of-covid-tests/>

With the country assailed daily by news of rising case numbers, judges in Lisbon have described the reliability of tests being rolled out in their tens of thousands as "more than debatable".

Da landet dagligt angribes af nyheder om stigende sagsantal, har dommere i Lissabon beskrevet pålideligheden af test, der rulles ud i deres titusinder som "mere end diskutabelt". [danish google translation]

- **171** Natasha Donn. Judges in Portugal highlight "more than debatable" reliability of Covid test.. Portugal resident 20/11/2020. **[danish translation]**
- **172** 1783/20.7T8PDL.L1. Tribunal Judicial da Comarca dos Açores-Juízo de Instrução Criminal de Ponta Delgada. Rua do Arsenal-Letra G1100-038 Lisboa. 11/11/2020.

- **173** OOC admin. Portuguese high court rules that the RT-PCR-test for COVID-19 is invalid. OOC. 29/1/2020. <https://www.ooc.one/2020/11/29/portuguese-high-court-rules-that-the-rt-pcr-test-for-covid-19-is-invalid/>

Den Portugisisk landsret har afgjort, at RT-PCR-testen er ugyldig til påvisning af COVID-19, da 97% af de positive svar er falsk positive (ved 35 cyklusser) I Danmark bruger vi ifølge Statens Serumsinstitut en test med 38 cyklusser, hvilket gør antallet af falsk positive endnu højere, tæt på 100%. Hermed falder hele grundlaget for corona pandemien væk, alle der døde, døde af noget andet, alle der blev syge blev syge af noget andet, alle der fik senfølger fik dem af noget andet.

The Portuguese High Court has ruled that the RT-PCR test is invalid for the detection of COVID-19, as 97% of the positive answers are false positive (at 35 cycles) In Denmark, according to the Statens Serumsinstitut, we use a test with 38 cycles, which makes the number of false positives even higher, close to 100%. With this, the whole basis of the corona pandemic falls away, everyone who died, died of something else, everyone who got sick got sick of something else, everyone who had late effects got them of something else. [english google translation]

October, 2020 - Austria - Corona measures

Konstitutionsdomstolen VfGH forstod ikke den faglige begrundelse der blev anført af myndighederne for corona restriktionerne og fandt en lang række af den ulovlige fordi de var i modstrid med konstitutionen.

The Constitutional Court VfGH did not understand the professional justification given by the authorities for the corona restrictions and found a large number of the illegal ones because they were in conflict with the Constitution. [english google translation]

- **174** Maria Jelenko-Benedikt. Diese Covid-19-Maßnahmen im Lockdown waren gesetzeswidrig. meinbezirk.at. 30/10/2020. https://www.meinbezirk.at/c-politik/diese-covid-19-massnahmen-im-lockdown-waren-gesetzeswidrig_a4322953

Vor einem neuerlichen Lockdown, den die Bundesregierung am Samstag wohl verkünden wird, hat der Verfassungsgerichtshof (VfGH) festgestellt, dass eine Reihe von COVID-19-Maßnahmen gesetzeswidrig waren, die im Frühjahr 2020 gegolten haben. Auch die Frage zum Einsatz von Zivildienern wurde vom obersten Gericht behandelt.

Before a new lockdown, which the federal government will probably announce on Saturday, the Constitutional Court (VfGH) ruled that a number of COVID-19 measures that were in force in spring 2020 were illegal. The question of the use of civil servants was also dealt with by the highest court. [english google translation]

Forud for en nylig låsning, som sandsynligvis vil blive annonceret af den føderale regering lørdag, besluttede forfatningsdomstolen (VfGH), at en række COVID-19-foranstaltninger, der var gyldige i foråret 2020, var ulovlige. Spørgsmålet om brugen af embedsmænd blev også behandlet af Højesteret. [danish google translation]

- **175** Maria Jelenko-Benedikt. Diese Covid-19-Maßnahmen im Lockdown waren gesetzeswidrig. meinbezirk.at. 30/10/2020. **[english translation]**

- 176 Maria Jelenko-Benedikt. Diese Covid-19-Maßnahmen im Lockdown waren gesetzeswidrig. meinbezirk.at. 30/10/2020. [**danish translation**]

December, 2020 – Germany – PCR test and False Coronavirus Claim

- **177** Green Mango GmbH, vertreten durch Nils Roth v. Prof Dr. Christian Drosten. Charité - Universitätsmedizin Berlin Institut für Virologie Prof. Dr. Christian Drosten Charitéplatz 110117 Berlin. 15/12/2020. https://corona-transition.org/IMG/pdf/drosten_fuellmich_green_mango_15-12-20_wp-1608081565043.pdf

Sehr geehrter Herr Professor Drosten,

hiermit zeigen wir an, dass uns die Green Mango GmbH, Bülowstrasse 56,

10783 Berlin, vertreten durch den Geschäftsführer, Herrn Nils Roth, ausweislich der beigefügten Vollmacht mit der Wahrnehmung ihrer Interessen

beauftragt hat. Unsere Mandantin erlitt und erleidet durch die grob unverhältnismäßigen und ohne evidenzbasiertes Fundament verhängten Maßnahmen zur Eindämmung der COVID-19-Pandemie erheblichen Schaden. (...)

Dear Professor Drosten, We hereby indicate that Green Mango GmbH, Bülowstrasse 56, 10783 Berlin, represented by the managing director, Mr. Nils Roth, as evidenced by the attached power of attorney with the protection of your interest has commissioned. Our client suffered and is still suffering considerable damage from the grossly disproportionate and without evidence-based foundation measures to contain the COVID-19 pandemic. (...) [english google translation]

Kære professor Drosten, Vi angiver hermed, at Green Mango GmbH, Bülowstrasse 56, 10783 Berlin, repræsenteret af den administrerende direktør, hr. Nils Roth, som det fremgår af vedlagte fuldmagt med beskyttelse af dine interesser har bestilt. Vores klient led og lider stadig betydelig skade på grund af den stærkt uforholdsmæssige og uden evidensbaserede grundlæggende foranstaltninger til at indeholde COVID-19-pandemien. [danish google translation]

- **178** Green Mango GmbH, vertreten durch Nils Roth v. Prof Dr. Christian Drosten. Charité - Universitätsmedizin Berlin Institut für Virologie Prof. Dr. Christian Drosten Charitéplatz 110117 Berlin. 15/12/2020. [**english translation**]

- **179** Green Mango GmbH, vertreten durch Nils Roth v. Prof Dr. Christian Drosten. Charité - Universitätsmedizin Berlin Institut für Virologie Prof. Dr. Christian Drosten Charitéplatz 110117 Berlin. 15/12/2020. [**danish translation**]

January 11, 2021, Germany - weimar court case

Tysk dom medgiver at lockdown er usaglig, skadelig og ulovlig.

German judgment admits that lockdown is unreasonable, harmful and illegal. [english google translation]

- 180 6 OWi - 523 Js 202518/20. Amtsgerichtes Weimar. 11/1/2021.
- 181 6 OWi - 523 Js 202518/20. Amtsgerichtes Weimar. 11/1/2021. [**english translation**]
- 182 6 OWi - 523 Js 202518/20. Amtsgerichtes Weimar. 11/1/2021. [**danish translation**]

Reference list videos

- **183 Dkdox.tv.** Ventegodt om Immunsystemet (1/2). <https://dkdox.tv/videos/DK21011>. 2021/01/11

Formanden for Organisationen til Oplysning om Corona, Søren Ventegodt, advarer mod de nye mRNA-vacciner i en pædagogisk gennemgang over to afsnit. Første del er generelt om immunsystemet.

The chairman of the Organization for Information on Corona, Søren Ventegodt, warns against the new mRNA vaccines in a pedagogical review of two sections. The first part is generally about the immune system.[english google translation]

- **184 Dkdox.tv.** Ventegodt om Corona-vacciner (2/2). <https://dkdox.tv/videos/DK21012>. 2021/01/11

Formanden for Organisationen til Oplysning om Corona, Søren Ventegodt, advarer mod de nye mRNA-vacciner i en pædagogisk gennemgang over to afsnit. Anden del er om de nye corona-vacciner.

The chairman of the Organization for Information on Corona, Søren Ventegodt, warns against the new mRNA vaccines in a pedagogical review of two sections. The second part is about the new corona vaccine. [english google translation]

- **185 Dkdox.tv.** Ny vaccine farligere end virus. <https://dkdox.tv/videos/Nyvaccinefarligereendvirus>. 2020/12/27

Ukendte risici for bivirkninger af genterapi. De nye Covid-19 vacciner er i virkeligheden farlig genterapi, der giver risiko for sterilitet og autoimmune sygdomme, hvor immunforsvaret angriber kroppens eget væv. Den advarsel giver læge og formand for Organisationen til Oplysning om Corona (OOC), Søren Ventegodt, i denne episode af Update.

Unknown risks of side effects of gene therapy. The new Covid-19 vaccines are in fact dangerous gene therapy, which poses a risk of sterility and autoimmune diseases, where the immune system attacks the body's own tissue. of Update. [english google translation]

- **186 Dkdox.tv.** Videnskabsfolk dumper PCR-test. <https://dkdox.tv/videos/VidenskabsfolkdumperPCRtest>. 2020/12/09

Seruminstitutets Covid-19 test er ubrugelig. PCR-testen, der bruges i Danmark til at teste for Covid-19, blev i januar udviklet og publiceret på få dage. Nu har internationale eksperter underlagt metoden et peer-review. De konkluderer at mindst 97% af positive testresultater er falske og udpeger hele 10 fejl og mangler i metoden. Ifølge forskerne er det uundgåeligt, at testen trækkes tilbage fordi den er ubrugelig. Update møder lektor emeritus i kemi, Niels Harrit og Søren Ventegodt, læge og formand for Organisationen til Oplysning om Corona (OCC) for at forstå betydningen.

The Serum Institute's Covid-19 test is useless

The PCR test, which is used in Denmark to test for Covid-19, was developed and published in a few days in January. Now international experts have subjected the method to a peer review. They conclude that at least 97% of positive test results are false and point to as many as 10 errors and omissions in the method. According to the researchers, it is inevitable that the test will be withdrawn because it is useless.[english google translation]

- **187 Dkdox.tv.** 97% tester falsk positiv for Covid-19 . <https://dkdox.tv/videos/97testerfalskpositivforCovid19>. 2020/11/30

Portugisisk dom slår fast at PCR testen er ubrugelig. Update handler denne gang om PCR testen, der bruges til at diagnosticere Covid-19. Vi har mødt Søren Ventegodt, formand for OOC—Organisationen til Oplysning om Corona. Han mener at måden, vi tester på, er med til at give et falsk indtryk af, hvor mange der egentlig er smittet med Covid-19.

Portuguese judgment states that the PCR test is useless. Update this time is about the PCR test used to diagnose Covid-19. We have met Søren Ventegodt, chairman of the OOC Organization for Information on Corona. He believes that the way we test helps to give a false impression of how many people are actually infected with Covid-19.[english google translation]

- **188 Dkdox.tv.** Vågn op og sig fra!. <https://dkdox.tv/videos/V%C3%A5gnopogsigfra>. 2020/11/04
"Den falske coronapandemi truer planetens fremtid". Update er denne gang på Rådhuspladsen for at tale med Søren Ventegodt om udstillingen "Frihedens fakkel". Udstillingen består bl.a. af følgende tekst: OOCs Frihedens fakkel Du er blevet ført bag lyset. Vågn op og sig fra! Her er hvad 100.000 læger og eksperter verden over har erklæret sig enige i: Corona er ikke farligere end en almindelig influenza – Kun de allersvageste af de allerældste dør!

