



An Initiative By: Awaken India Movement- AIM



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awakenindiamovement.com

29.9.21

To,

The Prime Minister of India,

Sub: Urgent Need To Rectify The Current Utter Disregard For Science While Deciding Corona Related Measures Which Have Special Worrying Effects On Children.

Dear Sir,

Indian Doctors for Truth has already written a letter to you on July 21st, 2021 regarding the **Urgent need to stop the overzealous universal vaccination drive against Covid-19.**

<https://docs.google.com/document/d/1YkNVv6hHuHk9YAW8jkS0sfPhajZ8hqbAwBgmomlQwHk/edit>

While there has been no response to that letter and the vaccination drive still continues, the 4th round of sero-survey has vindicated the stand taken in that letter. Sadly, as unscientific measures continue to be implemented, harming the adult population, their livelihood, health and life in general, more urgent matters have come up with regard to the health of our children. Clearly **our policies with regard to Covid-19 do not match the prevailing scientific knowledge and opinion of experts in the field.**

CHILDREN OF INDIA SHOULD NOT BE GIVEN THIS NOT FULLY APPROVED (APPROVED FOR RESTRICTED USE ONLY) COVID-19 VACCINE WITHOUT ANY KNOWLEDGE OF LONG-TERM EFFECTS AS THEY HAVE ALREADY DEVELOPED IMMUNITY AND ARE AT NO RISK OF SEVERE COVID.

In the light of the fact that the majority of children in our country have recovered from Covid and on an average 56% of them have antibodies without developing serious disease, **there is no scientific basis to expect children to be more affected in the 3rd wave and policies should be framed accordingly.** AIIMS Director, Dr Randeep Guleria and The Indian Academy of Paediatrics have given statements to this effect. (1, 2)

Sri Mansukh Mandaviya, Minister for Health and Family Welfare, in an answer to Lok Sabha on 23rd July 2021 said, *"There is however no scientific evidence either from India or globally, to show that children get disproportionately infected with Covid-19 including delta variant. Children, if infected, generally remain asymptomatic or exhibit mild symptoms and do not get severe disease."*

<http://164.100.47.193/Loksabha/Questions/QResult15.aspx?qref=24892&lsno=17>

So why is there a push to vaccinate children despite there being no threat to them and plenty of evidence in favour of naturally acquired immunity?

Experts have confirmed that Letting children catch Covid may be safer than giving them vaccines. Allowing children to catch Covid may be better than exposing them to the "risk" of vaccines, a member of the Joint Committee on Vaccination and Immunisation (UK) has said. (3)

<https://www.telegraph.co.uk/politics/2021/06/20/jvci-scientists-left-dark-whether-children-will-offered-covid/>

"There is no scientific evidence that any wave would affect children disproportionately," said epidemiologist Dr Chandrakant Lahariya in a panel discussion on CNBC-TV18. He was responding to NIDM and others unnecessarily creating a scare. ***"Children do not need to take vaccine shot to go to school," he said.*** (4)

The same view has been reiterated by experts in Government arranged programs, opined in public forums and when asked by the press. (5, 6, 7)

Latest preprint study of eminent Stanford epidemiologist, Dr John Ioannidis, representing 14 countries, points to a survival **rate of 99.9973% up to the age of 19.** (8)

Considering that children get very mild disease, scarce resources would be better utilized for providing Wholesome Nutrition for children. "In our country, 2,200 children die of

