

School District Administrators,

There is some debate now about requiring recurrent PCR testing in school districts in order for students, staff and teachers to access in person education. It is important in considering pursuing this path that administrators and superintendents are well versed in the facts that pertain to PCR testing for COVID 19. It is also important to be aware of this information as our counties and therefore school districts are subject to PCR testing in order to adhere to the color tier system that CDPH and Governor Newsom have put in place.

The main categories of concern in regards to PCR tests include the cycle threshold and using a high cycle threshold to determine positivity, equating a positive PCR test as a “Covid” case as well as our counties and state being out of compliance with the terms of Emergency Use Authorization for Covid-19.

First, it is of vital importance and for transparency purposes you should be well aware of the following within your county and subsequently your school district community:

- 1.) C(t) cycles standard
- 2.) Program False Positive Rate
- 3.) Number of Re-Tests in its Daily Sitrep ‘Cases’

Cycle threshold

In July Dr Fauci stated, “If you get a cycle threshold of 35 or more the chances of it being replication competent are miniscule” He goes on to say “you almost never can culture virus from a 37 cycle threshold.” And then “so you gotta say if someone comes in with 37, 38 even 36 you gotta say you know it’s just dead nucleotides period.” https://youtu.be/a_Vy6fgaBPE

This document put out by the CDC on a FDA website <https://www.fda.gov/media/134922/download> titled CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel also in July of 2020 states “When all controls exhibit the expected performance, a specimen is considered positive for 2019- nCoV if all 2019-nCoV marker (N1, N2) cycle threshold growth curves cross the threshold line within 40.00 cycles (< 40.00 Ct).” Therefore the majority of labs conduct the PCR test to a cycle threshold of 40.

Dr. Persse is the Houston Health Authority and he says that when the labs report numbers of COVID-19 cases to the City of Houston they only offer a binary option of “yes” for positive or “no” for negative. “But, in reality, it comes in what is called cycle-thresholds. It’s an inverse relationship, so the higher the number the less virus there was in the initial sample” *and* “Some labs will report out to 40 cycle-thresholds, and if they get a positive at 40 – which means there is a tiny, tiny, tiny amount of virus there – that gets reported to us as positive and we don’t know any different.”

<https://www.thelastamericanvagabond.com/if-the-pcr-test-is-unreliable-why-are-health-officials-demanding-the-public-be-tested/>

New York Times presented evidence that specimens detected in 27 to 34 cycles rarely show any live virus, and specimens detected above 34 cycles never show any live virus. “It’s just kind of mind-blowing to me that people are not recording the Ct values from all these tests — that they’re just returning a positive or a negative,” said Angela Rasmussen, a virologist at Columbia University in New York.

The New York Times article said, “The standard tests are diagnosing huge numbers of people who may be carrying relatively insignificant amounts of the virus” and that identifying these non-contagious people “may contribute to bottlenecks that prevent those who are contagious from being found in time.”

In a review of data from three labs, the New York Times found that “up to 90 percent of people testing positive carried barely any virus,” meaning that only about 10% of people who test positive may actually need to isolate and submit to contact tracing.

The bottom line is that 70%-90% of positive results from COVID-19 PCR tests are currently inaccurate because they detect virus at levels that are either too small to transmit to others or simply a remnant of recent exposure.

<https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>

<https://rationalground.com/why-mass-pcr-testing-of-the-healthy-and-asymptomatic-is-currently-counter-productive/>

A binary Yes/No approach to the interpretation RT-PCR unvalidated against viral culture will result in false positives with segregation of large numbers of people who are no longer infectious and hence not a threat to public health.

<https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v3.full.pdf>

Professor Carl Heneghan, one of the study's authors, said instead of giving a "yes/no" result based on whether any virus is detected, tests should have a cut-off point so that very small amounts of virus do not trigger a positive result.

He believes the detection of traces of old virus could partly explain why the number of cases is rising while hospital admissions remain stable.

<https://www.bbc.com/news/health-54000629>

The result of continuing to use this test alone on a massive widescale screening program is inevitably to generate a high proportion of false positives.

Under present parameters, even accepting an unlikely 0.1% False Positive rate and a prevalence of 0.1%, more than half of the positives are likely to be false, potentially all of them.