"The false corona pandemic threatens the future of the planet". Update is this time at Rådhuspladsen to talk to Søren Ventegodt about the exhibition "The Torch of Freedom". The exhibition includes of the following text: OOCs The Torch of Freedom You have been led behind the light. Wake up and say no! Here's what 100,000 doctors and experts around the world have agreed on: Corona is no more dangerous than a common flu - Only the very weakest of the very oldest die![english google translation]

- **189 Dkdox.tv.** Pandemien og problemet med vacciner.
<https://dkdox.tv/videos/Pandemienogproblemetmedvacciner>. 2020/08/15

Søren Ventegodt, formand for OOC – Organisationen til Oplysning om Corona, er en kontroversiel person som mange har en mening om. Det kunne dkdox.tv godt mærke efter sidste interview vi lavede med Søren. Derfor har vi lavet et opfølgende interview med Søren Ventegodt for at stille ham nogen af de spørgsmål som vores seere har ønsket at få svar på.

Søren Ventegodt, chairman of OOC - The Organization for Enlightenment about Corona, is a controversial person that many have an opinion about. Dkdox.tv could feel it after the last interview we did with Søren. Therefore, we have done a follow-up interview with Søren Ventegodt to ask him some of the questions that our viewers have wanted answers to.[english google translation]

- **190 Dkdox.tv.** Huxi Bachs interview med Søren Ventegodt.
<https://dkdox.tv/videos/HuxiBachsinterviewmedS%C3%B8renVentegodt>. 2020/08/27

Her bringer dkdox.tv hele det rå og uredigerede interview

Here, dkdox.tv brings the whole raw and unedited interview.[english google translation]

- **191 Dkdox.tv.** Ny forening stævner statsministeren. 2020/07/26. <https://www.ooc.one/videos-fra-ooc/>.

Update har denne gang besøgt Søren Ventegodt, formand for OOC – Organisationen til Oplysning om Corona.

Update has this time visited Søren Ventegodt, chairman of the OOC - Organization for Information about Corona.[english google translation]

- **192 Dkdox.tv.** Huxi Bachs redigerede sandhed.
<https://dkdox.tv/videos/HuxiBachsredigeredesandhed>. 2020/08/27

Narrativ journalistik og den manglende objektivitet

Hvem skal man lytte til, når de døde ikke svarer på Facebook? De buttede børn, konspirationsteorier eller rigtige eksperter? I Huxi Bachs program er der ingen tvivl, men som denne udsendelse viser, er der god grund til skepsis overfor en iscenesat og redigeret virkelighed.

Narrative journalism and the lack of objectivity. Who to listen to when the dead do not respond on Facebook? The chubby kids, conspiracy theories or real experts? In Huxi Bach's program, there is no doubt, but as this broadcast shows, there is good reason for skepticism about a staged and edited reality.[english google translation]

- **193 Cafe Weltschmerz.** A malignant crisis that is entirely driven by misinformation: Stefan Noordhoek en Wolfgang Wodarg.

https://www.youtube.com/watch?v=BrBuv6kq6Rc&ab_channel=CafeWeltschmerz. 2020/05/05

Den nu verdensberømte Dr. Wolfgang Wodarg - der har årtiers erfaring med vira, epidemier og deres konsekvenser - præsenterer sin vision om Corona 'krisen'. En ondartet krise, der udelukkende er drevet af misinformation og panik. På den ene side en 'Corona-test', der opdager gamle coronavirus, der har cirkuleret blandt mennesker i lang tid. Udført i stadigt stigende antal resulterer disse pr. Definition i stadigt stigende antal positive tests - alarmerende mærket 'tilfælde'. En influenzabølge, der i den medicinske verden og medierne kun består af 'Corona', og hvor alle andre respiratoriske vira, der også deltager, pludselig forsvinder fra billedet. Et verdensomspændende antal influenzaofre, der er helt i tråd med andre år. Og på den anden side en 'sygdom' COVID-19, der ikke har nogen specifikke symptomer, men hovedsagelig er forårsaget af panik. Panik, der har skabt problemer for hospitaler og sundhedsudbydere i forskellige dele af verden, ikke på grund af 'selve sygdommen', men på grund af andre forskellige omstændigheder, herunder befolkningsstruktur, sundhed, kvalitet og kapacitet i forhold til pleje og ofte dødelige (ICU / vejtrækning) behandling.

The now world-famous Dr. Wolfgang Wodarg - who has decades of experience with viruses, epidemics and their consequences - presents his vision on the Corona 'Crisis'. A malignant crisis that is entirely driven by misinformation and panic. On the one hand, a 'Corona test' that detects old coronaviruses that have been circulating among people for a long time. Performed in ever-increasing numbers these by definition result in ever-increasing numbers of positive tests - alarming labeled 'cases'. A flu wave that in the medical world and the media only consists of 'Corona' and where all other respiratory viruses that also participate suddenly disappear from the picture. A worldwide total number of flu victims that is completely in line with other years. And on the other hand, a 'disease' COVID-19 that has no specific symptoms but is mainly caused by panic. Panic that has caused problems for hospitals and healthcare providers in various parts of the world, not because of 'the disease itself', but because of other diverse circumstances, including population structure, health, quality and capacity vs. care and the often fatal (ICU/breathing) treatment.[english google translation]

- **194 Ken Walton. Dr. Wolfgang Wodarg-** The TRUTH about Corona (Audio Translation).

https://www.youtube.com/watch?v=TLiputnTdeg&ab_channel=KenWalton. 2020/03/18

Der Corona-Hype basiert nicht auf einer außergewöhnlichen Gefahr für die öffentliche Gesundheit. Es verursacht jedoch erheblichen Schaden für unsere Freiheit und Persönlichkeitsrechte durch leichtfertige und ungerechtfertigte Quarantänemaßnahmen und -beschränkungen. Die Bilder in den Medien sind erschreckend und der Verkehr in Chinas Städten scheint durch das klinische Thermometer reguliert zu werden.

Die evidenzbasierte epidemiologische Bewertung ertrinkt im Mainstream der Angstmacher in Labors, Medien und Ministerien.

The corona hype is not based on any extraordinary public health danger. However, it causes considerable damage to our freedom and personal rights through frivolous and unjustified quarantine measures and restrictions. The images in the media are frightening and the traffic in China's cities seems to be regulated by the clinical thermometer.

Evidence-based epidemiological assessment is drowning in the mainstream of fear mongers in labs, media, and ministries.[english google translation]

Koronahypen er ikke baseret på nogen ekstraordinær fare for folkesundheden. Det medfører imidlertid betydelig skade på vores frihed og personlige rettigheder gennem useriøse og uberettigede karantæneforanstaltninger og begrænsninger. Billederne i medierne er skræmmende, og trafikken i Kinas byer synes at være reguleret af det kliniske termometer.

Evidensbaseret epidemiologisk vurdering drukner i mainstream af frygthandlere i laboratorier, medier og ministerier.[danish google translation]

• **195 Lokalheute.** "Stoppt die Corona-Panik" - Ex-Gesundheitsamtsleiter Dr. Wolfgang Wodarg (Interview, Dokumentation).

https://www.youtube.com/watch?v=XnIT3rPNUp0&ab_channel=LOKALHEUTE. 2020/03/17

"Die gegenwärtige Panik hat nichts mit Krankheit oder Epidemien zu tun". Das behauptet Dr. Wolfgang Wodarg - Pulmonologist und ehemaliger Leiter eines Gesundheitsamtes mit eigenem Monitoring-System für Grippe-Erkrankungen.“

"The current panic has nothing to do with disease or epidemics." This is what Dr. claims. Wolfgang Wodarg - Pulmonologist and former head of a health office with its own monitoring system for influenza diseases. “[english google translation]

"Den nuværende panik har intet at gøre med sygdom eller epidemier". Dette er hvad Dr. Wolfgang Wodarg - pulmonolog og tidligere leder af en sundhedsafdeling med eget overvågningssystem for influenzasygdomme. “[danish google translation]

• **196 Bhara Swarnat Party Prof. Sucharit Bhakdi on video.**

https://www.youtube.com/watch?reload=9&v=oZreyzYo0Bs&ab_channel=SwarnaBharatParty 2020/11/15.

PCR tests are NOT designed as a diagnostic tool; it must NEVER be mass-administered, A "positive" test is NOT proof of COVID-19, Even a genuine positive test likely means a tiny amount of RNA that is not harmful.

PCR-test er IKKE designet som et diagnostisk værktøj; det må ALDRIG masseadministreres. En "positiv" test er IKKE bevis for COVID-19. Selv en ægte positiv test betyder sandsynligvis en lille mængde RNA, der ikke er skadelig. [danish google translation]

• **197 Arkady Etkin Prof. Sucharit Bhakdi on video.**

<https://www.youtube.com/watch?v=WbWJ4xIPaKA> 2020/10/5.

Any sense in vaccine against COVID?, senseless policy of the lock down and the order to wear masks.

Enhver mening i vaccine mod COVID ?, meningsløs politik for låsning og ordren om at bære masker[danish google translation]

• **198 FPÖ TV Prof. Sucharit Bhakdi on video.** 2020/10/13.

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

99,9% der Menschen werden an Corona nicht sterben. Trotzdem spricht die schwarz-grüne Regierung immer wieder von einem Corona-Impfstoff. Doch ist ein Impfstoff gegen dieses Virus überhaupt notwendig? Wie gefährlich kann ein derartiger Impfstoff sein? Und kann dieser überhaupt wirksam sein?

99.9% of people will not die from Corona. Nevertheless, the black-green government keeps talking about a corona vaccine. But is a vaccine against this virus even necessary? How dangerous can such a vaccine be? And can it be effective at all?[english google translation]

99,9% af befolkningen vil ikke dø af Corona. Ikke desto mindre fortsætter den sortgrønne regering med at tale om en koronavaccine. Men er en vaccine mod denne virus endda nødvendig? Hvor farlig kan en sådan vaccine være? Og kan det overhovedet være effektivt? [danish google translation]

- **199 NasulTv Canada.** Prof. Sucharit Bhakdi on video. (10) Dr. Sucharit Bhakdi - YouTube 2021/01/14.

Covid19 vaccine trials represent the worlds largest medical experiment ever.

Covid 19 vaccineforsøg repræsenterer verdens største medicinske eksperiment nogensinde. [english google translation]

- **200 Kölner Karneval.** Prof. Sucharit Bhakdi on video. (10) Prof. Sucharit Bhakdi - COVID-19 Immunität und Impfung (englisch subtitles) - YouTube 2020/08/23.

COVID-19 Immunität und Impfung

COVID-19 immunity and vaccination [english google translation]

COVID-19 immunitet og vaccination [danish google translation]

- **201 Chelsea Green Publishing.** Prof. Sucharit Bhakdi on video (10) Corona, False Alarm? Facts and Figures by Karina Reiss, PhD & Sucharit Bhakdi, MD - YouTube 2020/09/01.

How Covid-19 compares with previous coronaviruses and the flu virus, what infection numbers and the death rate really tell us, the challenges around lockdown: Were the protective measures justified?, mandatory mask-wearing: Does the science support it?, does the race for vaccine development make sense? What are the chances of success? Will the vaccine be safe? Will people accept it?

Hvordan Covid-19 sammenlignes med tidligere coronavirus og influenzavirus, hvilke infektionsantal og dødsfald virkelig fortæller os, udfordringerne omkring nedlåsning: Var beskyttelsesforanstaltningerne berettigede?, obligatorisk maskering: Understøtter videnskaben det?, Er race for vaccineudvikling fornuftig? Hvad er chancerne for succes? Vil vaccinen være sikker? Vil folk acceptere det?[danish google translation]

- **202 ooc.one.** Kary Mullis on video. <https://www.ooc.one/2020/12/25/kary-mullis-on-video/>. 2020/12/25. ullis, opfinderen af PCR-testen.

This is a clip from Karry Mullis, the inventor of the PCR test.