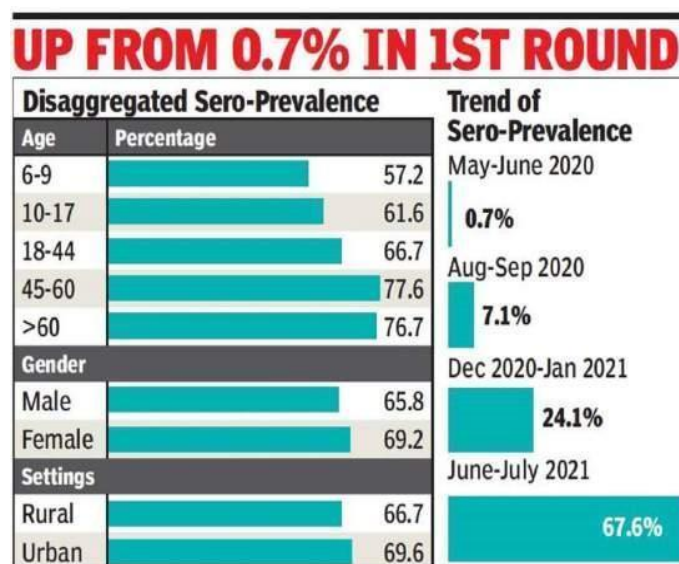


malnutrition every day. As per information available till now, Covid-19 does not make children severely ill. Even today, I do not think you will find so many children dying of Covid-19 in a month [as they do of malnutrition]. In a nutshell, I can say Covid-19 remains a very mild disease for children.” Dr Sanjay Rai, AIIMS.

<https://thewire.in/health/in-2018-more-than-14-indian-children-died-every-hour-due-to-pneumonia-un-study>

<https://www.newsclick.in/difficult-predict-how-many-waves-Covid-19-india-vaccine-specialist-sanjay-rai>

Key findings of the Sero-Survey:



<https://blog.forumias.com/explained-icmrs-fourth-serosurvey-and-its-findings/>

Linking Multisystem Inflammatory Syndrome in children (MIS-C) to Covid-19 has been the cause of much needless fear and worry amongst parents. However, most children who develop Multisystem Inflammatory Syndrome (MIS-C) after infection with SARS-CoV-2 recover relatively quickly and without significant sequelae, according to a research letter published online in JAMA Paediatrics.

<http://www.medscape.com/viewarticle/957534>

On the one hand our children have acquired immunity post Covid and on the other hand these experimental vaccines wherever they are rolled out, are not found to be safe

enough, so it is totally irresponsible and unethical of us to go ahead with any vaccine roll out for children.

Worldwide a cascade of serious Adverse Effects has been seen in adults and children in 2021 after the Emergency Use Authorisation was granted for restricted use of Covid-19 vaccines. When scientific evidence shows that there is absolutely no need for our children to be vaccinated, it is incomprehensible that Clinical Trials and EUA for vaccinating children are underway in India.

According to new study, teenage boys are six times more likely to suffer heart problems from Covid-19 vaccine than to be hospitalised from Covid,

<https://dailysceptic.org/2021/09/10/teenage-boys-six-times-more-likely-to-suffer-heart-problems-from-vaccine-than-to-be-hospitalised-from-covid-according-to-new-study/>

While giving advice for vaccinating children in the UK, JCVI categorically said, “The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. Such data may not be available for several months.”

<https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021>

Even in the US where the vaccine has been rolled out questions are being raised by the scientific community about the risk vs benefit of the Covid-19 vaccine, as this extensive study in Science Direct paper reveals. The study raises two important issues. First, that there is no data to justify the inoculation of children, much less most people under forty.

Secondly, it questions the rush to vaccinate a group at essentially zero risks. Given that the inoculations were tested only for a few months and only very short-term adverse effects could be obtained, it is questionable how well even these short-term effects obtained from the



clinical trials reflect the short-term effects from the initial mass inoculation results reported in VAERS.

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

This week's U.S. data for 12- to 17-year-olds show:

- **19,827** total adverse events, including **1,169** rated as serious and **19** reported deaths. Two of the 19 deaths were suicides.

The most recent deaths involve one report of two patients [VAERS I.D. **1655100**] who died after their second dose of Pfizer, including a 13-year-old female.

Other recent reported deaths include a 15-year-old boy (VAERS I.D. **1498080**) who previously had COVID, was diagnosed with cardiomyopathy in May 2021 and died four days after receiving his second dose of Pfizer's vaccine on June 18, when he collapsed on the soccer field and went into ventricular tachycardia; and a 13-year-old girl (VAERS I.D. **1505250**) who died after suffering a heart condition after receiving her first dose of Pfizer.

- **2,972** reports of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to **Pfizer's vaccine**.
- **488** reports of myocarditis and pericarditis (heart inflammation) with **481** cases attributed to Pfizer's vaccine.
- **106** reports of blood clotting disorders, with all cases attributed to Pfizer.

