

False Positives: Evidence Based Fact, What is the Reliability of the PCR Test?

By [Dr. Gary G. Kohls](#), [Prof. Stefan Homburg](#), and [A. Castellitto](#)

Theme: [Science and Medicine](#)

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"It is easier to deceive people than to convince them that they have been deceived." — Mark Twain

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We bring to the attention of our readers a series of quotations by the CDC, FDA, scientists and medical doctors (emphasis added) compiled by Dr. Gary Kohls.

Media reports as well as government officials have failed to outline the nature of the PCR Test. The public has been deliberately misinformed.

We suggest that you bring these quotations to the attention of the government officials who are enforcing the Lockdown.

Covid-19 Quotations: Questioning PCR Reliability

"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. This test cannot rule out diseases caused by other bacterial or viral pathogens." — [The Centers For Disease Control and Prevention](#)

"PCR-based testing produces enough false positive results to make positive results highly unreliable over a broad range of real-world scenarios." — [Andrew N. Cohen, Ph.D.1](#), [Bruce Kessel, M.D.2](#), [Michael G. Milgroom, Ph.D.](#)*

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"...all or a substantial part of these positives could be due to what's called false positives tests." — [Michael Yeadon: former Vice President and Chief Science Officer for Pfizer](#)

"...false positive results will occur regularly, despite high specificity, causing unnecessary community isolation and contact tracing, and nosocomial infection if inpatients with false positive tests are cohorted with infectious patients." — [The European Society of Clinical Microbiology and Infectious Diseases](#)

"...you can find almost anything in anybody...it doesn't tell you that you're sick and it doesn't tell you the thing you ended up with really was going to hurt you..." — [Dr. Kary Mullis, PhD \(Nobel Peace Prize Winner inventor of the PCR test\)](#)

"I'm skeptical that a PCR test is ever true. It's a great scientific research tool. It's a horrible tool for clinical medicine." — Dr. David Rasnick, biochemist and protease developer

"...up to 90 percent of people testing positive carried barely any virus." — [The New York Times](#)

"...detection of viral RNA by qRT-PCR does not necessarily equate to infectiousness, and viral culture from PCR positive upper respiratory tract samples has been rarely positive beyond nine days of illness." — [Muge Cevik, clinical lecturer](#)^{1 2}, [Krutika Kuppalli, assistant professor](#)³, [Jason Kindrachuk, assistant professor of virology](#)⁴, [Malik Peiris, professor of virology](#)⁵ [Francis Drobniensk - Professor of Global Health and TB, Imperial](#)

"A positive RT-qPCR result may not necessarily mean the person is still infectious or that he or she still has any meaningful disease." — [Michael R Tom, Michael J Mina](#)

"PCR does not distinguish between infectious virus and non-infectious nucleic acid" — [Barry Atkinson: National Collection of Pathogenic Viruses \(NCPV\)](#) [Eskild Petersen: infectious disease specialist](#)

"Detection of viral RNA does not necessarily mean that a person is infectious and able to transmit the virus to another person" — [The World Health Organization](#)

"Caution needs to be applied to the results as it often does not detect infectious virus. PCR results may lead to restrictions for large groups of people who do not present an infection risk." — [The Centre for Evidence-Based Medicine](#)

"The challenge is the false positive rate is very high, so only seven percent of tests will be successful in identifying those that actually have the virus. So the truth is, we can't just rely on that..." — [Dominic Raab - First Secretary of State and Secretary of State for Foreign, Commonwealth and Development Affairs](#)

"positive results [...] do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite." — [FDA](#)

"A positive RT-qPCR result may not necessarily mean the person is still infectious or that he or she still has any meaningful disease." — [Michael R Tom, Michael J Mina](#)

"...no single gold standard assay exists. The current rate of operational false-positive swab tests in the UK is unknown; preliminary estimates show it could be somewhere between 0.8% and 4.0%." — [Dr. Elena Surkova; Vladyslav Nikolayevskyy - Public Health England](#); [Francis Drobniensk - Professor of Global Health and TB, Imperial College](#)

"...detection of viral RNA by qRT-PCR does not necessarily equate to infectiousness, and viral culture from PCR positive upper respiratory tract samples has been rarely positive beyond nine days of illness." — [Muge Cevik, clinical lecturer](#)^{1 2}, [Krutika Kuppalli, assistant professor](#)³, [Jason Kindrachuk, assistant professor of virology](#)⁴, [Malik Peiris, professor of virology](#)⁵ [Francis Drobniensk - Professor of Global Health and TB, Imperial College](#)

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Of What Use is the PCR Test for SARS-Cov-2?