Dette er et klip fra Karry Mullis, opfinderen af PCR-testen [danish google translation]

- **203 Klar.tv.** The Christian Drosten file (kept secret) [Die (geheimgehaltenen) Akte Christian Drosten]. <https://www.kla.tv/Coronavirus/17877>. 2021/01/08

"Die Akte Christian Drosten" bringt kaum bekannte, aber folgenschwere Hintergründe ans Licht, die die Glaubwürdigkeit des "gefragtesten Mannes der Republik" (lt. stern) sehr in Zweifel ziehen. Dies wirft auch im Hinblick auf das gesamte Coronaszenario schwerwiegende Fragen auf.

"The Christian Drosten Files" brings little known, but momentous, backgrounds to light that cast doubt on the credibility of the "most sought-after man in the republic" (according to stern). This also raises serious questions with regard to the entire corona scenario.[english google translation]

"The Christian Drosten Files" bringer kun lidt kendte, men vigtige baggrunde, der rejser tvivl om troværdigheden hos den "mest efterspurgte mand i republikken" (ifølge streng). Dette rejser også alvorlige spørgsmål med hensyn til hele koronascenariet. [danish google translation]

- **204 BitChute**, Prof. Dr Dolores Cahill on video. Prof. Dr Dolores Cahill - I Would Sue For Murder if Someone Forcibly Injected Me With The Vaccine! (bitchute.com) 2020/12/20.

I would sue for murder if someone forcibly injected me with the vaccine!

Jeg ville sagsøge for mord, hvis nogen med magt injicerede vaccinen med mig! [danish google translation]

- **205 BrandNewTube**, Prof. Dr Dolores Cahill on video. Dr. Dolores Cahill on Immunology, Antibodies, CVD19 - Interview (brandnewtube.com) 2020/09/28.

Dr. Dolores Cahill on Immunology, Antibodies, CVD19

Dr. Dolores Cahill om immunologi, antistoffer, CVD19 [danish google translation]

- **206 BrandNewTube**, Prof. Dr Dolores Cahill on video. Professor Dolores Cahill - Why are we being censored? (brandnewtube.com) 2020/10/24.

Professor Dolores Cahill with Doctors and Scientists in Berlin - Why are doctors and scitists enbeing censored?

Professor Dolores Cahill med læger og forskere i Berlin - Hvorfor censureres læger og forskere? [danish google translation]

- **207 OOC**, Crimes against Humanity on video. corona videos – Dropbox 2020/10/06.

Crimes against Humanity

Forbrydelser mod menneskeheden [danish google translation]

- **208 OOC.one**, The PCR Deception on video. The PCR Deception – OOC – Organisationen til Oplysning om Corona. 2021/01/11.

about PCR tests

om PCR-test [danish google translation]

- **209 OOC.one**, The COVID-19 virus does not exist, says report on video. The COVID-19 virus does not exist, says report – OOC – Organisationen til Oplysning om Corona. 2020/27/12.

no validation of COVID-19 virus exist

ingen validering af COVID-19-virus findes [danish google translation]

- **210 Youtube.com**, Kary Mullis Explains the PCR Test (10) Kary Mullis Explains the PCR Test - YouTube 2020/04/10.

Kary Mullis, inventor of the Polymerase Chain Reaction (PCR) technique, answers questions on what PCR is, and how it's used

Kary Mullis, opfinder af Polymerase Chain Reaction (PCR) -teknikken, svarer på spørgsmål om hvad PCR er, og hvordan det bruges [danish google translation]

- **211 NDR FERNSEHEN**. Corona-Obduktionen: Von den Toten lernen. Sendung: Hamburg Journal. 2020/04/28 https://www.ndr.de/fernsehen/sendungen/hamburg_journal/Corona-Obduktionen-Von-den-Toten-lernen,hamj94652.html

Zusammenfassung: Das Durchschnittsalter der Toten liegt bei 80 Jahren. Das Robert Koch-Institut hatte anfangs von Obduktionen abgeraten um das rechtsmedizinische personal vor Ansteckung zu schützen. Doch Klaus Püschel sieht darin eine Chance von den Toten für die Lebenden zu lernen. Gerade Kinder, Jugendliche, die arbeitende Bevölkerung wird normalerweise diese Krankheit schadlos überstehen. Die Schlussfolgerung ist ganz eindeutig – die Angst dass das ein Killervirus ist und dass viele daran sterben werden ist völlig überflüssig.

Summary: The average age of the dead is 80 years. The Robert Koch Institute had initially advised against autopsies to protect forensic staff from infection. But Klaus Püschel sees in it a chance to learn from the dead for the living. Especially children, teens, the working population will usually survive this disease harmlessly. The conclusion is very clear - the fear that it is a killer virus and that many will die from it is completely superfluous.[english translation]

Resumé: Gennemsnitsalderen for de døde er 80 år. Robert Koch Institute havde oprindeligt frarådet obduktion for at beskytte retsmedicinsk personale mod infektion. Men Klaus Püschel ser dette som en mulighed for at lære af de døde for de levende. Især børn, unge og den arbejdende befolkning vil normalt overleve denne sygdom uden skade. Konklusionen er meget klar - frygten for, at dette er en dræbervirus, og at mange vil dø af den, er helt overflødig.[danish translation]

- **212 AIER Staff.** Lockdowns Do Not Control the Coronavirus: The Evidence.. Article from American Institute for Economic Research (AIER). 2020/12/19. <https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/>

The question is whether lockdowns worked to control the virus in a way that is scientifically verifiable. Based on the following studies, the answer is no and for a variety of reasons: bad data, no correlations, no causal demonstration, anomalous exceptions, and so on. There is no relationship between lockdowns (or whatever else people want to call them to mask their true nature) and virus control.

Spørgsmålet er, om lockdowns var virksomme for at kontrollere virussen på en måde, der er videnskabeligt verificerbar. Baseret på de følgende undersøgelser er svaret nej og af forskellige årsager: dårlige data, ingen sammenhænge, ingen årsagsdemonstration, unormale undtagelser osv. Der er ingen sammenhæng mellem lockdowns (eller hvad folk ellers vil kalde dem for at skjule deres sande natur) og viruskontrol.[danish translation]

- **213 bbc news.** Coronavirus could cause 35,000 extra UK cancer deaths, experts warn. UK BBC. 2020/07/06. <https://www.bbc.com/news/health-53300784>

Scientists suggest there could be at least 7,000 additional deaths - but in a worst case scenario that number could be as high as 35,000.

Forskere antyder, at der kan være mindst 7.000 yderligere dødsfald - men i værste fald kan antallet være så højt som 35.000.[danish translation]

- **214 Ventegodt S, Merrick J.** A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers. Nova Science Publishers, Inc. J Altern Med Res. 2020/05.
https://www.researchgate.net/publication/341152218_A_TRIBUTE_TO_THE_CORONA_VIRUS_COVID-19_SARS-COV-2_WHISTLE-BLOWERS

We are at this moment in the middle of the Corona COVID-19 (SARS-CoV-2) pandemic facing a global disaster, which seemingly is caused by a new deadly virus the whole world is trying to cope with after warning from the World Health Organization (WHO) about a mortality of 3.4%. Three leading experts in infectious diseases, Wolfgang Wodarg, Sucharit Bhakdi and John PA Ioannidis on the other hand hold the position that we are misinterpreting the statistics and instead facing a misinformation campaign, not a dangerous new virus. The WHO is counting the death-numbers wrongly, ignoring large dark numbers of infected, and ignoring both all we know about the Corona virus already, and all the statistics on the common cold and flu we have access to, and the statistics on mortality in the population we also have access to, thus creating an image of a mortal pandemic. Unfortunately, the politicians of the world have reacted to the WHO campaign as if it was true, creating massive fear in the population, which now has come to believe that we are facing a deathly new infection. Massive fear boosts the symptoms of Corona patients strongly in susceptible individual for psychosomatic reasons: If you believe you have a mortal infection, and everybody, including your own doctor and the hospital affirms you in this belief, it is only natural that you feel miserable. If you feel bad at the hospital, you will be treated. Hospitalization, ventilators, and drugs can give hospital infections, side effects, and increase mortality. In this way, the world has affirmed itself in the illusion of a mortal pandemic, which simply does not exist to begin with. COVID-19 has a mortality of around 0.01%, in accordance with the death statistics from many countries.

Vi står i øjeblikket, her midt i Corona COVID-19 (SARS-CoV-2) pandemien, over for en global katastrofe, som tilsyneladende er forårsaget af en ny dødelig virus, som hele verden forsøger at håndtere efter advarsel fra Verdenssundheds Organisation (WHO) om en dødelighed på 3,4%. Tre førende eksperter inden for smitsomme sygdomme, Wolfgang Wodarg, Sucharit Bhakdi og John PA Ioannidis har på den anden side den holdning, at vi fejlfortolker statistikkerne og i stedet står over for en misinformationskampagne, ikke en farlig ny virus. WHO tæller dødstallene forkert, ignorerer stort mørkt antal inficerede og ignorerer både alt, hvad vi allerede ved om Corona-viruset, og alle de statistikker om forkølelse og influenza, vi har adgang til, og statistikkerne om dødelighed i befolkningen, som vi også har adgang til, hvilket skaber et billede af en dødelig pandemi. Desværre har verdens politikere reageret på WHO-kampagnen, som om den var sand, hvilket skabte massiv frygt i befolkningen, som nu er kommet til at tro, at vi står over for en dødelig ny infektion. Massiv frygt øger symptomerne hos Corona-patienter stærkt hos personer modtagelige overfor psykosomatiske årsager: Hvis du tror, du har en dødelig infektion, og alle, inklusive din egen læge og hospitalet bekræfter dig i denne tro, er det kun naturligt, at du har det elendigt. Hvis du har det dårligt på hospitalet, bliver du behandlet. Hospitalisering, ventilatorer og medicinsk behandling kan give hospitalsinfektioner, bivirkninger og øge dødeligheden. På denne måde har verden bekræftet sig i illusionen om en dødelig pandemi, som simpelthen ikke eksisterer til at begynde med. COVID-19 har en dødelighed på omkring 0,01% i overensstemmelse med dødsstatistikkerne fra mange lande.[danish translation]

- **215 Ventegodt S, Andersen NJ, Merrick J.** A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers. NY: Nova Science. 2020.

The Corona hype, the Corona panic, has manifested the common cold as a brand new disease. What we present here is the psychosomatic hypothesis for COVID-19. We are living in a time of change. It is easy to assume that we live in a safe and stable world, but the Corona COVID-19 pandemic has shown the whole world that this is not the case. Mighty forces changes our way of living, thinking and things changes fast. It is difficult to understand what is happening, for you need to be an expert in many different fields in order to

really get it: medicine, economy and politics. You even need psychology, sociology and maybe even consciousness-research to fully comprehend what we are dealing with in the 2019-2020 Corona pandemic. This book tries to give you sufficient background in different areas to at least get an idea of what is happening around us in all parts of the world.

Corona-hypen, Corona-panikken, har manifesteret forkølelse som en helt ny sygdom. Det vi præsenterer her er den psykosomatiske hypotese for COVID-19. Vi lever i en tid med forandring. Det er let at antage, at vi lever i en sikker og stabil verden, men Corona COVID-19-pandemien har vist hele verden, at dette ikke er tilfældet. Mægtige kræfter ændrer vores måde at leve og tænke på, og tingene ændrer sig hurtigt. Det er svært at forstå, hvad der sker, for du skal være ekspert på mange forskellige områder for virkelig at forstå det: medicin, økonomi og politik. Du har endda brug for psykologi, sociologi og måske endda bevidsthedsforskning for fuldt ud at forstå, hvad vi har at gøre med i Corona-pandemien 2019-2020. Denne bog forsøger at give dig tilstrækkelig baggrund inden for forskellige områder til i det mindste at få en idé om, hvad der sker omkring os i alle dele af verden.[danish translation]

- **216 Ventegodt S.** Corona Overleverens Håndbog. København: Livskvalitetsforlaget, 2020.

