From: Julie Craker
To: DOH WSBOH
Subject: My Public Comments on
Date: Friday, April 9, 2021 12:13:33 PM

External Email

To the Board of Health

It has come to my attention that you may be considering advocating for and supporting "Vaccine Passport" mandates. I absolutely oppose this measure or any like it and I am writing on behalf of all my family and a few friends amounting to 22 people. I could write a book explaining my reasons for my position so I will attempt to be brief as your time is valuable as is mine.

For 25 years, as the matriarch of my family, I have taught and cajoled my children and their children into taking responsibility for their health. As I observed the general population slide into poorer and poorer health and having worked and volunteered in the public school system for 15 years, I saw a correlation to nutrition and medical treatments. When food become more nutritionally absent and GMO's were added, we turned to organic foods. After having all my children and myself vaccinated, we had,fortunately, just a few adverse reactions, but decided after much research that the grandchildren would be vaccine free. We have, at our own expense, sought alternative therapies and buy higher quality food and supplements. This life style has rewarded us with a far above average medical track record. This not only enables us to be less of a burden to society but to be able to enjoy life more and take care of ourselves. I did come to the horrifying realization that at 73 and not on any meds, I am a liability to the pharmaceutical industry. It is my opinion, from the years of scientific research I have studied and studies I have seen redacted and ignored, that their profits are the agenda we as a nation are dealing with.

It is therefore a major threat to those who I am writing for and my health to try to force a medical procedure or consequence on us. We have fought hard to protect our health and proven we can do it. I have on many occasions been exposed to very ill people and never succumbed as most of my family have also experienced. Having Vitamin D levels checked is a much more worthy medical intervention to keep the health of the population stable. It should be as standard as a hematocrit test.

And of course the most ludicrous issue of all is that the vaccine is an experimental medical procedure not even having passed through the appropriate channels for medical approval. Why does everyone keep forgetting this CRUCIAL bit of information!!!!!!!!!!!!!!! The adverse events keep pouring in and are coined as coincidental and being withheld from the public.

From my friends in the medical community and practitioners I have visited, COVID has been a nasty virus but no higher death rate than normal flu. From many, I was told how very sick they became after the new quadvalent flu vaccine and wondered if there might have been misdiagnoses as covid. We know many mistakes were being made in the

panic of it all.

And finally, it has been stated over and over in the press from our CDC that the vaccine does not stop transmission, will shed the virus in symptomatic and non-symptomatic vaccinated, and will only lesson symptoms.

There have been multiple manufacturing incidents with even thousands of doses found in a warehouse in Romania. HUH!

I can not believe that our government or its agencies would dream of foisting a ruling so severe as to not allow its people to make sound judgments for they and their families health.

I could write much more and cite studies and doctors statements but I hope this will suffice to having my choice heard.

Thank you,

Julie Craker

253-927-9154

4925 Norpoint Way NE

Tacoma Wa 98422

From: Philomena McGowan
To: DOH WSBOH
Subject: My Public Comments
Date: Friday, April 9, 2021 5:21:55 PM

External Email

I strongly oppose a vaccine passport. No other country including the US has ever required a certification of vaccination to visit other countries or states, and covid isn't a reason to start. This is totally an over reach on personal medical decisons and linking freedoms to taking the vaccines is not ethical.
Philomena McGowan

Sent from Yahoo Mail on Android

From: Jean Clark
To: DOH WSBOH
Subject: My Public Comments
Date: Friday, April 9, 2021 4:36:40 PM

External Email

To: WA State Board of Health

I am writing today to express my concern as a WA State resident about Digital Immunity Passports. These tools could turn into great un-equalizers. Many people do not even have stable cellular service, and many seniors such as my mother don't even know how to use apps. Digital Immunity Passports are grossly unfair, ethically and scientifically. Ethically they are embedded with seeds of discrimination, racism, classism and exclusion. Not to mention the potential privacy risks. Scientifically, the two Covid vaccines are 95% effective. 1 in 20 vaccinated folks could still have a positive test result and develop an asymptomatic infection and spread the virus to others. Therefore being vaccinated may not even matter. There are too many unanswered ethical, scientific and socio-economical questions surrounding this intrusive tool."Ihre Papiere bitte" comes to mind. Recalling the history of IBM and the Holocaust and the alliance between Nazi Germany and America's Most Powerful Corporation. Let's not repeat history with corporate tools that are seeded in discrimination. Thank you,