<https://childrenshealthdefense.org/defender/vaers-cdc-covid-deaths-vaccine-injuries/>

Dr Rajesh Kulkarni, department of paediatrics, BJ Government Medical College and Sassoon General Hospital has been quoted as saying "severe acute malnutrition with anaemia in children could also be a risk factor for severe Covid. "Nearly 12 malnourished children in the study developed severe Covid." If we are particularly worried about malnourished children, our planning for these children should focus on large scale nutrition programs and not vaccines. (9)

http://timesofindia.indiatimes.com/articleshow/86408882.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst



NTAG chairman Dr N K ARORA has said that Vaccination of healthy children would commence next year, but the immunization of kids with comorbidities would start next month. When overall mortality rates are nearly 0% percent for children, and we don't have long term studies, no universal drive for vaccinating all comorbid children should be started. Only depending on the severity of the comorbidity, parents and the treating physician should be left to decide the need for the vaccine. We are also deeply concerned that malnutrition will be considered a comorbidity and thus a reason to vaccinate lakhs of undernourished children in the country.

http://timesofindia.indiatimes.com/articleshow/86520048.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Opening the schools without any restrictive measures is another important issue that needs urgent attention. UNICEF has said that closing schools during the pandemic was the biggest mistake. There is no relation between Pandemic and schools functioning.

<https://news.un.org/en/story/2020/12/1079462>

It is also important to take into consideration a German Court Verdict, that masks, distancing and regular testing of children for Covid-19 should not be done. These measures are not only not useful but are actually harmful. (Ref. Weimar Local Court, Order dated 08.04.2021, Ref.: 9 F 148/21) (10)

While children are the urgent focus of attention, adults are also affected by the total unscientific attitude continuing at the end of one and a half years of having complete knowledge about Covid-19 and our capacity to fight it. This in turn will impact the economic health of the nation and the future of our children.

We have to pay attention to what prominent Epidemiologists of our country are saying about handling of the Covid-19 when community transmission has set in. Quarantine and isolation has no meaning today since seroprevalence is high.

Insisting that the 3rd wave is a stretch of someone's imagination, Dr Jayaprakash Muliyl, epidemiologist and chairperson, Scientific Advisory Committee, National Institute of Epidemiology, says that



“There is no need to keep doing RT PCR tests. Only those who are symptomatic should be tested. [ICMR](#) has also said this. It’s extremely rare to see a child under 12 years of age dying of Covid. It is less than one in one lakh.” (11)

Another Epidemiologist, Dr Amitav Banerjee, Professor & Head, Community Medicine and Clinical Epidemiologist at Dr DY Patil medical college, Pune, writes:

“First, let us consider the futility and utility of testing and tracing. From the scientific perspective, testing and tracing do not make any sense once community transmission has set in.” (12)

As advised by WHO, testing and tracing are not useful in a community when a large portion of the community is already infected, which is the case in our country as shown by **recent** sero-surveys. (13)

A study in Singapore has also indicated that even asymptomatic infections provide robust and lasting immunity and therefore our sero prevalence data, as shown above, is proof enough of lasting Immunity. There is therefore no need for a vaccine drive. (14)

While most Virologists and Epidemiologists now agree that there will not be any third wave, while attributing the seasonal increase in respiratory diseases in the April-May 2nd wave to the Delta variant. (15)

Our analysis of the data clearly shows that even the infectiousness of Delta variant has not been proven by the data. Inexplicably, the percentage of Delta variant was shown to increase from 53.9 % in the month of April to 83.3% in July, the number of cases actually started declining by Mid-April and touched the baseline by the end of May. Increase in percentage of Delta variant had no effect on increase in cases.

Similarly, vaccination had no effect on the number of cases as Vaccination peaked in the month of June and cases started falling much before that. (16)

While the Delta variant itself is irrelevant as can be seen, saying that we require 80 to 85% of people to have antibodies is more illogical.

The serosurvey done in June-July this year will not include the people who were infected in the year 2020 because antibodies decline in around 4 months but these people continue to be immune to infection because of cellular immunity. All the serosurveys conducted during last



year showed 30 to 50 % of people had antibodies in their blood. (Full details in our previous letter referenced above). If this scientific fact is taken into account practically everyone in our country is immune.

Amongst all the data being collected on the basis of rt-PCR test, we should not forget the fact rt-PCR test itself is nonspecific and is not diagnostic, as shown in even the CDC document.