Denne bog er baseret på videnskaben om corona virus, herunder COVID-19. Det vil nok overraske dig at høre, at videnskaben viser et helt andet billede af corona, end det du har fået fra myndighederne og WHO.

This book is based on the science of corona virus, including COVID-19. It will probably surprise you to hear that science shows a completely different picture of the corona than what you have received from the authorities and the WHO. [english translation]

- **217 Ventegodt S.** Corona in New York city – panic, rumors, and misinterpretations: now we know that corona covid-19 is just the common cold, how can we understand what is happening in NYC? MOJ Public Health Volume 9 Issue 4. 2020. <https://medcraveonline.com/MOJPH/MOJPH-09-00336.pdf>

The media is strongly and uncritically reflecting the belief that Corona virus COVID-19 is a deadly virus, that causes high mortality in NYC. The belief is coming from the World Health Organization WHO, who has estimated the infection mortality rate (IMR) to be 3.4%, but scientist all over the world is now based on mortality statistics and autopsy studies documenting that the IMR of COVID-19 is less than 0.01%. The stories in the media seem convincing, with pictures of mass-graves and mobile morgues in New York City, and terrible statistics of death in NYC presented in New York Times. There is an obvious mismatch between the information that comes from the independent scientist and the WHO, and many people take the media stories from NYC as a proof of COVID-19 being a fatal new virus. We have therefore looked into the media stories about the effect of the 2020 Corona pandemic on New York City and have been able to document for each story we have analyzed that the story comes from an interpretation of reality that is based on the preconceived idea that NYC is under attack of a deadly new virus. This means that when we look at the data presented in the story, we come to the opposite conclusion: there is nothing in the data behind the media stories that justifies the conclusion that a deadly pandemic is happening in NYC. The data is in line with the IMR of 0.01% found by the independent experts while the stories are in line with the IMR of 3.4% estimated by WHO. We warn the world that WHO most likely is following the interests of the pharmaceutical industry that funds WHO, and encourage the media to be much more critical and thorough in their research, so the media stories about COVID-19 can be less biased in the future.

Medierne afspejler stærkt og ukritisk troen på, at Corona-virus COVID-19 er en dødelig virus, der forårsager høj dødelighed i NYC. Troen kommer fra Verdens sundhedsorganisationen WHO, der har estimeret infektionsdødeligheden (IMR) til at være 3,4%, men videnskabsmænd over hele verden henviser nu til dødelighedsstatistikker og obduktionsundersøgelser, der dokumenterer, at IMR for COVID-19 er mindre end 0,01%. Historierne i medierne virker overbevisende med billeder af massegrave og mobile kapeller i New York By og frygtelige dødsstatistikker i NYC præsenteret i New York Times. Der er en åbenlys

uoverensstemmelse mellem de oplysninger, der kommer fra den uafhængige videnskab og WHO, og mange mennesker tager mediehistorierne fra NYC som et bevis på at COVID-19 er en fatal ny virus. Vi har derfor kigget i mediehistorierne efter effekten af Corona-pandemien i 2020 om New York City og har været i stand til at dokumentere for hver historie, vi har analyseret, at historien kommer fra en fortolkning af virkeligheden, der er baseret på den forudfattede ide om, at NYC er under angreb af en dødelig ny virus. Det betyder at når vi ser på de data, der er præsenteret i historien, kommer vi til den modsatte konklusion: der er intet i dataene bag mediehistorierne, der berettiger den konklusion, at en dødbringende pandemi sker i NYC. Dataene er i overensstemmelse med IMR på 0,01% fundet af uafhængige eksperter, mens historierne er i tråd med IMR på 3,4% anslået af WHO. Vi advarer verden om, at WHO sandsynligvis følger lægemiddelindustriens interesser, der finansierer WHO, og tilskynder medierne til at være meget mere kritiske og grundige i deres research, så mediehistorierne om COVID-19 kan være mindre partiske i fremtiden.[danish translation]

- **218 Brundage JF, Shanks GD.** Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic. *Emerg Infect Dis.* 2008 Aug; 14(8): 1193–1199. doi: 10.3201/eid1408.071313.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600384/>

Deaths during the 1918–19 influenza pandemic have been attributed to a hypervirulent influenza strain. Hence, preparations for the next pandemic focus almost exclusively on vaccine prevention and antiviral treatment for infections with a novel influenza strain. However, we hypothesize that infections with the pandemic strain generally caused self-limited (rarely fatal) illnesses that enabled colonizing strains of bacteria to produce highly lethal pneumonias. This sequential-infection hypothesis is consistent with characteristics of the 1918–19 pandemic, contemporaneous expert opinion, and current knowledge regarding the pathophysiologic effects of influenza viruses and their interactions with respiratory bacteria. This hypothesis suggests opportunities for prevention and treatment during the next pandemic (e.g., with bacterial vaccines and antimicrobial drugs), particularly if a pandemic strain-specific vaccine is unavailable or inaccessible to isolated, crowded, or medically underserved populations.

Dødsfald i 1918-1919 influenzapandemi er tilskrevet en hypervirulent influenzastamme. Derfor fokuserer præparaterne til den næste pandemi næsten udelukkende på vaccineforebyggelse og antiviral behandling af infektioner med en ny influenzastamme. Vi kommer dog med den hypotese, at infektioner med den pandemiske stamme generelt forårsagede selvbegrænsede (sjældent dødelige) sygdomme, der gjorde det muligt for koloniserende bakteriestammer at producere meget dødelige lungebetændelser. Denne sekventielle infektionshypotese er i overensstemmelse med karakteristika for pandemien fra 1918-1919, samtiden ekspertudtalelse og nuværende viden om de patofysiologiske virkninger af influenzavirus og deres interaktioner med luftvejsbakterier. Denne hypotese antyder muligheder for forebyggelse og behandling under den næste pandemi (fx med bakterievacciner og antimikrobielle lægemidler), især hvis en pandemisk stammespecifik vaccine ikke er tilgængelig eller utilgængelig for isolerede, overfyldte eller medicinsk underserverede populationer.[danish translation]

- **219 Ventegodt S.** Should we, as a starting point, think that COVID-19 is dangerous or harmless? Which hypothesis should we choose? *Int J Child Adolesc Health* 2020;13(3):225-226 ISSN: 1939-5930.https://www.researchgate.net/publication/348566269_Ventegodt_2020_IJCAH_Should_we_as_a_starting_point_think_that_COVID-19_is_dangerous_or_harmless

In science, one assumes a hypothesis, which must be the natural or reasonable hypothesis. When it comes to COVID-19 we are talking about a common cold virus, which about 15% of all people always have in the body without this causing any symptoms of illness. Usually we cannot even know that it is there. But, thanks to Bill Gates and the World Health Organization (WHO), a test has been developed that makes the virus visible (or more visible at least, the test is not good). The fact that we can now see the virus and follow its migration around the world does not mean that the virus is more dangerous than it usually is, because the natural hypothesis of the world's scientists is that the

Corona virus COVID-19 is just the harmless common cold. Now another group comes together with the WHO, saying COVID-19 is dangerous, actually extremely dangerous. What are they basing this on? Absolutely nothing. How can you go with such an unusual and strange hypothesis? Well, you can, if you have an interest in it. Imagine that you are a company who has developed a new Corona test. Now you want to make money from it. If you can make people think COVID-19 is dangerous, you can also get people to buy the test. So those who develop the test have a tremendous interest in choosing the hypothesis that COVID-19 is dangerous. However, they are not alone. The financing of the test comes from people who want to sell the vaccine.

I videnskaben antager man en hypotese, som skal være den naturlige eller rimelige hypotese. Når det kommer til COVID-19, taler vi om en almindelig forkølelsesvirus, som ca. 15% af alle mennesker altid har i kroppen uden at dette forårsager symptomer på sygdom. Normalt kan vi ikke engang vide, at det er der. Men takket være Bill Gates og Verdenssundhedsorganisationen (WHO) er der udviklet en test, der gør virussen synlig (eller i det mindste mere synlig, testen er ikke god). Det faktum, at vi nu kan se virussen og følge dens migration rundt om i verden, betyder ikke, at virussen er mere farlig, end den normalt er, fordi den naturlige hypotese fra verdens forskere er, at Coronavirussen COVID-19 bare er den harmløse forkølelse. Nu kommer en anden gruppe sammen med WHO og siger, at COVID-19 er farligt, faktisk ekstremt farligt. Hvad baserer de dette på? Absolut ingenting. Hvordan kan du gå med en sådan usædvanlig og mærkelig hypotese? Det kan du, hvis du har interesse i det. Forestil dig, at du er et firma, der har udviklet en ny Corona-test. Nu vil du tjene penge på det. Hvis du kan få folk til at tro, at COVID-19 er farligt, kan du også få folk til at købe testen. Så de, der udvikler testen, har en enorm interesse i at vælge hypotesen om, at COVID-19 er farlig. De er dog ikke alene. Finansieringen af testen kommer fra folk, der ønsker at sælge vaccinen.[danish translation]

- **220 void number**
- **221 Gøtzsche PC.** Vaccines: Truth, lies and controversy. Copenhagen: Peoples Press. 2020/02/06.

This book will help you navigate in the bewildering and often contradictory flood of information about vaccines. There is substantial misinformation about vaccines on the Internet, particularly from those who reject all vaccines, but also from official sources, which are expected to be neutral and objective. The book is based on the best available evidence, and Professor Gøtzsche explains when and why we should not have confidence in the science and official recommendations.

Denne bog hjælper dig med at navigere i den forvirrende og ofte modstridende strøm af information om vacciner. Der er betydelig misinformation om vacciner på Internettet, især fra dem, der afviser alle vacciner, men også fra officielle kilder, som forventes at være neutrale og objektive. Bogen er baseret på de bedste tilgængelige beviser, og professor Gøtzsche forklarer, hvornår og hvorfor vi ikke skal have tillid til videnskaben og officielle anbefalinger. [danish translation]

- **222 Viruswaarheid.** What legal victories have already been achieved worldwide around the corona measures?. viruswaarheid liefde and eenheid. 2021/01/17. <https://viruswaarheid.nl/informeren/juridische-overwinningen-corona-maatregelen/>

Het is heel gemakkelijk om af en toe de moed te laten zakken. Zoveel rechtszaken die we verloren hebben, zoveel belachelijke maatregelen die keer op keer opgelegd worden.

Maar wij hebben voor jullie alle wereldwijd behaalde overwinningen op een rij gezet per land, om te laten zien dat er wel degelijk overwinningen zijn. Dat het helpt om voor onze rechten op te komen. Neem de laatste gewonnen rechtszaak met betrekking tot het terugreisverbod voor Nederlanders zonder negatieve coronatest.

It is very easy to lose heart now and then. So many lawsuits we lost, so many ridiculous measures imposed over and over again.

But we have listed for you all the victories achieved worldwide by country, to show that there are indeed victories. That it helps to stand up for our rights. Take the last lawsuit won regarding the return travel ban for Dutch people without a negative corona test.[english translation]

Det er meget let at miste modet nu og da. Så mange retssager vi tabte, så mange latterlige foranstaltninger pålagt igen og igen.

Men vi har angivet for dig alle de sejre, der er opnået over hele verden efter land, for at vise, at der virkelig er sejre. At det hjælper med at stå op for vores rettigheder. Tag den sidste retssag, der blev vundet vedrørende hollandske folks returrejse uden en negativ koronatest.[danish translation]

- **223 Lovelae Jr B, Higgins-Dunn N.** WHO says coronavirus death rate is 3.4% globally, higher than previously thought. CNBC. 2020/03/03. URL: <https://www.cnn.com/2020/03/03/who-says-coronavirus-death-rate-is-3point4percent-globally-higher-than-previously-thought.html>.