Jean Clark, Redmond, WA

From: Celina Green
To: DOH WSBOH
Subject: My Public Comments
Date: Friday, April 9, 2021 3:03:32 PM

External Email

Dear BOH and Governor Inslee,

Please keep medical freedom in place. My vaccination status is no ones business but my own. Making a voluntary medical procedure a requirement for entering an event or moving freely about our state, country or world is a slippery slope. Don't forget that we are citizens of a country that is built on freedom - that each individual has certain unalienable rights. Please do not overreach.

Sincerely,

Celina Green

From: Sam Krautscheid
To: DOH WSBOH
Subject: My Public Comments
Date: Friday, April 9, 2021 12:23:34 PM

External Email

I am against the vaccine passport.

Thank you

Sam Krautscheid
George, WA

Sent from my iPhone

From: Jena Stamper
To: DOH WSBOH
Subject: My Public Comments
Date: Friday, April 9, 2021 12:13:31 PM

External Email

Dear Board of Health and other government officials,

I would like to strongly caution you against taking such action as a vaccine passport. You can not mandate a medical procedure for any person in the UNITED STATES OF AMERICA. Each person has the right to their own philosophy regarding their body, and they should not be penalized with exclusions from businesses or travel for such. We are an inclusive country. This is the land of the free, not the home of medical rape. You are pushing false security and adverse reactions as you pad the pockets of the pharmaceutical industry. You represent the people of the state. You are not their rulers.
Please do what you know is right and stay within your scope of representing the people, not dictating to them.

Sincerely,

A freedom loving constituent.

Sent from my iPhone

From: Bernadette Pajer
To: DOH WSBOH
Subject: My Public Comments
Date: Friday, April 9, 2021 12:10:59 PM
Attachments: ICWA to BOH comment April 9.pdf

External Email

Please see the attached PDF. Thank you.

From: Lora Brady
To: DOH WSBOH
Subject: My Public Comments
Date: Monday, April 12, 2021 8:00:39 AM

External Email

The Biden administration is working with the private sector to implement "vaccine passports." Why the private sector and not Congress? Because the President knows the federal and state constitutions and many federal and state laws and regulations do not allow coercion to be used to compel unwanted medical interventions nor do they allow violation of bodily integrity to be the price of freedom.

But it is just as unlawful for private companies to require vaccine identification as it is for the government.

Florida's Governor DeSantis is standing up to protect the rights of Americans and his state's citizens. And so have the governors in Texas, Utah, Idaho. Governors in Mississippi, Iowa, Nebraska, Georgia, and Tennessee have indicated they will not allow vaccine passports in their states.

Please follow his lead and ban all government and private sector vaccine passports in Washington State.

Sincerely,

Lora Brady

Sent from my iPhone

From:	Hannah Baer
To:	DOH WSBOH
Cc:	Marily Rhudy
Subject:	Public Comment on Behalf of Coalition for Access to Prenatal Screening to April 14 Board of Health Meeting
Date:	Monday, April 12, 2021 7:04:43 AM
Attachments:	CAPS Comment to Washington BoH April Hearing.pdf

External Email

Good morning:

Please see the attached public comment on behalf of the Coalition for Access to Prenatal Screening ahead of the April 14 Board of Health meeting. We thank the Washington Board of Health for the opportunity to submit and provide public comment at this meeting.

Please let me know if you have any questions.