(17)

Considering all the scientific facts presented above,

WE DEMAND:

- 1. All Covid-19 vaccine clinical trials on children should be stopped.**
- 2. The Covid-19 vaccination for children should not be rolled out even if vaccines are given EUA for restricted use, and no vaccines, currently under trial, to be given EUA.**
- 3. Immediate reopening of schools and colleges without any delay or restrictions as advised by experts.**
- 4. No testing of asymptomatic children at school or home**
- 5. No experimental and unapproved drugs should be used in the treatment of children who test positive and/or have Influenza Like Illness (ILI) rather children should be subject to standard of care using proven, tested and repurposed drugs and Ayush protocols under an Integrated Medicine Healthcare approach. It is our experience that experimental drugs have proved harmful for adults in the 1st and 2nd wave.**
- 6. No testing, tracing, quarantine at mass level either routinely or as part of job, earning activity, entry to certain places or for travel as has been scientifically advised once community transmission has set in.**

Indian Doctors for Truth seek the opportunity to meet with you at the earliest to discuss the issues pertaining to the Covid-19 pandemic and the various countermeasures adopted for the Citizens of this Country. We look forward to a favourable reply.



Yours Faithfully,

Indian Doctors for Truth & Concerned Citizens of India,

Dr. Maya Valecha, MD, DGO

Dr. Madhuri Patil BAMS (Mumbai), MD (Ayurveda Samhita & Siddhant)

Dr. Priya Mohod Shirsat, MBBS, CIDESCO (zurich), DGA,DBC,DBT (Mumbai)

Dr. Harpreet Singh Walia, BDS

Dr. Amitav Bannerjee, Professor & Head, Community Medicine and Clinical Epidemiologist

Dr. Megha Consul, MD, DNB Pediatrics,

Dr. Firuzi Mehta. Mumbai. BHMS (Mum.) HMD (Lon.) IACH DIHom. (Gr.)

Dr. C J Varghese, Former member Central Council of Homoeopathy

Dr. Veena Raghav MBBS, Diploma in Anaesthesiology.

Dr. Vijay Raghav. MBBS

Dr. Khadar Mysuru

Dr. Renu Mahtani, MD Internal Medicine, Pune

Dr. Praveen Saxena, Radiologist & Clinical metal toxicologist, MBBS, DMRD Osmania

Dr. Anande

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Dr. Kuldeep, MS

Dr. Banu Prakash

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Dr. Archana Satyam, MBBS, Diploma in Emerge

Jagannath Chatterjee

Aruna Rodrigues

Darryl D'Souza

Ambar Koiri

Feroze Mithiborewala

Yohan Tengra

Vikash Diwan

Many citizens have endorsed this letter and their signatures can be found after the references.



References:

1. "Data from Indian states, including the latest and fourth national sero survey, shows that children have already got Covid-19 infection at a similar or even higher rate than adults (mostly asymptomatic and with far lower rate of moderate to severe disease). Therefore, they are already protected and not at additional risk,"
The Indian Association of Preventive and Social Medicine.
<https://timesofindia.indiatimes.com/india/health-experts-body-calls-for-reopening-all-schools/articleshow/85991181.cms>
2. AIIMS Director Dr. Randeep Guleria on Monday pointed out that though it has been said children will be infected the most during the third Covid-19 wave, the Pediatrics Association has stated that this is not based on facts. It might not impact children and so people should not fear, he added.

The Indian Academy of Pediatrics (IAP) has said that though children remain susceptible to infection, it was “highly unlikely that the third wave will predominantly or exclusively affect children”. It also said that there was no evidence to suggest that most children with Covid-19 infection will have severe disease in the third wave.