World health officials say the mortality rate for COVID-19 is 3.4% globally, higher than previous estimates of about 2%.

Verdenssundhedstjenestemænd siger, at dødeligheden for COVID-19 er 3,4% globalt, højere end tidligere skøn på ca. 2%.[danish translation]

- **224 Ducharme J, Wolfson E.** The WHO estimated COVID-19 mortality at 3.4%. That doesn't tell the whole story. Time 2020 Mar 09. URL: <https://time.com/5798168/coronavirus-mortality-rate/>

Nobody had ever seen the coronavirus that causes the disease known as COVID-19 before the current outbreak began in China in December 2019. So for context, it is often compared to a symptomatically similar disease we know well: the seasonal flu, which infects many people each year but kills only about 0.1% of them on average.

Ingen havde nogensinde set det coronavirus, der forårsager sygdommen kendt som COVID-19, før det nuværende udbrud begyndte i Kina i december 2019. Så i sammenhæng sammenlignes det ofte med en symptomatisk lignende sygdom, vi kender godt: sæsoninfluenzaen, som inficerer mange mennesker hvert år, men dræber kun ca. 0,1% af dem i gennemsnit.[danish translation]

- **224 Jafaar et al.,** Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates. Clinical Infectious Diseases, ciaa1491, <https://doi.org/10.1093/cid/ciaa1491>. 2020/09/28. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

The outbreak of the coronavirus disease 2019 (COVID-19) pandemic due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was declared a pandemic on 12 March 2020 by the World Health Organization [1]. A major issue related to the outbreak has been to correlate viral RNA load obtained after reverse-transcription polymerase chain reaction (RT-PCR) and expressed as the cycle threshold (Ct) with contagiousness and therefore duration of eviction from contacts and discharge from specialized infectious disease wards. Several recent publications, based on more than 100 studies, have attempted to propose a cutoff Ct value and duration of eviction, with a consensus at approximately Ct >30 and at least 10 days, respectively [2–5]. However, in an article published in Clinical Infectious Diseases, Bullard et al reported that patients could not be contagious with Ct >25 as the virus is not detected in culture above this value [6]. This limit was then evoked in the French media during an interview with a member of the French Scientific Council Covid-19 as a possible value above which patients are no longer contagious [7].

Udbruddet af coronavirus sygdom 2019 (COVID-19) pandemi på grund af svær akut respiratorisk syndrom coronavirus 2 (SARS-CoV-2) blev erklæret en pandemi den 12. marts 2020 af Verdenssundhedsorganisationen [1]. Et stort problem relateret til udbruddet har været at korrelere viral RNA-belastning opnået efter omvendt transkriptionspolymerasekædereaktion (RT-PCR) og udtrykt som cyklustærskel (Ct) med smitsomhed og derfor varighed af udsættelse fra kontakter og udledning fra specialiserede infektiøse sygdomsafdelinger. Flere nylige publikationer, der er baseret på mere end 100 undersøgelser, har forsøgt at foreslå en cutoff Ct-værdi og varighed af udsættelse med en konsensus på henholdsvis Ct > 30 og mindst 10 dage [2-5]. I en artikel offentliggjort i kliniske infektionssygdomme rapporterede Bullard et al imidlertid, at patienter ikke kunne være smitsomme med Ct > 25, da virussen ikke påvises i kultur over denne værdi [6]. Denne grænse blev derefter fremkaldt i de franske medier under et interview med et medlem af det franske videnskabelige råd Covid-19 som en mulig værdi, over hvilken patienter ikke længere er smitsomme [7]. [danish translation]

- **225 Ventegodt S.** Why the Corruption of the World Health Organization (WHO) is the biggest threat to the World's public health of our time. J Integrative Med Ther DOI: [10.13188/2378-1343.1000004](https://doi.org/10.13188/2378-1343.1000004) . 2015;2(1):5.https://www.researchgate.net/publication/281876323_Why_the_Corruption_of_the_World_Health_Organization_WHO_is_the_Biggest_Threat_to_the_World's_Public_Health_of_Our_Time

In the scientific community it is generally accepted that metaanalyses are more accurate than single studies and independent studies more trustworthy than industrial studies. It is therefore understandable that Cochrane reviews, meta-analyses based on rigid protocol and independent origin, have the highest quality in medical research. It is therefore unfortunate that Cochrane reviews seems systematically to conflict with the information and recommendations from the World Health Organization (WHO). A number of the drugs and vaccines recommended by WHO, especially the drugs used in psychiatry, are in Cochrane reviews found to be harmful and without significant clinical effect. Since whose recommendations are followed by many people in the member states, it could indeed lead to patients getting the wrong medication and many patients have severe adverse effects, because of these drugs. To solve this serious public health problem it is recommended to revise the WHO-system, which in fact has been proven weak to the interests of the pharmaceutical industry. We therefore believe that the WHO's recommendations regarding medicine in its "list of essential medicines" and other drug directories are biased and not reliable as a source of information on medicine.

I det videnskabelige samfund accepteres det generelt, at metaanalyser er mere nøjagtige end enkeltstudier og uafhængige studier mere pålidelige end industrielle studier. Det er derfor forståeligt, at Cochrane-anmeldelser, metaanalyser baseret på stiv protokol og uafhængig oprindelse, har den højeste kvalitet inden for medicinsk forskning. Det er derfor uheldigt, at Cochrane-gennemgang synes systematisk at være i modstrid med oplysninger og anbefalinger fra Verdenssundhedsorganisationen (WHO). Et antal af de lægemidler og vacciner, der anbefales af WHO, især de stoffer, der anvendes i psykiatrien, er i Cochrane-anmeldelser fundet at være skadelige og uden signifikant klinisk effekt. Eftersom hvis anbefalinger følges af mange mennesker i medlemslandene, kan det faktisk føre til, at patienter får den forkerte medicin, og mange patienter har alvorlige bivirkninger på grund af disse lægemidler. For at løse dette alvorlige folkesundhedsproblem anbefales det at revidere WHO-systemet, som faktisk har vist sig at være svagt i forhold til lægemiddelindustriens interesser. Vi mener derfor, at WHO's anbefalinger vedrørende medicin i sin "liste over essentielle lægemidler" og andre lægemiddelbøger er partiske og ikke pålidelige som kilde til information om medicin.[danish translation]

- **226 Ventegodt S.** The Great Reset. DkDOX.tv 2021 (in press)
- **227 Schwab K.** COVID-19: The Great Reset. Forum Publishing. 2020.

"COVID-19: The Great Reset" is a guide for anyone who wants to understand how COVID-19 disrupted our social and economic systems, and what changes will be needed to create a more inclusive, resilient and sustainable world going forward. Klaus Schwab, founder and executive Chairman of the World Economic Forum, and Thierry Malleret, founder of the Monthly Barometer, explore what the root causes of these crisis were, and why they lead to a need for a Great Reset. Theirs is a worrying, yet hopeful analysis. COVID-19 has created a great disruptive reset of our global social, economic, and political systems. But the power of human beings lies in being foresighted and having the ingenuity, at least to a certain extent, to take their destiny into their hands and to plan for a better future. This is the purpose of this book: to shake up and to show the deficiencies which were manifest in our global system, even before COVID broke out."Erudite, thought-provoking and plausible" -- Hans van Leeuwen, Australian Financial Review (Australia)"The book looks ahead to what the post-coronavirus world could look like barely four months after the outbreak was first declared a pandemic" -- Sam Meredith, CNBC (USA) "The message that the pandemic is not only a crisis of enormous proportions, but that it also provides an opportunity for humanity to reflect on how it can do things differently, is important and merits reflection"-- Ricardo Avila, Portafolio (Colombia) "A call for political change in the post-pandemic world"-- Ivonne Martinez, La Razon (Mexico)"History has shown, the book argues, that pandemics are a force for radical and lasting change"-- Mustafa Alrawi, The National (UAE).

"COVID-19: The Great Reset" er en guide til alle, der ønsker at forstå, hvordan COVID-19 forstyrrede vores sociale og økonomiske systemer, og hvilke ændringer der er behov for for at skabe en mere inkluderende, modstandsdygtig og bæredygtig verden fremover. Klaus Schwab, grundlægger og bestyrelsesformand for World Economic Forum, og Thierry Malleret, grundlægger af det månedlige barometer, undersøger, hvad årsagerne til denne krise var, og hvorfor de fører til et behov for en stor nulstilling. alligevel håbefuldt analyse. COVID-19 har skabt en stor forstyrrende nulstilling af vores globale sociale, økonomiske og politiske systemer. Men menneskers magt ligger i at være fremsynet og have opfindsomhed, i det mindste til en vis grad, til at tage deres skæbne i deres hænder og planlægge en bedre fremtid. Dette er formålet med denne bog: at ryste op og vise de mangler, der var åbenbare i vores globale system, selv før COVID brød ud. "Erudit, tankevækkende og plausibel" - Hans van Leeuwen, Australian Financial Review (Australien) "Bogen ser frem til, hvordan post-coronavirus-verdenen kunne se ud knap fire måneder efter, at udbruddet først blev erklæret en pandemi" - Sam Meredith, CNBC (USA) "Beskeden om, at pandemien ikke kun er en krise med enorm proportioner, men at det også giver mennesket en mulighed for at reflektere over, hvordan det kan gøre tingene anderledes, er vigtigt og fortjener refleksion "- Ricardo Avila, Portafolio (Colombia)" Et opfordring til politisk forandring i den post-pandemiske verden "- Ivonne Martinez, La Razon (Mexico) "Historien har vist, hævder bogen, at pandemier er en kraft til radikal og varig ændring" - Mustafa Alrawi, The National (UAE).[danish translation]

- 228 Corman V, Bleicker T, Brünink S, Drosten C. Charité Virology, Berlin, Germany. Diagnostic detection of Wuhan coronavirus 2019 by real-time RTPCR. WHO. 13/01/2020 <https://www.who.int/docs/default-source/coronaviruse/wuhan-virus-assay-v1991527e5122341d99287a1b17c111902.pdf>

Abbreviations and taxonomy related to the Wuhan virus are not used in any systematic way, i.e., there are multiple different designations and abbreviations for the “Wuhan virus” in this document. They all relate to the same viral agent. We use the term “SARS-related Coronavirus” to include the SARS virus as well as the clade of betacoronaviruses known to be associated with (mainly) rhinolophid bats across the Palearctic. The latest taxonomy classifies these viruses in a subgenus termed Sarbecovirus.

Forkortelser og taksonomi relateret til Wuhan-virussen bruges ikke på nogen systematisk måde, dvs. der er flere forskellige betegnelser og forkortelser for "Wuhan-virus" i dette dokument. De vedrører alle det samme virale middel. Vi bruger udtrykket "SARS-relateret

Coronavirus ”for at inkludere SARS-virus såvel som kladen af betacoronavirus, der er kendt for være forbundet med (hovedsageligt) rhinolophid-flagermus over Palearctic. Den seneste taksonomi klassificerer disse vira i en undergruppe kaldet Sarbecovirus.[danish translation]

- 229 Victor Corman, Tobias Bleicker, Sebastian Brünink, Christian Drosten, Olfert Landt, Marion Koopmans. Diagnostic detection of 2019-nCoV by real-time RT-PCR. WHO. 17/01/2020
https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2

Respiratory samples were obtained during 2019 from patients hospitalized at Charité medical center and tested by the NxTAG® Respiratory Pathogen Panel (Luminex) or in cases of MERS-CoV by the MERS-CoV upE assay as published before (1). Cell culture supernatants from typed coronaviruses were available at our research and clinical laboratories. The typed avian influenza virus RNA (H5N1) was obtained from the German Society for Promotion of Quality Assurance in Medical Laboratories (INSTAND) proficiency testing panels. RNA was extracted from clinical samples by using the MagNA Pure 96 system (Roche) and from cell culture supernatants by the viral RNA mini kit (Qiagen).