<https://lockdownsceptics.org/addressing-the-cv19-second-wave/#pcr>

<http://tapnewswire.com/2020/09/chief-science-officer-for-pfizer-says-second-wave-faked-on-false-positive-covid-tests-pandemic-is-over/>

<https://hubpages.com/politics/Pfizer-Chief-Science-Officer-Second-Wave-Based-on-Fake-Data-of-False-Positives-for-New-Cases-Pandemic-is-Over>

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Florida Governor Ron DeSantis they found that the PCR tests are so sensitive that up to 90% of the positives were not identifying live, infectious virus

Dr. Jay Bhattacharya, Professor of Medicine Stanford University: ... the key thing about the PCR technology that I think is important for this discussion is that essentially you are doubling the genetic material, the virus, if it's present. If you have a very tiny amount of the virus, or if it's a viral fragment that's not actually... what you're amplifying is something that's not going to cause any risk, either to you or to others.

“So you're asymptomatic, you're positive with a PCR, it's not a false positive in a technical sense, but in a functional sense, it's a false positive. Epidemiologically, it's a false positive. I'm not going to infect you, even though I'm PCR-positive, because it took so many doublings to reach the point, that we can infer that there really wasn't much genetic material for the virus present to begin with.

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Dr. Michael Levitt Professor of Medicine Stanford University: “It's important to point out that PCR testing has never been used widely on this scale, and you can do a thought experiment about if, during a flu season 2 years ago, you had done PCR testing, you probably would have found that very large numbers of the population were flu-positive because, really, flu does get around a lot. We're basically not experienced in what it means to track a disease by PCR; we're also not experienced in what it means to track a disease by contact tracing.

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Florida Governor Ron DeSantis: “With the CT value of 40, which is the standard, Oxford has looked at it, they found that you can really only be sure it's live virus if you're in like the 25-26

CT range. In the clinical trials, you have to have either 2 general symptoms or one respiratory symptom and then have a positive PCR test.”

<https://www.youtube.com/watch?v=6P3SkTBfGzU>

<https://rationalground.com/governor-desantis-roundtable-experts-advocate-for-normal-life-for-young-people/>

Positive PCR test equating to a “COVID” case

In any other disease we would have a clearly defined specification that would usually involve signs, symptoms, and a test result,” says Carl Heneghan, director of the Centre for Evidence Based Medicine at the University of Oxford and the editor of *BMJ Evidence-Based Medicine*. “We are moving into a biotech world where the norms of clinical reasoning are going out of the window. A PCR test does not equal covid-19; it should not, but in some definitions it does.”

<https://www.bmj.com/content/370/bmj.m3374.full>

The decision to equate a positive PCR test with a “case” in the COVID-19 pandemic is not aligned with recommendations from the test manufacturers or with definitions of cases for other viruses.

The fact sheet for the Quest Diagnostics SARS-CoV-2 rRT-PCR test states, “This test is to be performed only using respiratory specimens collected from individuals suspected of COVID-19 by their healthcare provider.”

The fact sheet goes on to explain what it means if a specimen tests positive: “A positive test result for COVID-19 indicates that RNA from SARS-CoV-2 was detected, and the patient is infected with the virus and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.”

<https://www.fda.gov/media/136229/download>

<https://rationalground.com/why-mass-pcr-testing-of-the-healthy-and-asymptomatic-is-currently-counter-productive/>

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Dr. Jay Bhattacharya Professor of Medicine Stanford University: “In medicine, there’s a principle: you don’t treat a number, you treat a patient, and I think we’ve made that mistake with

COVID... You don't want to... diagnose just simply on the basis of a positive test alone; you want to look at the clinical context of the patient and say how do I manage the patient..."

<https://www.youtube.com/watch?v=6P3SkTBfGzU>

<https://rationalground.com/governor-desantis-roundtable-experts-advocate-for-normal-life-for-young-people/>

Further citations

This is why understanding the accuracy of tests in the population that they are applied to matters: going off current testing practices and results, Covid-19 might never be shown to disappear.

<http://archive.vn/4fMCI>

The harm afforded by false positive results should not be ignored and the potential for adverse consequences during periods of low prevalence needs to be taken into account when deciding on testing strategies.

<https://www.bmj.com/content/369/bmj.m1808/rr-22>

Of course, the most famous incidence of PCR test unreliability was when the President of Tanzania revealed to the world that he had covertly sent samples from a goat, a sheep and a papaw fruit to a COVID testing lab. They all came back positive for COVID.

<https://www.theguardian.com/global-development/2020/may/19/tanzanias-president-shrugs-off-covid-19-risk-after-sending-fruit-for-tests>

Emergency Use Authorization and Covid-19

Keep in mind that the FDA's 'Emergency Use Authorization' for PCR tests have approval for use with only among those that have symptoms or those who have knowingly been exposed. No PCR test has been approved for those who are asymptomatic and have not knowingly been exposed. Yet at both our Governor and CDPH's metric for a county to move along the color tiered system the county has been asking anyone and everyone to test.