Sincerely,

Hannah Baer | Senior Project Manager
2200 Pennsylvania Ave, NW, 4th Floor East | Washington DC 20037
Cell: (617)-777-3104 | hbaer@conafaygroup.com | conafaygroup.com
THE CONAFAY GROUP
GOVERNMENT RELATIONS • SCIENTIFIC PERSPECTIVE

From:	Jennifer O"Neill
To:	DOH WSBOH
Cc:	Kimberly Anne Martin
Subject:	Public Comments submitted on behalf of Dr. Kim Martin
Date:	Monday, April 12, 2021 5:39:00 AM
Attachments:	WA Board of Health cfDNA Policy Public Comment Submission.4.12.21.docx AMA.2020.Prior-Authorization-Survey.pdf ACOG NIPT PB.pdf Maryland.NIPT.Average.Risk.Policy.pdf

External Email

Dear WA Board of Health members,

I respectfully submit the enclosed public written comments from Dr. Kimberly Martin, Chief Clinical Advisor at Natera in regards to the upcoming meeting Wednesday, April 14th, during which there will be a briefing regarding the Update to Washington State Board of Health Rule Chapter 246-680 WAC – Prenatal Tests – Congenital and Heritable Disorders.

Also, please find enclosed a copy of ACOG Practice Bulletin 226 which further supports these comments, as well as the newly released AMA Provider Survey regarding Prior Authorization for your reference. Up to 95% of providers surveyed reported a delay in care associated with Prior Authorization requirements, and up to 79% reported it can lead to treatment abandonment.

Of particular concern, and worthy of highlighting in the draft policy is the proposed specification of genetic counseling requirements for cell-free DNA specifically, which is not included as a requirement for other similar forms of genetic screening or testing described in this document. This proposed **requirement of documentation** of pre-procedure genetic counseling and **proof of a scheduled appointment by a provider** for post-procedure genetic counseling puts undue administrative burden on providers, and is not a standard requirement by health plans, nor is this recommended or supported by ACOG (please see attached ACOG 226 Practice Bulletin). Although we support the interest of the Board of Health in ensuring that all persons receive accurate and sufficient information regarding the risks, benefits and limitations of ANY medical testing that is offered by a provider, **the implication that cell-free DNA requires some additional protection does not appear founded in scientific evidence**. The risks, benefits and limitations associated with maternal serum screening and ultrasound are extremely similar. For example, at least 5-10% of women undergoing maternal serum screening and mid-pregnancy ultrasound respectively will have at least one 'high risk' finding with the potential for significant worry, anxiety and offering of invasive testing, etc. in the presence of a completely healthy baby. **Certainly, these tests deserve the same pre and post-test counseling as cfDNA?**

Lastly, attached is a recent policy publication by Maryland Medicaid, in which they have both expanded the coverage for cfDNA to all women and removed Prior Authorization requirements entirely, in alignment with ACOG recommendations.

The vast majority of national commercial health plans (Aetna, Cigna, Anthem, Blues, HCSC, Humana) and Managed Medicaid plans (Centene, Amerihealth, Amerigroup, etc.) have removed Prior Authorization for this testing, in light of it being a covered service for all women regardless of age or risk factors. It would be extremely problematic for WA Board of Health to mandate otherwise.

Thank you in advance for the opportunity to allow public comment on the proposed changes.

Dr. Martin is copied here, and can be reached at this email address, should you or your associates have questions or comments on this submission.

Warmly,

Jennifer O'Neill
Sr. Director, Market Access
Natera, Inc.
Cell: 704-408-3477
Email: joneill@natera.com

From: Kraft, Rep. Vicki
To: MARGARET TWEET; DOH WSBOH
Subject: RE: Public Comment for April 14 State Board of Health Public Meeting
Date: Monday, April 12, 2021 3:22:06 PM
Attachments: image003.png
image004.png
RE Vaccine Allocation Response.msg
RE Vaccine Allocation Response.msg

External Email

Margaret,
I very much share your concerns. I have also shared my concerns with Dr. Umair Shah, Secretary of WA DOH especially concerning the lack of reporting at the state/county level on VAERS incidents in our state.

I also followed up to ask for the specific VAERS Covid-19 ID # to get the most specific reporting on adverse effects from these vaccines possible. I've asked for this twice from DOH and have never gotten a response.

The lack of willingness to report out this available VAERS information to the people of Washington is extremely concerning at best, especially when DOH very closely tracks every other data point leading up to building the case for a person to get a vaccine but aren't as concerned about closely tracking adverse effects after the vaccine. After a person gets the vaccine it's as if DOH no longer truly cares about the well-being of the person after the required 15 minute wait a person has to do after getting the vaccine. To me not closely tracking and reporting the adverse effects is not ensuring the overall health and well-being of our citizens, especially long term.