Åndedrætsprøver blev opnået i løbet af 2019 fra patienter indlagt på Charité medicinske center og testet af NxTAG® respiratorisk patogenpanel (Luminex) eller i tilfælde af MERS-CoV ved MERS-CoV upE-analysen som offentliggjort før (1). Cellekultursupernatanter fra typede coronavirus var tilgængelige på vores forsknings- og kliniske laboratorier. Det typede aviær influenza-virus RNA (H5N1) blev opnået fra det tyske selskab til fremme af kvalitetssikring i medicinske laboratorier (INSTAND). RNA blev ekstraheret fra kliniske prøver ved anvendelse af MagNA Pure 96-systemet (Roche) og fra cellekultursupernatanter ved det virale RNA-mini-kit (Qiagen). [danish translation]

- 230 **OOO.one.** Do you know the Scientific History of Lockdowns? Ivor Cummins. 2021/01/14. <https://www.youtube.com/watch?v=978zLJJLo-I>

This film is based on a letter by an international team of professionals, researchers and activists, calling for an expedited investigation into scientific fraud in public health policies.

Denne film er baseret på et brev fra et internationalt team af fagfolk, forskere og aktivister, der opfordrer til en hurtig undersøgelse af videnskabelig bedrageri inden for folkesundhedspolitikker. [danish translation]

- 231 boltwin2. Dr Andrew Kaufman - Trafalgar Square. 2020/09/29
https://www.youtube.com/watch?v=Q6kaWX5ZWEs&ab_channel=Boltwin2

Dr. Kaufman speaks live at Trafalgar square of a new world order, which he wants to stop from being realized. He says that the number of deaths of Covid-19 were comparable to the regular seasonal flu and speaks about more facts from the scientific community on Corona, which has been ignored and banned by decision makers etc.

Dr. Kaufman taler live på Trafalgar-pladsen om en ny verdensorden, som han vil forhindre i at blive realiseret. Han siger, at antallet af dødsfald i Covid-19 var sammenligneligt med den almindelige sæsonbetingede influenza og taler om flere fakta fra det videnskabelige samfund om Corona, som er blevet ignoreret og forbudt af beslutningstagere osv. [Danish translation]

- 232 GreenMedInfo.com. ZERO Evidence that COVID Fulfills Koch's 4 Germ Theory Postulates - Dr. Andrew Kaufman & Sayer Ji. 2020/09/20.
https://www.youtube.com/watch?v=sSBQUIEUbQ8&t=1303s&ab_channel=GreenMedInfo.com

In this interview, Dr. Kaufman explores a new study published in NATURE which claims to establish COVID-19 related pathogenicity in an animal model, but which does not fulfill Koch's postulates for germ theory, and may overtly misrepresent the truth. This, in fact, is not new, as many publications have claimed to isolate COVID-19 or prove its role in causing animal and human deaths, yet none of them are actually

capable of demonstrating this conclusively. Sayer Ji asks hard hitting questions and together they explore the implications of this and other research to the ongoing weaponization of germ theory as a political weapon for mass control and surveillance in violation of basic human, civil, constitutional and medical rights.

I dette interview udforsker Dr. Kaufman en ny undersøgelse offentliggjort i NATURE, som hævder at etablere COVID-19-relateret patogenicitet i en dyremodel, men som ikke opfylder Kochs postulater for kimteori og muligvis åbenlyst fejlagtigt fremlægger sandheden. Dette er faktisk ikke nyt, da mange publikationer har hævdet at isolere COVID-19 eller bevise sin rolle i at forårsage dyre- og menneskedød, men alligevel er ingen af dem faktisk i stand til at demonstrere dette endeligt. Sayer Ji stiller hårdtslående spørgsmål, og sammen udforsker de konsekvenserne af denne og anden forskning for den igangværende våbenisering af kimteori som et politisk våben til massekontrol og overvågning i strid med grundlæggende menneskelige, civile, forfatningsmæssige og medicinske rettigheder. [danish translation]

• 233 ooc.one. 100,000 Doctors and Medical Professionals Unite Against COVID-19 Vaccine. 2020/12/25 <https://www.ooc.one/2020/12/25/100000-doctors-and-medical-professionals-unite-against-covid-19-vaccine/>

Dr. Andrew Kaufman and other doctors and medical professional are speaking out, saying amongst other things that this pandemic is not a real medical pandemic. The Covid-19 vaccine is not proven safe or effective.

Dr. Andrew Kaufman og andre læger og læger taler blandt andet og siger, at denne pandemi ikke er en reel medicinsk pandemi. Covid-19 vaccinen er ikke bevist sikker eller effektiv. [danish translation]

• 234 Martin Georg Kornas. Dr. Andrew Kaufman - PCR-Test part 1. 2020/09/12. https://www.youtube.com/watch?v=v5kIN3ltp8&ab_channel=MartinGeorgKornas

Dr. Andrew Kaufman explains and analyses the PCR-Test.

Dr. Andrew Kaufman forklarer og analyser af PCR-testen. [danish translation]

• 235 Martin Georg Kornas. Dr. Andrew Kaufman - PCR-Test part 2. 2020/09/13. https://www.youtube.com/watch?v=Hr22XU9XFtA&ab_channel=MartinGeorgKornas

Dr. Andrew Kaufman explains and analyses the PCR-Test. Dr. Andrew talks about different protocols of PCR-Test.

Dr. Andrew Kaufman forklarer og analyser af PCR-testen. Dr. Andrew taler om forskellige protokollertil PCR-test. [danish translation]

• **236 BMJ.** Covid-19 vaccine trials cannot tell us if they will save lives. 21/10/2020 Feature: Will covid-19 vaccines save lives? Current trials are not designed to tell us
Journal: The BMJ. <https://www.bmj.com/company/newsroom/covid-19-vaccine-trials-cannot-tell-us-if-they-will-save-lives/>

Abstract: None of the current trials are designed to detect a reduction in any serious outcome such as hospitalisations, intensive care use, or deaths.

Ingen af de nuværende forsøg er designet til at detektere en reduktion i noget alvorligt resultat såsom hospitalsindlæggelser, intensiv brug eller dødsfald (danish google translation)

- **237 Doshi P.** Will covid-19 vaccines save lives? Current trials aren't designed to tell us. *BMJ* 2020;371:m4037 doi: <https://doi.org/10.1136/bmj.m4037>. 2020/10/21. <https://www.bmj.com/content/371/bmj.m4037>

Abstract: The world has bet the farm on vaccines as the solution to the pandemic, but the trials are not focused on answering the questions many might assume they are. Peter Doshi reports

As phase III trials of covid-19 vaccines reach their target enrolments, officials have been trying to project calm. The US coronavirus czar Anthony Fauci and the Food and Drug Administration leadership have offered public assurances that established procedures will be followed.¹²³⁴ Only a “safe and effective” vaccine will be approved, they say, and nine vaccine manufacturers issued a rare joint statement pledging not to prematurely seek regulatory review.⁵

But what will it mean exactly when a vaccine is declared “effective”? To the public this seems fairly obvious. “The primary goal of a covid-19 vaccine is to keep people from getting very sick and dying,” a National Public Radio broadcast said bluntly.⁶

Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine in Houston, said, “Ideally, you want an antiviral vaccine to do two things . . . first, reduce the likelihood you will get severely ill and go to the hospital, and two, prevent infection and therefore interrupt disease transmission.”⁷

Yet the current phase III trials are not actually set up to prove either (table 1). None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.

Sammendrag: Verden har væddet gården på vacciner som løsningen på pandemien, men forsøgene er ikke fokuseret på at besvare de spørgsmål, mange måske antager, at de er. Peter Doshi rapporterer

Da fase III-forsøg med covid-19-vacciner når deres målregistreringer, har embedsmænd forsøgt at projicere roen. Den amerikanske coronavirus-tsar Anthony Fauci og Food and Drug Administration-ledelsen har givet offentlige forsikringer om, at etablerede procedurer vil blive fulgt.¹²³⁴ Kun en "sikker og effektiv" vaccine vil blive godkendt, siger de, og ni vaccineproducenter udsendte en sjælden fælles erklæring om løfte ikke for tidligt at søge lovgivningsmæssig gennemgang

Men hvad betyder det nøjagtigt, når en vaccine erklæres "effektiv"? For offentligheden synes dette ret oplagt. "Det primære mål med en covid-19-vaccine er at forhindre folk i at blive meget syge og dø," sagde en National Public Radio-udsendelse blankt.⁶

Peter Hotez, dekan for National School of Tropical Medicine ved Baylor College of Medicine i Houston, sagde: "Ideelt set vil du have en antiviral vaccine til at gøre to ting. . . reducer først sandsynligheden for, at du bliver alvorligt syg og går på hospitalet, og to, forhindrer infektion og afbryder derfor sygdomsoverførsel. ”⁷

Alligevel er de nuværende fase III-forsøg faktisk ikke indstillet til at bevise nogen (tabel 1). Ingen af de igangværende forsøg er designet til at opdage en reduktion i noget alvorligt resultat såsom hospitalsindlæggelser, brug af intensiv pleje eller dødsfald. Der undersøges heller ikke vacciner for at afgøre, om de kan afbryde transmission af virussen. (danish translation)

- **238 VAERS.** VAERS Data Sets. 2021/01/22. <https://vaers.hhs.gov/data/datasets.html>

Data from the US official website about the mRNA vaccines show over 100 deaths of the vaccines.

Data fra USAs officielle hjemmeside om mRNA vaccinerne viser over 100 døde af vaccinerne. [danish translation]

- **239 Hoover Institution.** Dr Jay Bhattacharya His new MLB COVID19 Study and the Dilemma of the Lockdown. 2020/05/12. <https://www.youtube.com/watch?v=289NWm85eas>

Abstract: Dr. Jay Bhattacharaya from Stanford Medicine makes his third appearance on Uncommon Knowledge in eight weeks, this time to discuss a new COVID-19 survey of Major League Baseball employees he co-authored. The survey tested more than 5,600 employees across all 26 Major League Baseball clubs across the country. The results are yet another data set showing how COVID-19 spreads across geographical and economic lines. Dr. Bhattacharya also discusses the very real health risks associated with a prolonged lockdown and answers some of the questions raised by his last survey of Santa Clara County.

Dr. Jay Bhattacharaya fra Stanford Medicine optræder tredje gang på Uncommon Knowledge på otte uger; denne gang for at diskutere en ny COVID-19-undersøgelse af Major League Baseball-medarbejdere, som han var medforfatter til. Undersøgelsen testede mere end 5.600 ansatte på tværs af alle 26 Major League Baseball klubber over hele landet. Resultaterne er endnu et datasæt, der viser, hvordan COVID-19 spredes på tværs af geografiske og økonomiske linjer. Dr. Bhattacharya diskuterer også de meget reelle sundhedsrisici forbundet med en langvarig lockdown og svarer på nogle af de spørgsmål, der blev rejst i hans sidste undersøgelse af Santa Clara County. (danish translation)

- **240 Anderson J..** Dr Jay Bhattacharya Lockdowns Vaccines and Debt. 2020/08/24. <https://www.youtube.com/watch?v=FcnQPIwVNQ>

Abstract: In this special Direct interview, John is joined by Dr. Jay Bhattacharya, a Professor of Medicine and Professor (by Courtesy) of Economics at Stanford University. They discuss the international response to the COVID crisis, delving into the efficacy and mental health impacts of widespread, long-term lockdowns (as seen in Victoria), the likelihood of a vaccine development and the extraordinary levels of government debt that has fuelled the COVID recovery.

