WHO Finally Admits COVID19 PCR Test Has a 'Problem' | Principia Scientific Intl.

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Written by John O'Sullivan

In a statement released on December 14, 2020 the World Health Organization finally owned up to what 100,000's of doctors and medical professionals have been saying for months: the PCR test used to diagnose COVID-19 is a hit and miss process with way too many false positives.

This WHO-admitted "Problem" comes in the wake of international lawsuits exposing the incompetence and malfeasance of public health officials and policymakers for reliance on a diagnostic test *not fit for purpose*.

This World Health Organization admission is that the crux of the "***problem***" is a wholly arbitrary cycling process which "*means that many cycles were required to detect virus. In some circumstances,* ***the distinction between background noise and actual presence of the target virus is difficult to ascertain***." [emphasis added]

The UN body is now clearly looking to distance itself from the fatally flawed test as a growing number of lawsuits are processing through the courts exposing the insanity of relying on a test that even the inventor, Professor Kary B. Mullis said was ***never designed to diagnose diseases***. [1]


Kary Mullis (1944-2019)

Professor Mullis was awarded the Nobel Prize in Chemistry in 1993. 'Coincidentally', Mullis died just before the pandemic started.

We reported on November 22, 2020 that a landmark court case in Portugal had ruled that the polymerase chain reaction test (PCR) used worldwide to diagnose COVID-19 was not fit for purpose. Most importantly, the judges ruled that ***a single positive PCR test cannot be used as an effective diagnosis of infection.***

As Off-Guardian.org reported at the time:

> "In their ruling, judges Margarida Ramos de Almeida and Ana Paramés referred to several scientific studies. Most notably this study by Jaafar et al., which found that – when running PCR tests with 35 cycles or more – the accuracy dropped to 3%, meaning up to 97% of positive results could be false positives.
>
> The ruling goes on to conclude that, based on the science they read, any PCR test using over 25 cycles is totally unreliable. Governments and private labs have been very tight-lipped about the exact number of cycles they run when PCR testing, but it is known to sometimes be as high as 45. Even fearmonger-in-chief Anthony Fauci has publicly stated anything over 35 is totally unusable."

You can read the complete ruling in the original Portuguese here, and translated into English here.

Among thousands of angry doctors arguing PCR tests should not be used is Dr. Pascal Sacré. He wrote that:

> "This misuse of RT-PCR technique is used as **a relentless and intentional strategy by some governments**, supported by scientific safety councils and by the dominant media, **to justify excessive measures** such as the violation of a large number of constitutional rights, the destruction of the economy with the bankruptcy of entire active sectors of society, the degradation of living conditions for a large number of ordinary citizens, under the pretext of a pandemic **based on a number of positive RT-PCR tests, and not on a real number of patients**."

Clear and conclusive scientific evidence proves that these tests are not accurate and create a statistically significant percentage of false positives. **Positive results more likely indicate "ordinary respiratory diseases like the common cold."** [2]


The New York Times

Faith in Quick Test Leads to Epidemic That Wasn't

Jon Gilbert Fox for The New York Times

Dr. Brooke Herndon of Dartmouth-Hitchcock Medical Center, shown at left this month, was told last spring that she appeared to have whooping cough.

By GINA KOLATA
Published: January 22, 2007

However, none of this is new information to science. These facts were known at least before 2007 after a *New York Times* report entitled, "*Faith in Quick Test Leads to Epidemic That Wasn't,*" (image, above) clearly showed how scientifically inaccurate PCR tests are, featuring many shocking statements from medical experts on the use of these tests, clearly laying out how they result in false positives and lead to ***dangerous exaggerations and false alarms***. [3]

In their 2007 story the New York Times cited a prescient quote from Dr. Elizabeth Talbot, deputy state epidemiologist for the New Hampshire Department of Health and Human Services, who said:

> **"One of the most troubling aspects of the pseudo-epidemic is that all the decisions seemed so sensible at the time."**

Those who run our public institutions have allowed history to repeat itself. At the head of the line of incompetence and malfeasance is the UN itself. At the media briefing on COVID-19 on March 16, 2020, the WHO Director General Dr Tedros Adhanom Ghebreyesus (photo, below) said:

> **"We have a simple message for all countries: test, test, test."**

This insanity of testing anyone and everyone, even without symptoms has been an unmitigated global public health scandal and must be stopped. All officials in high places complicit in this crime must be prosecuted.