I am continuing to work on this issue but it will take more State Health Leaders who are willing to change the process to make it happen – that's why I've left the WSBOH on this email. Maybe one of them will agree and work with me to include reporting out on VAERS/adverse effects of the Covid-19 vaccines information to Washingtonians and make this as visible to the public as the number of cases, deaths, and hospitalizations.

Thank you for reaching out on this important issue.

Best,
Vicki

Vicki Kraft
WA State Representative
17th Legislative District
Olympia Office: 360-786-7994

District Office: 360-258-1466
http://vickikraft.houserepublicans.wa.gov/

Sign up to receive my email updates by clicking the link below:
https://public.govdelivery.com/accounts/WALEGHRCKRAFT/subscriber/new

Learn how you can testify on legislative bills and be involved in the legislative process this session:
https://leg.wa.gov/legislature/Documents/2020/Accessing%20the%20Legislature%20remotely.pdf?csf=1&e=V7Lscu

-

From: MARGARET TWEET <tweetfamily@comcast.net>
Sent: Friday, April 9, 2021 11:26 AM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Subject: Public Comment for April 14 State Board of Health Public Meeting

1) **Please do NOT approve rules that require vaccine passports in WA state in order to access public services.** Vaccination status should not be used as a basis for discrimination against residents who choose not to get vaccinated. Residents should have access to public services without coercion to accept unwanted medical interventions. Private businesses that offer essential services to the public such as groceries, gas, home repair products etc likewise should not be allowed to discriminate against residents who choose not to get vaccinated. Please do not eliminate religious exemptions to vaccination.

2) Please better inform the public about the Vaccine Adverse Events Reporting System including how to report adverse events and deaths after vaccination. See this link VAERS - Report an Adverse Event (hhs.gov)
Number of COVID Vaccine Injuries Reported to VAERS Surpasses 50,000, CDC Data Show • Children's Health Defense
Data released today by the Centers for Disease Control and Prevention (CDC) on the number of injuries and deaths reported to the Vaccine Adverse Event Reporting System (VAERS) following COVID vaccines revealed steadily rising numbers, but no new trends. VAERS is the primary mechanism for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before

a causal relationship can be confirmed.

Every Friday, VAERS makes public all vaccine injury reports received to the system as of Friday of the previous week. Today's data show that between Dec. 14, 2020, and March 26, a total of 50,861 total adverse events were reported to VAERS, including 2,249 deaths — an increase of 199 over the previous seven days — and 7,726 serious injuries, up 631 over the same time period.

Of the 2,249 deaths reported as of March 26, 28% occurred within 48 hours of vaccination, 19% occurred within 24 hours and 43% occurred in people who became ill within 48 hours of being vaccinated.

In the U.S., 136.7 million COVID vaccine doses had been administered as of March 26.

This week's VAERS data show:

- 19% of deaths were related to cardiac disorders.
- 45% of those who died were male, 43% were female and the remaining death reports did not include gender of the deceased.
- The average age of those who died was 77.7 and the youngest death was an 18-year-old.
- As of March 26, 341 pregnant women had reported adverse events related to COVID vaccines, including 104 reports of miscarriage or premature birth.
- Of the 578 cases of Bell's Palsy reported, 63% of cases were reported after Pfizer-BioNTech vaccinations — almost twice as many as reported (36%) following vaccination with the Moderna vaccine. Seven cases of Bell's Palsy were reported with Johnson & Johnson (J&J) vaccine (1%).
- There were 2,578 reports of anaphylaxis, with 53% of cases attributed to the Pfizer-BioNTech vaccine, 44% to Moderna and 3% to J&J vaccine, which was rolled out in the U.S. on March 2.
- Using a broadened search for any reference to anaphylaxis in chart notes resulted in 15,193 reports, with 52% of cases attributed to Pfizer's COVID vaccine, 45% to Moderna and 3% to J&J. With each vaccine, nearly 42% of anaphylactic reports occurred in people aged 17-44.

According to the CDC's website, "the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated."

To date, the only information the CDC has published related to the investigation of COVID vaccine-related deaths and how those investigations were conducted is a COVID-19 Vaccine Safety Update via the Advisory Committee on Immunization Practices, published Jan. 27.