Sammendrag: I dette specielle direkte interview får John selskab med Dr. Jay Bhattacharya, professor i medicin og professor (ved høflighed) i økonomi ved Stanford University. De diskuterer den internationale reaktion på COVID-krisen, fordyber sig i virkningen og mental sundhedseffekter af udbredte, langsigtede lockdowns (som det ses i Victoria), sandsynligheden for en vaccineudvikling og de ekstraordinære niveauer af statsgæld, der har drevet COVID genopretning. (danish translation)

- **241 Anderson J.** Dr Jay Bhattacharya The Costs of Covid. 2020/12/21. <https://www.youtube.com/watch?v=AztcQXI9qWc>

Abstract: Dr. Jay Bhattacharya, Professor of Medicine at Stanford University, outlines the economic costs of the Covid-19 pandemic, and explores the successes and failures of government policy in dealing with the virus.

Sammendrag: Dr. Jay Bhattacharya, professor i medicin ved Stanford University, skitserer de økonomiske omkostninger ved Covid-19-pandemien og udforsker succeser og fiaskoer med regeringens politik i håndteringen af virussen. (danish translation)

- **242 EconTalk.** Jay Bhattacharya on the Pandemic. 2020/12/21. <https://www.youtube.com/watch?v=UoAE7ml8bLE>

Abstract: Economist and physician Jay Bhattacharya of Stanford University talks about the pandemic with EconTalk host Russ Roberts. Bhattacharya, along with Sunetra Gupta of the University of Oxford and Martin Kulldorff of Harvard University, authored The Great Barrington Declaration, which advocates a very different approach to fighting the pandemic than current policy and practice. Bhattacharya and his colleagues argue the best way to reduce overall harm is to focus protection efforts on those most at risk, while allowing low-risk populations to return to a more normal way of life. Bhattacharya argues that we have greatly neglected the costs of lockdown and self-quarantine.

Sammendrag: Økonom og læge Jay Bhattacharya fra Stanford University taler om pandemien med EconTalk-værten Russ Roberts. Bhattacharya skrev sammen med Sunetra Gupta fra University of Oxford og Martin Kulldorff fra Harvard University The Great Barrington-erklæringen, der fortæller en meget anden tilgang til bekæmpelse af pandemien end den nuværende politik og praksis. Bhattacharya og hans kolleger hævder, at den bedste måde at reducere den samlede skade er at fokusere beskyttelsesindsatsen på dem, der er mest udsatte, samtidig med at lavrisikopopulationer vender tilbage til en mere normal livsstil. Bhattacharya hævder, at vi i høj grad har forsømt omkostningerne ved lockdown og selvkarantæne. [danish translation]

- **243 Co-Immunity.** Jay Bhattacharya COVID19 Mortality and Mitigation Effects. 2020/10/20. <https://www.youtube.com/watch?v=BkgTqkL-bqY>

Abstract: Stanford U scientist involved in 'Great Barrington Declaration' gives talk on 'COVID-19: Mortality and mitigation effects.

Abstract: Stanford U-videnskabsmand involveret i 'Great Barrington-erklæringen' holder tale om 'COVID-19: Dødeligheds- og afbødningseffekter. [danish translation]

- **244 Hoover Institution.** Questioning Conventional Wisdom in the COVID19 Crisis with Dr Jay Bhattacharya. 2020/03/31. <https://www.youtube.com/watch?v=-UO3Wd5urg0&t=436>

Abstract: Dr. Jay Bhattacharya is a professor of medicine at Stanford University. He is a research associate at the National Bureau of Economic Research and a senior fellow at both the Stanford Institute for Economic Policy Research and the Stanford Freeman Spogli Institute. His March 24, 2020, article in the Wall Street Journal questions the premise that “coronavirus would kill millions without shelter-in-place orders and quarantines.” In the article he suggests that “there’s little evidence to confirm that premise—and projections of the death toll could plausibly be orders of magnitude too high.” In this edition of Uncommon Knowledge with Peter Robinson we asked Dr. Bhattacharya to defend that statement and describe to us how he arrived at this conclusion. We get into the details of his research, which used data collected from hotspots around the world and his background as a doctor, a medical researcher, and an economist. It’s not popular right now to question conventional wisdom on sheltering in place, but Dr. Bhattacharya makes a strong case for challenging it, based in economics and science.

Sammendrag: Dr. Jay Bhattacharya er professor i medicin ved Stanford University. Han er forskerassistent ved National Bureau of Economic Research og seniorkammerat ved både Stanford Institute for Economic Policy Research og Stanford Freeman Spogli Institute. Hans artikel i Wall Street Journal den 24. marts 2020 sætter spørgsmålstegn ved forudsætningen om, at "coronavirus ville dræbe millioner uden husly-ordrer og karantæner." I artiklen antyder han, at "der er få beviser for at bekræfte denne forudsætning - og fremskrivninger af dødstallet kan sandsynligvis være størrelsesordere for høje." I denne udgave af Uncommon Knowledge med Peter Robinson bad vi Dr. Bhattacharya om at forsvare denne erklæring og beskrive for os, hvordan han nåede frem til denne konklusion. Vi kommer ind i detaljerne i hans forskning,

som brugte data indsamlet fra hotspots rundt om i verden og hans baggrund som læge, medicinsk forsker og økonom. Det er ikke populært lige nu at stille spørgsmålstejn ved konventionel visdom om ly på plads, men Dr. Bhattacharya gør en stærk argumentation for at udfordre den, baseret på økonomi og videnskab. [danish translation]

- **245 Hoover Institution.** The Fight against COVID19. An Update from Dr Jay Bhattacharya. 2020/04/18. <https://www.youtube.com/watch?v=k7v2F3usNVA>

Introduction: A month ago, we interviewed Dr. Jay Bhattacharya just as the COVID-19 crisis was shuttering the economy and governments were ordering citizens to shelter at home. In that interview, Dr. Bhattacharya mentioned that he himself would soon be conducting tests for COVID-19 in Santa Clara County, California, one of the most active hotspots in the country. Today Dr. Bhattacharya returns to discuss the results of that study and one currently under way in partnership with Major League Baseball. We also discuss some signs of hope, and specifics about how the economy can be restarted safely and efficiently. Dr. Bhattacharya also gives some (unsolicited) advice to Dr. Anthony Fauci, California governor Gavin Newsom, and president Donald Trump.

Introduktion: For en måned siden interviewede vi Dr. Jay Bhattacharya, ligesom COVID-19-krisen lukkede økonomien, og regeringerne beordrede borgerne til ly i hjemmet. I dette interview nævnte Dr. Bhattacharya, at han selv snart ville gennemføre tests for COVID-19 i Santa Clara County, Californien, et af de mest aktive hotspots i landet. I dag vender Dr. Bhattacharya tilbage for at diskutere resultaterne af denne undersøgelse og en i øjeblikket igangværende i partnerskab med Major League Baseball. Vi diskuterer også nogle tegn på håb og detaljer om, hvordan økonomien kan genstartes sikkert og effektivt. Dr. Bhattacharya giver også nogle (uopfordrede) råd til Dr. Anthony Fauci, Californiens guvernør Gavin Newsom og præsident Donald Trump. [danish translation]

- **246 ZDoggMD.** We Must Question The COVID-19 Status Quo (w/Dr. Jay Bhattacharya). 2020/09/15. https://www.youtube.com/watch?v=T_COvdCujaA

Dr. Jay Bhattacharya is a Stanford physician and economist and co-author of several seroprevalence studies on COVID-19. In this must-watch interview we talk about EVERYTHING. Including the true infection fatality rate, comparisons to influenza, drama around his Santa Clara antibody trial, reinfections, vaccine development, economic and social impacts, why we MUST reopen schools NOW, the horrors of censorship of scientists and opposing dialog, how Stanford is contributing to the problem of stifling dissenting opinions, Dr. Scott Atlas and his advisory role to the president, empathy vs. compassion with regards to COVID, and MUCH MORE.

Dr. Jay Bhattacharya er en Stanford-læge og økonom og medforfatter til adskillige seroprevalensundersøgelser af COVID-19. I dette must-watch-interview taler vi om ALT. Inkluderet den sande dødelighedsgrad for infektioner, sammenligninger med influenza, drama omkring hans Santa Clara-antistofforsøg, reinfektioner, vaccineudvikling, økonomiske og sociale virkninger, hvorfor vi SKAL genåbne skoler NU, rædslerne om censur af forskere og modsatrettede dialog, hvordan Stanford bidrager til problemet med at kvæle forskellige meninger, Dr. Scott Atlas og hans rådgivende rolle for præsidenten, empati versus medfølelse med hensyn til COVID og MYE MERE. [danish translation]

- **247 Ekman P.** Emotions Revealed. First Edition: Recognizing Faces and Feelings to Improve Communication and Emotional Life. Times Books. NY 2003.

- **248 Karlins M, Navarro J N.** What Every Body Is Saying: An Ex-FBI Agent's Guide to Speed-Reading People. William Morrow Paperback. NY. 2008

Read this book and send your nonverbal intelligence soaring. Joe Navarro, a former FBI counterintelligence officer and a recognized expert on nonverbal behavior, explains how to "speed-read" people: decode sentiments and behaviors, avoid hidden pitfalls, and look for deceptive behaviors. You'll also learn how your body language can influence what your boss, family, friends, and strangers think of you.

Læs denne bog og send din ikke-verbale intelligens skyhøje. Joe Navarro, en tidligere FBI kontraintelligens officer og en anerkendt ekspert på ikke-verbal adfærd, forklarer, hvordan man "hurtiglæser" mennesker: afkode følelser og adfærd, undgå skjulte faldgruber og se efter vildledende adfærd. Du lærer også, hvordan dit kropssprog kan påvirke, hvad din chef, familie, venner og fremmede synes om dig.[danish translation]

- **249 Ekman P, Friesen WV.** Unmasking the Face: A Guide to Recognizing Emotions From Facial Expressions. Malor Books. NY. 2003

Using scores of photographs of faces that reflect the emotions of surprise, fear, disgust, anger, happiness, and sadness, the authors of UNMASKING THE FACE explain how to identify correctly these basic emotions and how to tell when people try to mask, simulate, or neutralize them. In addition, it features several practical exercises that will help actors, teachers, salesmen, counselors, nurses, and physicians--and everyone else who deals with people--to become adept, perceptive readers of the facial expressions of emotion.

Ved hjælp af en række fotografier af ansigter, der afspejler følelser af overraskelse, frygt, afsky, vrede, lykke og tristed, forklarer forfatterne til UNMASKING THE FACE hvordan de korrekt identificerer disse grundlæggende følelser og hvordan man fortæller, når folk prøver at maskere, simulere, eller neutralisere dem. Derudover indeholder den flere praktiske øvelser, der hjælper skuespillere, lærere, sælgere, rådgivere, sygeplejersker og læger - og alle andre, der beskæftiger sig med mennesker - med at blive dygtige, opmærksomme læsere af ansigtsudtryk for følelser.[danish translation]

- **250 Ventegodt S.** Maslow's behovspyramide – alt hvad vi behøver for lykke, sundhed og god funktionsevne. København, Danmarks Frie Fjernsyn, 2021 (in press)
- **251 Folketinget.** Lov om ændring af lov om foranstaltninger mod smitsomme og andre overførbare sygdomme. Vedtaget af Folketinget ved 3. behandling den 12. marts 2020. Til lovforslag nr. L 133 Folketinget 2019-20 Folketingstidende Tillæg C

Lov om ændring af lov om foranstaltninger mod smitsomme og andre overførbare sygdomme (Udvidelse af foranstaltninger til at forebygge og inddæmme smitte samt sikring af kapacitetsmæssige ressourcer m.v.)