<https://indianexpress.com/article/india/will-covid-third-wave-hit-children-hard-7328435/>

3. Professor Robert Dingwall said children may be “better protected by natural immunity generated through infection than by asking them to take the ‘possible’ risk of a vaccine”.
<https://www.telegraph.co.uk/news/2021/06/30/letting-children-catch-covid-may-safer-exposing-vaccine-risk/>
4. Indian Doctors, led by epidemiologist Dr Chandrakant Lahariya have refuted reports of any COVID-19 wave affecting children disproportionately. They have also asked the government to immediately counter such misinformation. The remarks came after a committee of experts, constituted by the National Institute of Disaster Management (NIDM), said that children will have a similar risk as adults
<https://www.cnbc18.com/healthcare/no-scientific-evidence-that-any-covid-wave-will-affect-kids-disproportionately-say-experts-10477581.htm>



5. Third Covid wave unlikely to hit children, say experts in a joint webinar organised by the Times Group and the Uttar Pradesh government. In the discussion where the Health Minister of UP was present it was clearly said that there was no biological reason for children to be affected in the 3rd wave.

http://timesofindia.indiatimes.com/articleshow/85054688.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

6. Speaking on disinformation and misinformation during the Infodemic Pandemic eSummit, Dr Sanjay Kumar Rai, president of the Indian Public Health Association and professor at the Department of Community Medicine, AIIMS, said, “The combination of misinformation and disinformation, which is called infodemic, has been happening since the outbreak of the Covid-19 pandemic. However, the recent example of misinformation is that – the third wave of Covid will impact children – this is complete misinformation as there is no scientific basis behind it.

<https://indianexpress.com/article/india/talk-about-third-wave-of-covid-affecting-children-is-complete-misinformation-aiims-professor-7408519/>

7. Dispelling the much-hyped fear that the third wave will impact kids, Dr Jugal Kishore, the head of community medicine at Safdarjung Hospital, said that a recent survey done by Pimpri Chinchwad Municipal Corporation of Pimpri in the Pune district shows that 70 percent of kids in the 6 to 18 age group have already got antibodies against the disease.

“The United Kingdom kept its schools open even when Covid-19 was at its peak in the country. It is because they believe that keeping children away from regular classes will have a detrimental impact on their mental growth and, second, kids are the least vulnerable of Covid-19 of all age groups” said Dr Sanjay Rai, professor, community medicine, All India Institute of Medical Sciences, Delhi.

Even countries like Sweden never shut down their schools and colleges despite having more than 9000 active cases a day in December 2020 when they had witnessed the first wave.

<https://www.outlookindia.com/website/story/india-news-govt-must-open-educational-institutions-in-a-staggered-manner-now-health-experts/387590>



8. Until people hit their seventies, all age groups have survival rates well over 99%:

0-19: 99.9973%

20-29: 99.986%

30-39: 99.969%

40-49: 99.918%

50-59: 99.73%

60-69: 99.41%

70+: 97.6% (non-institutionalized)

70+: 94.5% (institutionalized and non-institutionalized)

Across all countries, the median IFR in community-dwelling elderly and elderly overall was 2.4% (range 0.3%-7.2%) and 5.5% (range 0.3%-12.1%). IFR was higher with larger proportions of people >85 years. Younger age strata had low IFR values (median 0.0027%, 0.014%, 0.031%, 0.082%, 0.27%, and 0.59%, at 0-19, 20-29, 30-39, 40-49, 50-59, and 60-69 years).

<https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>

9. A new study by investigators from the US Centers for Disease Control and Prevention (CDC), found underlying Medical Conditions Associated With Severe COVID-19 Illness Among Children. Children with the highest risk of severe COVID-19, marked by ICU admission, IMV, or death, were those with type 1 diabetes; cardiac and circulatory congenital anomalies; and epilepsy and/or convulsions.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780706>

10. **Weimar Local Court, Order dated 08.04.2021, Ref.: 9 F 148/21**

The compulsion imposed on school children to wear masks and to keep their distance from each other and from third parties harms the children physically, psychologically, pedagogically, and in their psychosocial development, without more than a marginal benefit at best for the children themselves or third parties. (As per surveys done by Robert Koch Institute, RKI) 100,000 elementary school students would have to put up with all the side effects of wearing masks for a week to prevent just one infection per week.