An interview in MedPage Today highlighted the shortfalls of the post-marketing surveillance of the COVID vaccine. Aaron Kesselheim, professor of medicine at Harvard Medical School and Brigham and Women's Hospital in Boston, said we are

seeing a lot of spontaneous reporting, a lack of formal post-approval studies because vaccines have only received Emergency Use Authorization and vaccines being given outside the healthcare systems — interfering with the ability to rigorously collect observational data.

Although the CDC and U.S. Food and Drug Administration (FDA) have various systems in place to monitor the safety of vaccines, they are not "up and running" and do not have adequate resources behind them, Kesselheim said.

According to Kesselheim, there's essentially nobody keeping track of COVID adverse reactions in the U.S. and no long-term safety data, but emphasized that this new mRNA technology is "extremely effective and extremely safe."

On March 8, The Defender contacted the CDC with questions about reported deaths and injuries related to COVID vaccines. We provided a written list of questions about how the CDC conducts investigations into reported deaths, the status of investigations on deaths reported in the media, if autopsies are being done and the standard for determining whether an injury is causally connected to a vaccine. We also inquired about whether healthcare providers are reporting all injuries and deaths that might be connected to the COVID vaccine, and what education initiatives are in place to encourage and facilitate proper and accurate reporting.

It took the CDC 22 days to respond to our repeated inquiries. When someone did, the person told us the agency had never received the questions — even though the employees we talked to several times said their press officers were working through the list of questions and were reviewing the email we sent. We provided the questions again yesterday, and requested a response by April 7.

Breakthrough cases

On March 31, The Defender reported on the increasing number of "breakthrough cases" of COVID in fully vaccinated people. Washington, Florida, South Carolina, Texas, New York, California and Minnesota have all reported breakthrough cases of COVID, some of which have resulted in hospitalization and death. Investigations are underway to determine if there were problems with the vaccines or if people had been infected with a variant.

When asked about the increasing number of breakthrough cases during a White House press conference, Dr. Anthony Fauci, President Biden's chief medical advisor, said it is something they will take seriously and follow closely, but breakthrough infections happen with any vaccination.

CDC issues new travel guidance, vaccine passports stir controversy.The CDC today issued new travel guidance stating that fully vaccinated Americans traveling within the U.S. do not have to get tested for COVID before or after their trip, and do not need to self-quarantine when they return home.

On March 29, The Defender reported that the Biden administration and private

companies are working to develop vaccine passports that would require Americans to prove they've been vaccinated against COVID as the country opens.

Dr. Naomi Wolf, founder and CEO of Daily Clout, said the passport system really isn't about the vaccine. It's about your data, and "once this rolls out you don't have a choice about being part of the system."

Rep. Pete Sessions (R-Texas) said that vaccine credentials are a complete government overstep that will undermine public trust and substantially limit normal day-to-day essential activities. Rep. Lauren Boebert (R-Colo.) said "vaccine passports are unconstitutional. Period."

On March 26, New York launched a digital vaccine passport system known as Excelsior Pass that residents can use to prove they've been vaccinated or recently tested negative for infection. The New York system, built on IBM's digital health pass platform, will be used at dozens of events, including arts and entertainment venues.

J&J makes headlines with manufacturing mix-up, report of severe allergic reaction

As The Defender reported April 1, 15 million doses of J&J's vaccine failed quality control after workers at a Baltimore manufacturing plant negligently put an AstraZeneca ingredient in J&J's COVID vaccine. The mix-up forced regulators to delay authorization of the plant's production lines and prompted an investigation by the FDA.

On March 31, Business Insider reported that a 74-year-old Virginia man suffered a rare reaction to J&J's vaccine that caused a painful rash to spread across his entire body and skin to peel off. Richard Terrell told local news station WRIC he began suffering strange symptoms four days after receiving the vaccine.

"I began to feel a little discomfort in my armpit and then a few days later I began to get an itchy rash, and then after that I began to swell and my skin turned red," Terrell said.

The rash spread to his entire body and his skin peeled off. He went to the emergency room, where doctors determined that he had experienced an adverse reaction to the COVID vaccine.