Act amending the Act on measures against communicable and other communicable diseases (Extension of measures to prevent and contain infection as well as securing capacity resources, etc.)[english translation]

- **252 L.R. Baden, H.M. El Sahly, B. Essink, K. Kotloff, S. Frey, R. Novak et. al.** Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine. The new england journal of medicine December 30, 2020, and updated on January 15,2021, at [NEJM.org](https://www.nejm.org). DOI: 10.1056/NEJMoa2035389. <https://www.nejm.org/doi/full/10.1056/NEJMoa2035389>

Abstract: The mRNA-1273 vaccine showed 94.1% efficacy at preventing Covid-19 illness, including severe disease. Aside from transient local and systemic reactions, no safety concerns were identified. (Funded by the Biomedical Advanced Research and Development Authority and the National Institute of Allergy and Infectious Diseases; COVE [ClinicalTrials.gov](https://www.clinicaltrials.gov) number, NCT04470427. opens in new tab.)

Abstract: MRNA-1273-vaccinen viste 94,1% effektivitet til forebyggelse af Covid-19 sygdom, herunder svær sygdom. Bortset fra forbigående lokale og systemiske reaktioner blev der ikke identificeret nogen sikkerhedsmæssige bekymringer. (Finansieret af Biomedical Advanced Research and Development Authority og National Institute of Allergy and Infectious Diseases; COVE [ClinicalTrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT04470427)-nummer, NCT04470427. Åbner i ny fane.) [danish translation]

- **253 Fernando P. Polack, M.D., Stephen J. Thomas, M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M et. al.** Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. December 31, 2020. *N Engl J Med* 2020; 383:2603-2615. DOI: 10.1056/NEJMoa2034577. <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>

Abstract: A two-dose regimen of BNT162b2 conferred 95% protection against Covid-19 in persons 16 years of age or older. Safety over a median of 2 months was similar to that of other viral vaccines. (Funded by BioNTech and Pfizer; [ClinicalTrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT04368728) number, NCT04368728. opens in new tab.)

Abstract: Et to-dosis regime af BNT162b2 gav 95% beskyttelse mod Covid-19 hos personer 16 år eller ældre. Sikkerhed over en median på 2 måneder svarede til sikkerheden for andre virale vacciner. (Finansieret af BioNTech og Pfizer; [ClinicalTrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT04368728)-nummer, NCT04368728. Åbner i ny fane.) [danish translation]

- **254 Young T.** Portuguese Appeals Court Deems PCR tests unreliable. Lockdown sceptics. 2020/11/16. <https://lockdownsceptics.org/2020/11/16/latest-news-195/>

A Portuguese professor and lockdown sceptic has sent me a long and informative email about a recent ruling by the Portuguese Court of Appeal which casts doubt on the reliability of the PCR test. It is a great tribute to the integrity of the Portuguese legal system that the Court seems to understand in considerable detail the shortcomings of the PCR test as a diagnostic tool, particularly when not used in combination with a clinical diagnosis.

En portugisisk professor og lockdown-skeptiker har sendt mig en lang og informativ e-mail om en nylig afgørelse truffet af den portugisiske appelret, der rejser tvivl om pålideligheden af PCR-testen. Det er en stor hyldest til integriteten af det portugisiske retssystem, at Domstolen synes at forstå betydelige detaljer manglerne ved PCR-testen som et diagnostisk værktøj, især når det ikke bruges i kombination med en klinisk diagnose. [danish translation]

- **255 CRL.** European Court Rules PCR Tests Unreliable. Lisbon Regional Council. 2020/11/11. <https://thewhiterose.uk/freedom/uploads/2020/11/European-Court-Ruling-on-PCR-Reliability.pdf>

A Portuguese Court of Appeal has made a judgement in relation to a detention case. In it the Court analysed how reliable the PCR Test is and concluded that if misused the PCR Test would have a reliability as low as 3%. for the detection of Coronavirus, and with a False Positive rate of 97%.

En portugisisk appelret har afsagt dom i forhold til a tilbageholdelsessag. I den analyserede Retten, hvor pålidelig PCR-testen er, og konkluderede, at hvis misbrugt PCR-testen ville have en pålidelighed så lav som 3%. til påvisning af Coronavirus og med en falsk positiv sats på 97%. [danish translation]

- **256 Surkova E, Nikolayevskyy V, Drobniewski F.** False-positive COVID-19 results: hidden problems and costs. *The Lancet*. [https://doi.org/10.1016/S2213-2600\(20\)30453-7](https://doi.org/10.1016/S2213-2600(20)30453-7) 2020/12/01. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30453-7/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30453-7/fulltext)

RT-PCR tests to detect severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) RNA are the operational gold standard for detecting COVID-19 disease in clinical practice. RT-PCR assays in the UK have analytical sensitivity and specificity of greater than 95%, but no single gold standard assay exists.^{1, 2} New assays are verified across panels of material, confirmed as COVID-19 by multiple testing with other assays, together with a consistent clinical and radiological picture. These new assays are often tested under idealised conditions with hospital samples containing higher viral loads than those from asymptomatic individuals living in the community. As such, diagnostic or operational performance of swab tests in the real world might differ substantially from the analytical sensitivity and specificity.

RT-PCR-tests til påvisning af alvorligt akut respiratorisk syndrom coronavirus 2 (SARS-CoV-2) RNA er den operationelle guldstandard til påvisning af COVID-19 sygdom i klinisk praksis. RT-PCR-analyser i Storbritannien har en analytisk følsomhed og specificitet på mere end 95%, men der findes ikke en enkelt guldstandardassay. 1, 2 Nye analyser verificeres på tværs af materialepaneler, bekræftet som COVID-19 ved flere tests med andre analyser, sammen med et konsistent klinisk og radiologisk billede. Disse nye analyser testes ofte under idealiserede forhold med hospitalsprøver, der indeholder højere virale belastninger end dem fra asymptomatiske individer, der bor i samfundet. Som sådan kan diagnostisk eller operationel udførelse af pødeprøver i den virkelige verden afvige væsentligt fra den analytiske følsomhed og specificitet. [danish translation]

- **257 Ventegodt S.** Covid-19 test: An opinion. Nova Science. Int J Disabil Hum Dev 2020;19(2):113-115. <https://usercontent.one/wp/www.ooc.one/wp-content/uploads/2021/01/Ventegodt-2021-The-COVID-19-PCR-test-has-97-false-positive-.pdf>

There are two lines of immunological defense in the vertebrate immune system: The innate and adaptive immune system. These two are related, the innate being the evolutionary oldest, and the functional basis of the adaptive immune system. The innate immune system is able to handle small and local infections. A small bolus of Corona COVID-19 virus, say about 20 viral units, in small, airborne drops from the breath of a healthy infected person, is normally handled without any symptoms. Still this gives immunological learning and immunity. If the innate immune system is handling the small boluses of virus, there is no antibodies to detect. This means that only the people who have a weak innate immune system will have a symptomatic infection which calls for the second line of the immune defense, the adaptive immune system response with antibodies. It is therefore very likely that every single person living in a city is being infected with COVID-19.

Der er to linjer med immunologisk forsvar i hvirveldyrets immunsystem: Det medfødte og adaptive immunsystem. Disse to er beslægtede, den medfødte er den evolutionære ældste og det funktionelle grundlag for det adaptive immunsystem. Det medfødte immunsystem er i stand til at håndtere små og lokale infektioner. En lille bolus af Corona COVID-19-virus, siger omkring 20 virale enheder, i små, luftbårne dråber fra ånden fra en sund inficeret person, håndteres normalt uden symptomer. Stadig giver dette immunologisk læring og immunitet. Hvis det medfødte immunsystem håndterer de små boluser af virus, er der ingen antistoffer at opdage. Dette betyder, at kun de mennesker, der har et svagt medfødt immunsystem, vil have en symptomatisk infektion, der kræver anden linje i immunforsvaret, det adaptive immunsystemrespons med antistoffer. Det er derfor meget sandsynligt, at hver enkelt person, der bor i en by, bliver smittet med COVID-19. [danish translation]

- **258 Ventegodt S, Merrick J.** Corona-virus COVID-19 (SARS-CoV-2): En hyldest til tre whistleblowers. Nova Science Publishers, Inc. 2020. <http://coronawhistleblower.org/lesson/dansk/>

Sammendrag : Vi er i dette øjeblik midt i Corona COVID-19 (SARS-CoV-2) pandemien, hvor vi står over for en global katastrofe, som efter sigende er forårsaget af en ny dødbringende virus, med en dødelighed på

omkring 3,4 %, som hele verden prøver at håndtere, efter advarsel fra Verdenssundhedsorganisationen (WHO) Tre førende eksperter i infektionssygdomme, Wolfgang Wodarg, Sucharit Bhakdi og John PA Ioannidis, mener, at vi fortolker statistikken fejlagtigt og at vi ikke står over for en ny og farlig virus men overfor en misinformationskampagne. WHO tæller dødstallene forkert, ignorerer store mængder smittede, og ignorerer både alt det vi allerede ved om Corona-virussen, og alle statistikker om almindelig forkølelse og influenza, som fx de statistiske oplysninger om dødelighed i befolkningen som vi har adgang til, og skaber derved et billede af en pandemi med et dødeligt Corona virus. Desværre har verdens politikere reageret på WHO-kampagnen, som om den var sand, hvilket skaber massiv frygt; befolkningen har af sundhedsmyndighederne fået at vide, at vi står over for en ny dødbringende infektion. Massiv frygt øger symptomerne på Corona infektionen. Dette ses især hos mennesker som er særligt sårbare af individuelle psykosomatiske årsager. Hvis du mener, du har en dødelig infektion, og alle, herunder din egen læge og hospitalet bekræfter dig i påstanden, er det kun naturligt, at du føler dig dårligt tilpas. Og hvis du har det dårligt på hospitalet, ja, så bliver du behandlet. Både indlæggelse og medicin kan give infektioner, bivirkninger og øge dødeligheden af sig selv. På den måde har verden bekræftet sig selv i illusionen om en dødelig pandemi, der til at begynde med simpelt hen ikke eksisterer. COVID-19 har en dødelighed på omkring 0,01 % ifølge statistikkerne fra mange lande.

Summary: We are currently in the midst of the Corona COVID-19 (SARS-CoV-2) pandemic, facing a global catastrophe reportedly caused by a new deadly virus, with a mortality rate of around 3.4 %, which the whole world is trying to deal with, following a warning from the World Health Organization (WHO) Three leading experts in infectious diseases, Wolfgang Wodarg, Sucharit Bhakdi and John PA Ioannidis, believe that we are misinterpreting the statistics and that we are not facing a new and dangerous virus but facing a misinformation campaign. The WHO counts the death toll incorrectly, ignores large numbers of infected people, and ignores both everything we already know about the Corona virus, and all statistics on the common cold and flu, such as the statistics on mortality in the population to which we have access, thereby creating an image of a pandemic with a deadly Corona virus. Unfortunately, world politicians have reacted to the WHO campaign as if it were true, creating massive fear; the population has been told by the health authorities that we are facing a new deadly infection. Massive fear increases the symptoms of Corona infection. This is especially seen in people who are particularly vulnerable to individual psychosomatic causes. If you think you have a fatal infection and everyone, including your own doctor and the hospital confirms you in the claim, it is only natural that you feel unwell. And if you feel bad in the hospital, well, then you'll be treated. Both hospitalization and medication can cause infections, side effects and increase mortality by itself. In this way, the world has confirmed itself in the illusion of a deadly pandemic that, at first, simply does not exist. COVID-19 has a mortality rate of around 0.01% according to statistics from many countries.[english translation]

- **259 Bhakdi S, Ventegodt S.** Report of the OOC's Scientific Committee. Scientific report on corona number 1 from January 26th2021. Quality of Life Research Center 2021. (UK translation of Bhakdi S, Ventegodt S. Rapport fra OOC's Videnskabelige Komité. Videnskabelig rapport om corona nummer 1 af 26. jan 2021. Forskningscenter for Livskvalitet 2021.)