A (regular) compulsion to mass test asymptomatic children, i.e. healthy people, for which there is no medical indication, cannot be imposed because it is out of proportion to the effect that can be achieved (and) puts children under psychological pressure, because their ability to attend school is constantly put to the test. The probability of actually being infected when receiving a positive result in mass testing with rapid tests, regardless of symptoms, is only two percent at an incidence of 50 (test specificity 80%, test sensitivity 98%). This would mean that for every two true-positive rapid test results, there would be 98 false-positive rapid test results, all of which would then have to be retested with a PCR test. (RKI)

[https://2020news.de/wp-content/uploads/2021/05/ENGLISH-TRANSLATION-COMplete-DOCUMENT-Amtsgericht Weimar 9 F 148 21 EAO Beschluss anonym 2021 04 08-en.pdf](https://2020news.de/wp-content/uploads/2021/05/ENGLISH-TRANSLATION-COMplete-DOCUMENT-Amtsgericht_Weimar_9_F_148_21_EAO_Beschluss_anonym_2021_04_08-en.pdf)

11. *“While the third wave itself is an impossibility, children getting affected is just an imagination,”* says Dr Jayaprakash Muliyl, epidemiologist and chairperson, Scientific Advisory Committee, National Institute of Epidemiology *“I am sure there will be outbreaks here and there, but the third wave is a stretch of someone’s imagination.”* For a wave to be created, the virus must have enough people who are susceptible. And those who are susceptible don’t live together in a corner.
http://timesofindia.indiatimes.com/articleshow/85676611.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
12. The fourth round of serosurvey conducted by Indian Council of Medical Research (ICMR), showed that 67.6% of Indians had antibodies. What can be inferred is that a staggering 92 crores plus Indians have developed immunity either due to natural infection, mostly, or due to vaccination. Around the time of the survey less than 5% of the population was fully vaccinated and around 20% had taken both doses of the vaccine. So, we can assume that around 75 crore people in our country had acquired immunity from having recovered from natural infection.

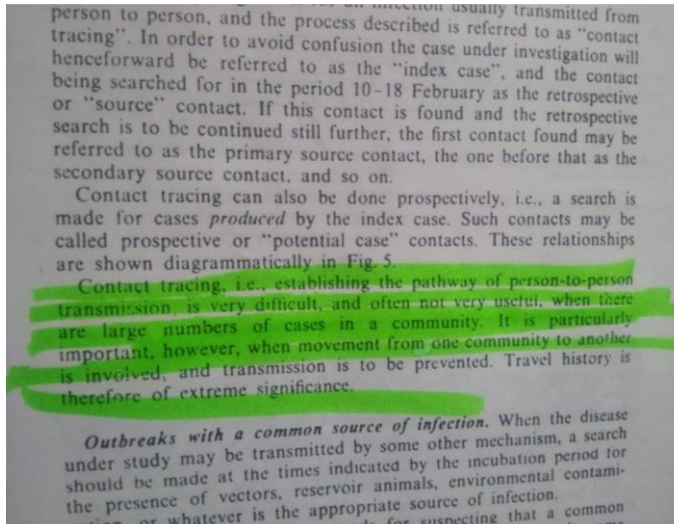
The cases identified by the “test, treat, isolate” strategy stood at a minuscule of around 3 crores. So, by intense contact tracing efforts of Herculean proportions (or Thorian proportions!) we have been able to detect only 4% of the cases in the country. **Dr Amitav Banerjee, Professor & Head, Community Medicine and Clinical Epidemiologist at Dr DY Patil medical college, Pune.**



<https://www.nationalheraldindia.com/health/healthwise-cost-of-chasing-the-impossible>

13. WHO Publication: Public Health Action in Emergencies Caused by Epidemics

Prepared by P. Bres, Formerly Chief, Virus Diseases, WHO



14. Antonio Bertoletti, a professor of infectious disease at Duke-NUS Medical School in Singapore, has conducted research that indicates T cells may be more important than antibodies. Comparing the T cell response in people with symptomatic versus asymptomatic covid-19, Bertoletti's team found them to be identical, suggesting that the severity of infection does not predict strength of resulting immunity and that people with asymptomatic infections ``mount a highly functional virus specific cellular immune response.``

Le Bert N, Clapham HE, Tan AT, et al. Highly functional virus-specific cellular immune response in asymptomatic SARS-CoV-2 infection. J Exp Med