AstraZeneca suspended in Germany and Canada

On March 31, The Defender reported that Germany indefinitely suspended use of the Oxford-AstraZeneca COVID vaccine for anyone under 60 following advice from STIKO, the country's independent vaccine committee and external experts.

The committee investigated reports of blood clots, some fatal, in people who received the vaccine and decided to give the vaccine only to people 60 or older unless they belong to a high-risk category where the benefits outweigh the risk of a

serious side-effect.

As The Defender reported on March 30, several regions of Germany, including Berlin and Munich, had temporarily paused the vaccine for people under 60 after Germany's vaccine regulator disclosed 31 cases of a rare brain blood clot, nine of which resulted in deaths. The decision was made as a precaution ahead of a meeting with national medical regulators scheduled for later in the day where it was decided to indefinitely suspend the vaccine.

On March 30, Canada announced it was suspending AstraZeneca's vaccine for people under age 55 following concerns it might be linked to rare blood clots, The Defender reported.

Health Canada demanded AstraZeneca conduct a detailed study on the risks and benefits of its COVID vaccine across multiple age groups, and suspended the vaccine for younger groups pending the outcome of that review.

On March 24, Health Canada updated the product information for AstraZeneca's COVID vaccines to warn of the risk of rare blood clots associated with low levels of blood platelets following vaccinations — a stark reversal from Canada's former position.
full article: Number of COVID Vaccine Injuries Reported to VAERS Surpasses 50,000, CDC Data Show • Children's Health Defense

3) Please require that CT values for COV-2 PCR tests be reported by labs that submit test results to any health authority in WA state. The following article explains:

THE IMPORTANCE OF KNOWING THE CT VALUE AT WHICH SARS-COV-2 PCR TESTS ARE POSITIVE

Posted by Dr. Rob Rennebohm | Feb 7, 2021

As a pediatrician and pediatric rheumatologist who has published peer-reviewed articles on COVID-19, I would like to comment on the importance of knowing the Ct value at which a SARS-CoV-2 PCR test becomes positive. [*The Jefferson County Health Department is not releasing this information. See our earlier article at this link. The Editor]*

The PCR test for the SARS-CoV-2 virus is a good test when it is properly manufactured, properly conducted, used in an appropriate setting (e.g., in the evaluation of inpatients with COVID-like clinical features), and properly interpreted by

carefully and fully taking Ct values into account.

It is not a reliable test when used in the screening of asymptomatic (or only mildly and non-specifically symptomatic) individuals, if the test is positive only after 33 or more cycles of amplification and this full information is not reported to patients and their physicians.

Ct = Cycle threshold; Ct = the number of amplification cycles needed before the test detects presence of viral material in a specimen. The higher the number of amplification cycles needed before detection of viral material occurs (i.e., the higher the Ct number), the lower the viral load and the less sick and contagious the person is likely to be.

If a test becomes positive after only 12 amplification cycles (i.e., positive at a Ct of 12), the viral load is very high—approximately 100,000,000 copies per microliter. [1-3] If the test becomes positive after 22 cycles (at a Ct of 22), the viral load is approximately 2,500,000 copies/mL. [4-5] If the test becomes positive only after 37, 40, or 45 amplification cycles, the result most likely represents either a false positive, or a true positive due to only a trace amount (less than 100 copies, even just 1-3 copies) of inert, non-contagious, "dead" SARS-CoV-2 viral debris (assuming the test is truly capable of always accurately identifying such a tiny amount of viral debris). [2, 6, 7]. Rarely, a positive test at a high Ct is identifying an asymptomatic person who has very recently become infected and might soon have a high viral load (low Ct), but this possibility can be evaluated by carefully following the person and repeating the test within 3-4 days, to see if symptoms develop and/or the Ct drops.