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covidinvitrodev>

Emergency Use Authorization for PCR test is authorized for those with symptoms of Covid -19 or those that a healthcare provider suspects has Covid-19.

Mass testing of all persons at pop up clinics and encouraging all persons in a community to go test for Covid-19 is not within the perimeters of the emergency use authorization.

From a fact sheet:

Why was my sample tested? You were tested because your healthcare provider believes you may have been exposed to the virus that causes COVID-19 based on your signs and symptoms (e.g., fever, cough, difficulty breathing), and/or because:

- You live in or have recently traveled to a place where transmission of COVID-19 is known to occur, and/or
- You have been in close contact with an individual suspected of or confirmed to have COVID-19.
- You and your healthcare provider believe there is another reason to investigate your COVID-19 infection status.

Testing of your oral or nasal sample will help find out if you may have COVID-19.

<https://www.fda.gov/media/138098/download>

From several agreements for EUA

“A multiplexed polymerase chain reaction (PCR) test intended for the simultaneous qualitative detection and differentiation of nucleic acids from multiple viral and bacterial respiratory organisms, 1 including nucleic acid from the SARS-CoV-2 virus, in nasopharyngeal swabs (NPS) obtained from individuals suspected of respiratory infection consistent with COVID-19 by their healthcare provider. Emergency use of this test is limited to authorized laboratories.”

“Qualitative detection of nucleic acid from SARS-CoV-2 in upper respiratory tract specimens (including nasopharyngeal (NP), anterior nares (AN or nasal), mid-turbinate nasal, and oropharyngeal (OP) swab specimens) collected from individuals suspected of COVID-19 by their healthcare provider. Emergency use of this test is limited to authorized laboratories.”

“On February 29, 2020, based on a request by Wadsworth Center, New York State Department of Public Health (“Wadsworth Center NYSDOH”), the Food and Drug Administration (FDA) issued a letter authorizing emergency use of the New York SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Panel for the presumptive qualitative detection of nucleic acid from SARS-CoV-2 in nasopharyngeal/oropharyngeal swabs and sputa collected from individuals who meet Centers for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) clinical and/or epidemiological criteria (for example, clinical signs and symptoms associated with COVID-19, contact with a probable or confirmed COVID-19 case, history of travel to a geographic locations where COVID-19 cases were detected, or other epidemiologic links for which COVID-19 testing may be indicated as part of a public health activity) pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3)1 .”

Updates

A very recent study came out on December 3, 2020 titled Viral cultures for COVID-19 infectious potential assessment—a systematic review. In their conclusion they found “Complete live viruses are necessary for transmission, not the fragments identified by PCR. Prospective routine testing of reference and culture specimens and their relationship to symptoms, signs and patient co-factors should be used to define the reliability of PCR for assessing infectious potential. Those with high cycle threshold are unlikely to have infectious potential.”

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1764/6018217>

Also on December 3, 2020 the state of Florida is now requiring: “Cycle threshold (CT) values and their reference ranges, as applicable, must be reported by laboratories to FDOH via electronic laboratory reporting or by fax immediately.”

In late November “an appeals court in Portugal has ruled that the PCR process is not a reliable test for Sars-Cov-2, and therefore any *enforced quarantine based on those test results is unlawful*. Further, the ruling suggested that any forced quarantine applied to healthy people could be a violation of their fundamental right to liberty. Most importantly, the judges ruled that *a single positive PCR test cannot be used as an effective diagnosis of infection*.” Further “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.” You can find the link to the original ruling in both English and Portuguese in the article provided here <https://off-guardian.org/2020/11/20/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful/>

In 2007 The New York Times wrote an article titled “Faith in Quick Test Leads to Epidemic That Wasn’t” <https://www.nytimes.com/2007/01/22/health/22whoop.html>

It’s the story of a real life situation that occurred where the assumption was an outbreak of pertussis. They relied on the PCR test and eight months later they learned “There was no pertussis epidemic.” NYT concludes by stating “Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson. “The big message is that every lab is vulnerable to having false positives,” Dr. Petti said. “No single test result is absolute and that is even more important with a test result based on P.C.R.”” It has been a travesty for our county, for our state, for our country, for our world that we did not learn the lessons from 2007. Let’s not go another day without standing up and speaking out truth and fighting back against the fraud that continues to persist in regards to PCR and COVID.

The WHO is now admitting as of January 13, 2021 that “Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.” <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05> and “most PCR assays are indicated as an aid for diagnosis”—yet it is being used primary by labs as a diagnostic test.

We thank you for reviewing this information and we ask you to carefully consider this information when considering COVID-19 testing in your school community.