2021;218:e20202617. .doi: 10.1084/jem.20202617 pmid: 33646265

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927662/>

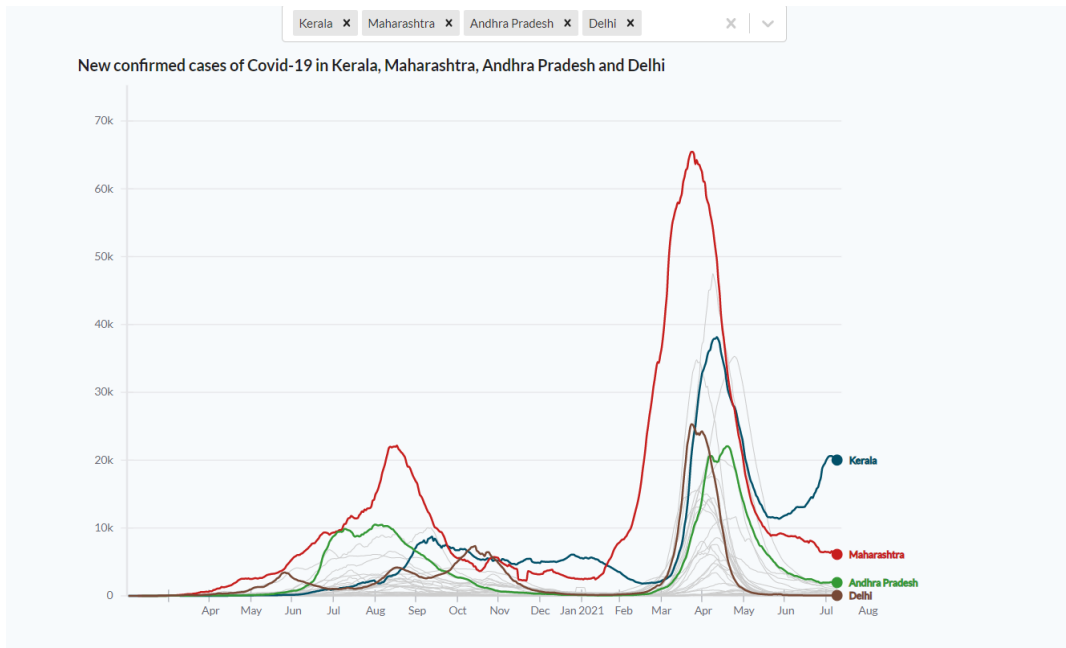
15. The third wave of Covid-19 was unlikely to be as severe as the second and India was now in the endemic stage of the disease, eminent virologists said.

<https://timesofindia.indiatimes.com/city/mumbai/maharashtra-india-is-now-in-endemic-stage-3rd-wave-could-be-small-virologists/articleshow/86518422.cms>

