

3rd of November 2020

## **The entire Corona debate stands or falls with the use of the PCR test**

All the alarming numbers we hear every day are based on this test.

All measures currently being issued are based on results and interpretations of this test, which is used as the main parameter to monitor the corona crisis. The isolation measures/ work ban, the contact tracing for healthy people, the mask obligation for healthy people, the mandatory test after returning from a “red zone”, closing the catering industry ...

We have serious doubts about this.

1. This test was rushed through with an urgent procedure and was never seriously self-tested for its ability to measure what it should measure. There is no gold standard to compare test results with. <sup>1</sup>
2. The creator Kary Mullis explicitly warned that the polymerase chain reaction (PCR) test was for research and not diagnostics. <sup>1 2</sup>
3. The PCR test is an extremely non-specific test that can yield a lot of false positives (up to 90%). <sup>3</sup>
4. The PCR test works with cycles of amplification of genetic material – a piece of virus genome is enlarged each time. Any contamination (e.g. other viruses, debris of old virus genome) can possibly test a false positive. <sup>2</sup> Remaining virus fragments after an infection have been found to be detectable in the body for weeks. <sup>2 3</sup> In a healthy person who tests positive, these old virus fragments from a previous infection may be measured. <sup>4</sup>
5. The number of amplification cycles is called the CT (cycle threshold) value. In principle, it is recommended to keep it below 24. <sup>11</sup> Values between 24 – 35 are seen as a gray area. Above, the chance of false positives increases sharply. In many labs, however, the genetic material is amplified up to 37 to 40 (or more) times. <sup>6 7</sup> Of 11 Belgian labs, we do not even know which CT values are used. <sup>5</sup>
6. If the test is positive in someone, it does not mean that person is actually clinically infected, is ill or will become ill.

### **We cannot therefore equate positive tests in healthy people with infections.**

Yet we hear this equation in the media all the time. Never before has an epidemic been evaluated on the testing of healthy individuals. Testing healthy people is unscientific and an immense waste of money. It doesn't teach us anything.

### **We cannot automatically equate positive tests with infection with the corona virus in the case of sick people.**

- Interference with many other viruses (false-positives) is possible when using the test. In a sick person who tests positive, it may therefore be an infection with a virus other than the corona virus. <sup>2</sup>
- Sick people are currently usually only tested for corona and not for other viruses. Research shows that both sick and healthy people often carry a mix of viruses. Testing patients with ILI (influenza like illness) is therefore ideally done with a “respiratory viral panel test” (often used in paediatrics), which detects a whole number of viruses at the same time.

Conclusion: We cannot draw any diagnostic conclusions from a positive PCR test. That is exactly what the inventor warned us about: the test itself is not suitable for diagnostics.

1. <https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/>
2. <https://www.cebm.net/covid-19/pcr-positives-what-do-they-mean/>
3. <https://worlddoctorsallianccom/>
4. <https://www.be/binnenland/was-er-deze-zomer-wel-een-tweede-coronagolf-analyse-van-positieve-testen-legt-verbijsterend-patroon-bloot~adbe2b81d/>
5. [https://covid-19.sciensano.be/sites/default/files/Covid19/30300630\\_Advice\\_RAG\\_interpretation%20PCR.pdf?fbclid=IwAR2SBHiu1Q3c-GIUnWQFIjGsPLk0uzOqxMfWoh5nokFI9hfx3oq6dbCQoTE](https://covid-19.sciensano.be/sites/default/files/Covid19/30300630_Advice_RAG_interpretation%20PCR.pdf?fbclid=IwAR2SBHiu1Q3c-GIUnWQFIjGsPLk0uzOqxMfWoh5nokFI9hfx3oq6dbCQoTE)
6. <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html?fbclid=IwAR2Oj8AXiA6QKxdf6T3PuW8UxWfrzJYak2sUAnDOb9ccec8h2duIp0TngzU>
7. by Prof. Carl Heneghan, professor of evidence-based medicine at the University of Oxford and director of the Centre for Evidence-Based Medicine. <https://www.spectator.co.uk/article/could-mass-testing-for-covid-19-do-more-harm-than-good->
8. <https://www.gentechvrij.nl/2020/08/15/foute-interpretatie/>
9. <https://www.hpdetijd.nl/2020-09-27/drie-wetenschappers-de-coronatest-is-onbetrouwbaar-en-het-testbeleid-faalt/>

*27th of November 2020 – important update*

*This extensive review report has been officially submitted to Eurosurveillance editorial board on 27th November 2020 via their submission-portal, enclosed to this review report is a retraction request letter.*

## **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.**

---

Pieter Borger, Bobby Rajesh Malhotra , Michael Yeadon , Clare Craig, Kevin McKernan , Klaus Steger , Paul McSheehy , Lidiya Angelova, Fabio Franchi, Thomas Binder, Henrik Ullrich , Makoto Ohashi, Stefano Scoglio, Marjolein Doesburg-van Kleffens, Dorothea Gilbert, Rainer Klement, Ruth Schrufer, Berber W. Pieksma, Jan Bonte, Bruno H. Dalle Carbonare, Kevin P. Corbett, Ulrike Kämmerer

<https://cormandrostenreview.com/report/>