Unfortunately, it is very difficult to know with certainty whether a positive result at a Ct of 33 or higher represents a false positive or an accurately identified trace amount of SARS-CoV-2 viral material. The test was not designed to be reliably accurate after so many amplification cycles. When the test is used in an appropriate setting and the test is positive at a Ct of 30 or less, the false positivity rate is probably less than 4% (perhaps only 1-2%, as the test manufacturers claim). However, when the test is used in a surveillance setting and is "positive" at a Ct of 33 or higher (particularly at 37 or higher) the exact false positivity rate is currently unknown and likely to be quite high—probably as high as 70%. [6, 7]

Based on what is currently scientifically known, it is best (most accurate) to label any test result that is "positive" at a Ct higher than 32 as an "inadequately interpretable" result. It is not scientifically sound and, in fact, is misleading and harmful, to label people with a positive test at a Ct of 33 or higher as a "new COVID-19 case." More accurately, they are people with an "inadequately interpretable" result who, furthermore, are unlikely to be infectious [2, 8]. Regarding this latter point, please see Graph 1 (after the References section), which points out that it is extremely unlikely that a person with a positive test at a Ct >35 is infectious.

For the above reasons, experienced PCR scientists recommend stopping the PCR test after 30 (or 32 at the most) amplification cycles, because positive results obtained after 32 or more cycles are unreliable (inadequately interpretable) [2] and are not

associated with contagiousness [2, 8].

Unfortunately, to date, SARS-CoV-2 PCR tests have been reported only as being positive or negative, with no indication of how strongly or weakly positive. Although Ct results have always been available for each individual test (since the beginning of the pandemic), Ct results have not been routinely reported or used for clinical or epidemiological purposes. This has been the case throughout the USA and most of the world.

It has also been unfortunate that most SARS-CoV-2 PCR tests are set to perform 40, 45, even 50 amplification cycles in their effort to detect viral material. (This varies from one test kit to another—see Table 1 after References.) That is, if a person's specimen is negative after 30 amplification cycles, further cycles are, nevertheless, performed (up to 50 cycles with some tests), looking for evidence of tiny amounts of viral material. Only if no viral material is detected after 40, 45, or 50 cycles (whichever number the test system sets as the stop point) is the test declared negative. Even if a test becomes positive only after 45 or 50 amplification cycles, it is declared a positive test (without any mention of the Ct value) and the person tested is declared a "new COVID case."

The Jefferson Healthcare Lab uses the XpertXpress SARS-CoV-2 PCR test, which is set to perform 45 amplification cycles before stopping its effort to detect SARS-CoV-2 viral material.

When a person is told they have a positive SARS-CoV-2 PCR test, they deserve to know how strongly positive their test is and what their result means. Does their result mean they are carrying a huge viral load, are very contagious, and should be very worried about themselves and those with whom they have been in contact? Or are they carrying only a tiny amount of dead, non-contagious viral debris that represents no threat to them or others? Or are they in a pre-symptomatic phase, with a low viral load that could soon accelerate? Or does their result represent a false positive?

The Ct value at which a person's test is positive can shed considerable light on the above critically important questions. But, again, to date, Ct values of positive tests have not been made available to patients, physicians, public servants, or the public.

Having emphasized the importance of knowing the Ct value at which a test is positive, it is important to also emphasize that there are limitations to the information provided by the Ct value. The Ct value is not a true quantitative test of viral load; it just provides a rough and indirect (but, nevertheless, very helpful) estimate (a good, educated guess) of what the viral load might be. It is true, too, that if the same specimen is tested with 3 different COVID PCR tests each might be positive at a different Ct value (e.g., at a Ct of 16 in one test, 20 in another test, and 22 in the third —but not at 37 or 45 in one of the three). For these reasons Ct values need to be interpreted with caution and in clinical context, particularly until more data on Ct values of positive tests have been collected and fully analyzed.

In the meantime, it is far better to have a COVID PCR test report that includes the Ct

value at which the test was positive, than to have a report that only says positive (or negative) without any Ct information provided. Though imperfect, the estimate of viral load offered by the Ct value is far more valuable than no estimate at all, especially if the Ct value is carefully interpreted and placed into clinical context.

When in early November the CDC reported that 100,000 "new COVID cases" (meaning new instances of a person having a "positive" SARS-CoV-2 PCR result) were occurring per day in the USA, neither the individuals with the positive tests, their physicians, their public health departments, the CDC, the NIH, WHO, Johns Hopkins University, or the public knew what percentage of those 100,000 tests were positive at a Ct >32 and what percentage were positive at a Ct of 30 or lower—because, to date, the Ct values at which tests have been positive have not been reported or taken into consideration.