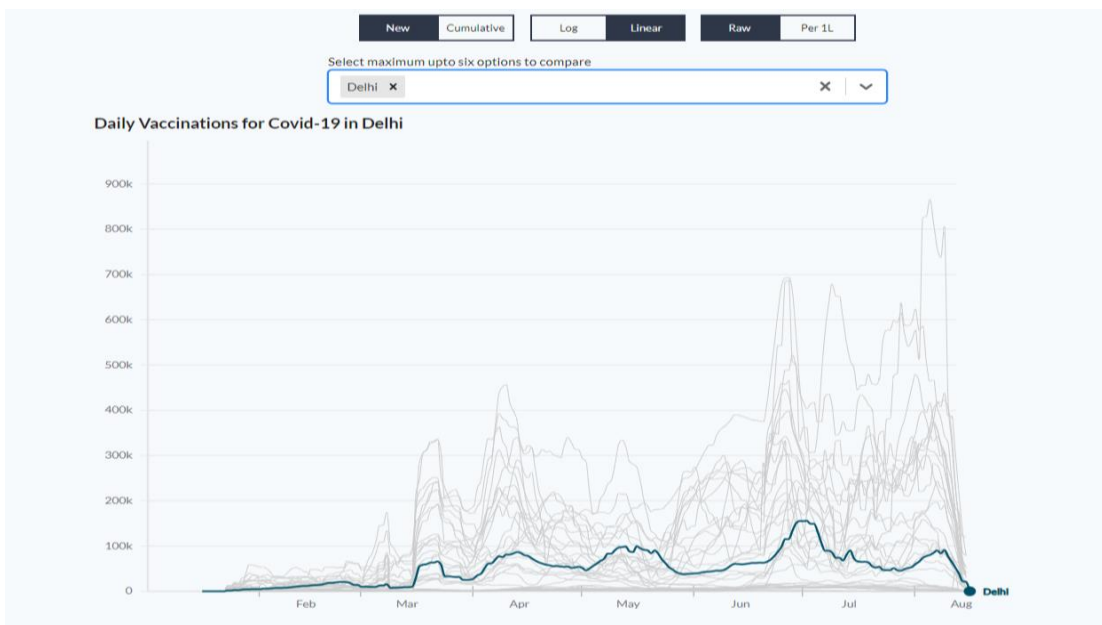


16. In July, data shared by the health department at a meeting of Delhi Disaster Management Authority (DDMA) showed that the Delta variant was detected in 83.3% of the samples sent for genome sequencing. In May and June, the variant was found in 81.7% and 88.6% of the samples, respectively. In April, it was found in 53.9% of the samples.

<https://health.economictimes.indiatimes.com/news/diagnostics/delhi-80-of-july-samples-had-delta-variant/85198173>

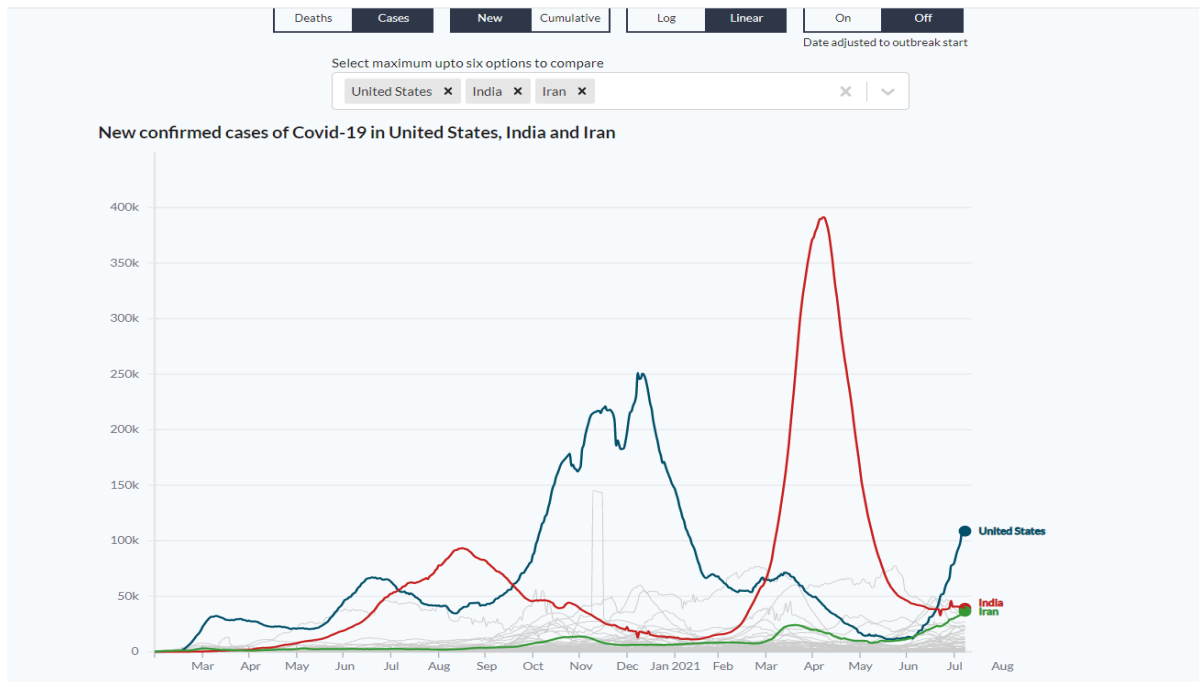


Similarly vaccination has no effect on the number of cases as Vaccination peaked in the month of June and cases started falling much before that.



Almost same picture is seen in all states and for the all-India level as shown:

<https://viz.newsclick.in/covid19-cases-graphs-maps-india-world>



17. CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, pg 38

<https://www.fda.gov/media/134922/download>

the optimum types of specimens to collect, and, during the course of infection, when these specimens are most likely to contain levels of viral RNA that can be readily detected.

- Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.
- The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.