About the author: John O'Sullivan *John is CEO and co-founder (with Dr Tim Ball) of Principia Scientific International (PSI). John is a seasoned science writer and legal analyst who assisted Dr Ball in defeating world leading climate expert, Michael 'hockey stick' Mann in the 'science trial of the century'. O'Sullivan is credited as the visionary who formed the original 'Slayers' group of scientists in 2010 who then collaborated in creating the world's first full-volume debunk of the greenhouse gas theory plus their new follow-up book.*

[1] Kary Mullis : « Le test PCR ne permet pas de savoir si vous êtes malade », vidéo accessible sur YouTube, 9 octobre 2020.

[2] David DeGraw, Torsten Engelbrecht and Konstantin Demeter, https://www.globalresearch.ca/national-security-alert-covid-tests-scientifically-fraudulent-epidemic-false-positives/5720271

[3] New York Times,'*Faith in Quick Test Leads to Epidemic That Wasn't*,' Gina Kolota, Published: January 22, 2007

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WHO Information Notice for IVD Users

Product type: Nucleic acid testing (NAT) technologies that use real-time polymerase chain reaction (RT-PCR) for detection of SARS-CoV-2

Date: 7 December 2020

WHO-identifier: 2020/5, version 1

Purpose of this notice: To ensure users of certain nucleic acid testing (NAT) technologies are aware of certain aspects of the instructions for use (IFU) for all products.

Description of the problem: WHO has received user feedback on an elevated risk for false SARS-CoV-2 results when testing specimens using RT-PCR reagents on open systems.

As with any diagnostic procedure, the positive and negative predictive values for the product in a given testing population are important to note. As the positivity rate for SARS-CoV-2 decreases, the positive predictive value also decreases. 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 positivity rate decreases, irrespective of the assay specificity. Therefore, healthcare providers are encouraged to take into consideration testing results along with clinical signs and symptoms, confirmed status of any contacts, etc.

Users of RT-PCR reagents should read the IFU carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result. The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the Ct value will be low. Conversely, when specimens return a high Ct value, it means that many cycles were required to detect virus. In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain. Thus, the IFU will state how to interpret specimens at or near the limit for PCR positivity. In some cases, the IFU will state that the cut-off should be manually adjusted to ensure that specimens with high Ct values are not incorrectly assigned SARS-CoV-2 detected due to background noise.

Manufacturers regularly review the design of their product, including labelling and IFU based on customer feedback. In the early phases of the COVID-19 pandemic, in vitro diagnostics (IVDs) were rapidly developed, validated and verified, and then rolled out. Therefore, it is not unexpected that IVDs may require refinement based on user feedback after their introduction at scale. Users should verify the version of the IFU with each consignment they receive to see if any changes have been made to the IFU.

Advice on action to be taken by users:

1. Please read carefully the IFU in its entirety.
2. Contact your local representative if there is any aspect of the IFU that is unclear to you.
3. Check the IFU for each incoming consignment to detect any changes to the IFU.
4. Consider any positive result (SARS-CoV-2 detected) or negative results (SARS-CoV-2 not detected) in combination with specimen type, clinical observations, patient history, and epidemiological information.
5. Provide the Ct value in the report to the requesting healthcare provider.

Transmission of this WHO Information Notice for Users:

Please disseminate this notice to all those who need to be aware within your organization or to any organization where the potentially affected product has been deployed and used.

Contact person for further information:

Anita SANDS, Regulation and Prequalification, World Health Organization, e-mail: sandsa@who.int