By Prof. Dr. Stefan Homburg – October 7, 2020

1. What is the use of the PCR test for SARS-CoV-2? This is obviously a trick question, because there is no such thing as “the test”, and that is a problem.
2. A PCR test works if gene sequences are found in the smear that indicate the presence of a virus. Tests can search for multiple gene sequences or for one; this decision influences the sensitivity and the error rate.
3. In order for a gene sequence to be recognized optically, it must first be duplicated (amplified) in several cycles. The number of cycles at which the test takes effect is called “cycle threshold” or ct for short. A ct value of 25 means that the gene sequence was recognized after 25 cycles, with a value of 40 it was only recognized after 40 cycles. At high ct values, the test is so sensitive that it reacts to the smallest quantities of particles.
4. While everything is standardized in the modern world, organizations like the WHO or the RKI refuse to standardize the PCR test. Since no one knows which laboratories are looking for which gene sequences and from which ct values they report positive results, all speculations about sensitivity and specificity are irrelevant.
5. The only thing that is clear is that handling or manufacturing errors can lead to grossly wrong measures. 77 NFL players tested positive in one fell swoop, and all results were false-positive, as post-testing showed. Similarly, the tests on 12 crew members of “Mein Schiff 6” were false-positive. You can find these and other examples in my retweet of October 5, 2020.
6. A positive test result does not mean that the person concerned is infectious, ie that it can infect other people. Nonetheless, positive test results are followed by serious encroachments on fundamental rights such as quarantine, company or school closings.
7. PCR tests were designed to determine the cause of the disease in symptomatically ill patients in order to ensure appropriate treatment. They were not intended for mass screening of healthy people.
8. Due to the WHO guidelines, PCR mass tests are misused, a) deceased persons are counted as “corona deaths” regardless of the real cause of death, provided they had previously had a positive test result and b) all people who tested positive are classified as “infectious” . While travel and sports companies can enforce repetitions of tests with positive results, ordinary people and students are often denied this counter-evidence.
9. Especially when viewed globally, the number of positive test results exceeds the imagination. Similar shocking numbers could also be obtained through indiscriminate mass tests for influenza or other viruses, which in individual cases are similarly dangerous or even fatal as SARS-CoV-2.
10. From all this there is the demand for an immediate end of the PCR mass tests and for a return to the previous routine, according to which only sick people are tested and the general situation is monitored by sentinels. Once the “numbers” have disappeared from the media, the general hysteria can gradually subside.

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[COVID-19 PCR Testing: We've been Duped!](#)

By [A. Castellitto](#) – November 4, 2020

Lost in this whole pandemic hysteria are some key considerations that when carefully analyzed place the whole COVID-19 narrative in a highly questionable light. The gatekeepers of information dissemination are manufacturing consent at an alarming rate, but their fatigue is setting in, and their masks are falling off. What better, albeit unlikely, source to go for some much needed illumination than the [New York Times](#)?

During a considerably quieter time, back in 2007, the New York Times featured a very interesting exposé on molecular diagnostic testing — specifically, the inadequacy of the polymerase chain reaction (PCR) test in achieving reliable results. The most significant concern highlighted in the Times report is how molecular tests, most notably the PCR, are highly sensitive and prone to false positives. At the center of the controversy was a potential outbreak in a hospital in New Hampshire that proved to be nothing more than “ordinary respiratory diseases like the common cold.” Unfortunately, the results wrought by the PCR told a different story.

Thankfully, a faux epidemic was avoided but not before thousands of workers were furloughed and given antibiotics and ultimately a vaccine, and hospital beds (including some in intensive care) were taken out of commission. Eight months later, what was thought to be an epidemic was deemed a non-malicious hoax. The culprit? According to “epidemiologists and infectious disease specialists ... too much faith in a quick and highly sensitive molecular test....led them astray.” At the time, such tests were “coming into increasing use” as maybe “the only way to get a quick answer in diagnosing diseases like ... SARS and deciding whether an epidemic is under way.”

Nevertheless, today, the PCR test is considered the gold standard of molecular diagnostics, most notably in the diagnosis of COVID-19. However, a closer analysis reveals that the PCR has actually been pretty spotty and that false positives abound. Thankfully, the New York Times is once again [on the case](#).

“Your Coronavirus Test is Positive; Maybe it Shouldn’t Be,” according to NYT reporter Apoorva Mandavilli. Essentially, positive results are getting tossed around way too frequently. Rather, they should probably be reserved for individuals with “greater viral load.” So how have they’ve been doing it all this time you ask?

“The PCR test amplifies genetic matter from the virus in cycles; the fewer cycles required, the greater the amount of virus, or viral load, in the sample... the more likely the patient is to be contagious.”

Unfortunately, the “cycle threshold” has been ramped up.

What happens when it’s ramped up? Basically, “huge numbers of people who may be carrying relatively insignificant amounts of the virus” are deemed infected.

However, the severity of the infection is never quantified, which essentially amounts to a false positive. Their level of contagion is essentially nil.

How are they determining the cycle threshold? If I didn’t suspect that it was based on maximizing the amount of “cases,” I would find the determination

pretty arbitrary. More than a few of the professionals on record for Times report appear pretty perplexed on this vital detail which is essentially driving “clinical diagnostics for public health and policy decision-making.”

Considering all that’s at stake and everything that hinges on positive vs negative case tallies, it’s outrageous that these tests would be tweaked in a way that would inflate the positive rate totals and percentages. According to one virologist, “any test with a cycle threshold above 35 is too sensitive.” She went on to say, “I’m shocked that people would think that 40 could represent a positive.”

Personally, I think the science is just about settled on COVID-19.

The conclusion? We’ve been duped!

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