

<https://www.cdc.gov/coronavirus/2019-ncov/lab/faqs.html#Interpreting-Results-of-Diagnostic-Tests>

A Ct value does not indicate how much virus is present, but only whether or not viral genetic material was detected at a defined threshold. RT-PCR tests can be either **qualitative** or **quantitative**, and this affects how a Ct value is interpreted. As of October 23, 2020, all diagnostic RT-PCR tests that had received a U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) for SARS-CoV-2 testing were **qualitative** tests.

No. Ct values should not be used to determine a patient's viral load, how infectious a person may be, or when a person can be released from isolation or quarantine.

An RT-PCR test uses multiple repeating amplification cycles to create more and more copies of the virus' genetic material. Specimens with lower amounts of virus will require more cycles to amplify that genetic material to reach an amount that can be detected, resulting in a higher Ct value. Thus, there is a correlation between the Ct value and the amount of starting viral genetic material that was present in the specimen.

For both qualitative and quantitative RT-PCR assays, the correlation between Ct values and the amount of virus in the original specimen is imperfect. It is therefore problematic to infer any relationship between an individual patient's Ct value and their viral load. Ct values can also be affected by factors other than viral load. For example, if the specimen is not collected or stored properly or the specimen is collected early during the infection, the Ct value may be higher than it would be under ideal conditions. Thus, a high Ct value could also result from factors **not** related to the amount of virus in the specimen. The correlation between Ct and viral load can be used to evaluate data from groups of people and infer the difference in the relative amount of viral load between the two groups (e.g., between symptomatic and asymptomatic individuals).

There is no such thing as asymptomatic transmission of COVID-19 (Sars-COVID2).

<https://standforhealthfreedom.com/cdc-investigation/>

[http://makingsenseofcovid.com/Executive\\_Summay.pdf](http://makingsenseofcovid.com/Executive_Summay.pdf)

Problems with PCR testing. <https://standforhealthfreedom.com/wp-content/uploads/2021/01/The-Problems-With-PCR-Testing.pdf>

The lab is supposed to cycle the threshold value for each sample until they get a positive test or 42 cycles. This is not how any chemistry test is done. Dr. Kary Mullis designed this test for no more than 10. The positive/negative bar must be set at 10 for every test. Then after months of data, an accurate bar could be set. The way this test is used now is meaningless data. The antigen test you take the same swab and put it under a UV light. Then you know the result quickly. No lab needed.

**Safeguarding basic human rights, constitutional rights and parental rights — for today and future generations.**

## **The Problems With PCR Testing**

### **Why Public Officials Shouldn't Base Restrictions On PCR Tests**

A massive, worldwide COVID testing campaign is underway, costing countries billions of dollars. But more and more experts are coming forward, claiming that the misuse of PCR (polymerase chain reaction) testing, the most common test for COVID, is resulting in a vast number of false positives. Many are denouncing the testing as illogical and fraudulent, stating that it shouldn't be considered diagnostic. Yet these are the very tests that are used to report daily numbers around the country that then justify the policies to squander people's constitutional rights and depress the economy.

We must demand transparency from state health departments and governors who are relying on these values and ask them to invalidate and retract numbers that lead to deception; fraudulent reporting during a state of emergency is a felony.

**Equally important, the willing acceptance of these values comes at a great cost to society:**

1. There's been an alarming loss of basic human rights and freedoms from the shutdowns, including schooling, medical procedures and income. The World Bank estimates that more than 100 million people will be forced into extreme poverty due to the economic shutdown.
2. Many are experiencing resultant mental health crises as fear, anxiety, isolation and depression skyrocket; the childhood population has been significantly affected.

Shutdowns and restrictions on individuals and businesses must not be based on testing alone, especially PCR testing. Why?