It would be enormously beneficial if we, as a nation, were to report, study, clinically use, learn from, and base public dialogue and public policy (at least in part) on the Ct values of positive tests. This would include retrospective and prospective reporting of the Ct values of all positive tests. We could at least start doing this in Jefferson and Clallam counties and, thereby, lead the nation in doing so. We would be doing the nation a great service.

Medically, morally, and ethically— individuals with positive PCR tests, as well as physicians, epidemiologists, public policy makers, and the public— deserve to know, and need to know, the Ct value at which a SARS-CoV-2 PCR test is positive. Without Ct information, interpretation of the number of "new COVID cases," "new COVID hospitalizations" and "new COVID deaths" is severely compromised, as is public policy and the care of individual patients.

From now on, when a person is told that their SARS-CoV-2 PCR test is positive, they and their physicians would be wise to ask, "At what Ct value was the test positive?" And when the public is told that 100,000 new COVID cases have been occurring per day, the public and their public servants would be wise to ask, "What percentage of those 100,000 were positive at a Ct of 33 or higher (particularly a Ct of 37 or higher)?"

Such questions and their honest answers would facilitate healthy public dialogue and stimulate much-needed critical thinking—both of which are essential for successful resolution of the COVID-19 pandemic. True science and true democracy depend on such critical thinking and healthy, informed, public dialogue.

For further, more detailed discussion of Ct values, including caveats about Ct information, please see my original article, " ***The Importance of Knowing the Ct Value at which COVID PCR Tests are Positive***," which may be found on the " *Notes from the Social Clinic"* website: https://notesfromthesocialclinic.org/the-importance-of-knowing-the-ct-value-at-which-covid-pcr-tests-are-positive/

TABLE 1:

The number of amplification cycles that various commercial SARS-CoV-2 PCR Tests are set to perform in their effort to detect viral material:

- Gnomegen: 39 cycles
- GK: 40 cycles
- In Bios-Aires: 45 cycles
- Xpert Xpress: 45 cycles
- Luminex: 45 cycles
- Quest: 50 cycles
- full article: The Importance Of Knowing The Ct Value At Which SARS-CoV-2 PCR Tests Are Positive | Port Townsend FreePress

From: R Bentley
To: DOH WSBOH
Subject: Vaccine Passports - Do Not Support
Date: Friday, April 9, 2021 12:28:40 PM

External Email

Dear Washington Department of Health:

I have spent most of my entire life residing as a Seattle resident, and I am writing to ask that you prohibit vaccine passports in the public or private sector. The complexity of COVID-19 vaccination is being disregarded in such proposals. I ask you to consider the following points:

- The Covid vaccines have not undergone the rigorous testing that is required to move beyond emergency authorization.
- The technology used to create these vaccines has never been used on a large scale and is untested and unproven in terms of long term effects.
- COVID passports compromise personal medical information which is HiPAA protected.
- Federal/State institutions are prohibited from using coercion to promote a medical intervention that has risks.

We understand the severity of the pandemic and ask that you weigh carefully the implications and loss of rights for those most compromised (minorities, disabled, etc). Please do not support a vaccine passport in Washington State.

Thank you for your time.

Roseann Bentley

From: flurry@comcast.net
To: DOH WSBOH
Subject: vaccine passports
Date: Friday, April 9, 2021 6:24:08 PM

External Email

The Biden administration is working with the private sector to implement "vaccine passports." Why the private sector and not Congress? Because the President knows the federal and state constitutions and many federal and state laws and regulations do not allow coercion to be used to compel unwanted medical interventions nor do they allow violation of bodily integrity to be the price of freedom.

But it is just as unlawful for private companies to require vaccine identification as it is for the government.

Florida's Governor DeSantis is standing up to protect the rights of Americans and his state's citizens. And so have the governors in Texas, Utah, Idaho. Governors in Mississippi, Iowa, Nebraska, Georgia, and Tennessee have indicated they will not allow vaccine passports in their states.

Please follow his lead and ban all government and private sector vaccine passports in Washington State.

Thank you!

Kelly Butler