How effective is the rt-PCR test

The late Kary Mullis devised the Reverse Transcriptase Polymerase Chain Reaction (rt-PCR) process to enable scientists to rapidly multiply very small amounts of genetic material into quantities that could be used for experiments. It had previously taken weeks or months to make these volumes. Mullis saved the industry valuable time and money and received a Nobel Prize for his invention. It was never designed as a diagnostic test for an illness in asymptomatic people. Recorded interviews with Mullis can be seen with him explaining that it is a qualitative process and not a quantitative one[1].

The process doubles the amount of material every time it is run. After the first run or cycle one piece of genetic material becomes two. After the second cycle there are four. After twenty cycles there are 524,288 bits. After thirty cycles there are 536,870,912 bits. After 35 cycles there are 17,179,869,184 bits. After forty cycles there are 549,755,813,888. By 45 cycles you have 17.5 trillion. These cycle numbers are important. When Mullis patented the process, it was only intended to run to twenty cycles.

The Corman-Drosten paper proposing the use of the rt-PCR to diagnose this viral infection was rapidly accepted for publication by Eurosurveillance without adequate time for legitimate peer review. It has been widely criticised by many competent scientists and its retraction was demanded.[2] Despite this, it is used as the gold standard for diagnosis.

The 'test' only looks for several segments of the m-RNA that is in the SARS COV2, and NOT the whole strand, so it is possible that shared segments from other coronaviruses might trigger a 'positive' result. If samples being tested are not kept absolutely biologically secure, then slightest cross-contamination of a negative sample will produce a positive result when high numbers of cycles are involved.

Scientists and frontline clinicians agree that a positive result occurring at less than 30 cycles in a person with symptoms should be accepted as a case. A positive result between 30 and 35 cycles in an asymptomatic person is of dubious value. Any result achieved after 35 cycles is totally meaningless due to the presence of what is termed 'background noise'. [3]

Letters received from the Scottish Health Department state that they are running up to 40 cycles for a positive test. This will have grossly inflated the numbers of 'positives'. Recently USA the Centre for Disease Control (CDC) in the USA, having initially used 40 cycles for diagnosis, are now refusing to accept a positive result in a vaccinated person if the test has run more than 28 cycles.[4]

This action will have significantly reduced the number of 'positives' and may be intended to demonstrate that the vaccines are effective. On 31st December 2021 The CDC are withdrawing their authorisation to use the PCR test for diagnosis of a SARS COV2 infection.

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Endnotes

1 https://www.youtube.com/watch?v=rXm9kAhNj-4
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