#### **How the PCR Test Works**

PCR testing takes a swab sample of DNA and runs it through cycles of amplification. False positives are a result of a lab using a high number of amplification cycles, which is the number of times the RNA particles are magnified. A cycle threshold (CT) of 34 or more means the test is 100% useless as a measure of a true positive case. (Florida is the first state to require all labs to report the misleading CT.) To guarantee that a positive is a positive, the PCR test must be run at 17 cycles; otherwise accuracy becomes increasingly questionable as the cycles increase.

- **By the time you get to 33 cycles, 80% are false positives.**
- **Up to 90% of positive tests at a cycle threshold of 40 would be negative at a cycle threshold of 30.**
- **With a CT above 35, the chance of receiving a "false positive" result is 97% or higher.**

Accuracy is of utmost importance in a public crisis. The most valid way to test for infection is to look for a "live" virus using a viral culture. PCR tests cannot distinguish between live viruses and particles that are not infectious, nor can they rule out other viruses or bacteria — you can get a positive result from the flu or other coronavirus fragments.

*According to Our World in Data (ourworldindata.org), each day more than 1 million people in the United States are being tested for COVID-19. The most common test is the PCR test, which takes a sample swab of DNA and runs it through cycles of amplification. However, the tests are not a reliable means of detecting COVID-19 and are ultimately being used to justify lockdowns and other draconian public health policies.*

It follows that a positive PCR test does not necessarily indicate infectiousness. Thus, the positive test result doesn't represent a case, let alone an actual illness. As science writer and expert in molecular genetics, Pieter Borger, PhD, stated, "'Confirmed cases' is a nonsense number."

This is validated by the World Health Organization (WHO), which issued an advisory on January 20, 2021 for labs processing PCR tests. The advisory instructs technicians to carefully determine if manual adjustment of the PCR positivity threshold is recommended by the manufacturer. It goes on to say that "careful interpretation of weak positive results is needed," asserting that a positive PCR test result does not automatically constitute a case of COVID-19.

So we must ask ourselves, what does a positive test even mean? What percentage of the "positive cases" used to keep society locked down and socially isolated is from those who are asymptomatic, based solely on a positive PCR test?

### **Other Issues with PCR Testing**

Both the United States and the United Kingdom have reported large-scale testing kit contamination.

Additionally, testing site/lab contamination has led to "countless" false positives.

Finally, the test can pick up on non-infectious virus fragments long after an active infection has resolved.

### **Making History with a "Test-Only Model"?**

Testing is designed to substantiate clinical observations. Per the WHO, a PCR test is a diagnostic aid that must be looked at in conjunction with multiple other factors. Yet this appears to be the first time in history that a pandemic is being measured and managed through testing alone, without clinical oversight to verify the tests or even justify the administration of a test. Without this clinical observation and oversight, it's impossible to determine what percentage of positive tests will never be symptomatic or never be infectious.

Can we change course on this testing and reporting catastrophe? Can we hold health departments and other regulatory agencies and powers-that-be accountable for their acquiescence in this charade? Our human rights and freedoms, including our children's future — hinge on our response to this unreliable testing model that's defrauding the public. And it will undoubtedly be instructional for the next pandemic — how we respond today will set a precedent for tomorrow.

### **If you truly care about tracking, tracing and accuracy of results, then you should care about this information.**

We're told if we care about others, we must comply without question. Many are doing it willingly, but too many are being pressured into getting tested for COVID — sometimes repeatedly. However, genuinely caring for others doesn't involve weaponizing fear or selling false solutions. It is truthful and transparent. And, in today's fear- and anxiety-ridden climate, those attributes are more important than ever.

### **How Public Officials Can Help**

Ask your state and local health department how they are responding to the WHO's new guidance for proper use of the PCR test. Also ask them to:

- Count only those test results that are run at 30 cycle thresholds or less.
- Publish the PCR cycle thresholds for their area, region or state.
- Retract any case numbers that are based on cycle thresholds above 30.

### **References**

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World Health Organization January 2021 Advisory: <http://bit.ly/3j3HncR>

Ready to stand up for your constitutional rights, parental rights and informed consent rights?

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