

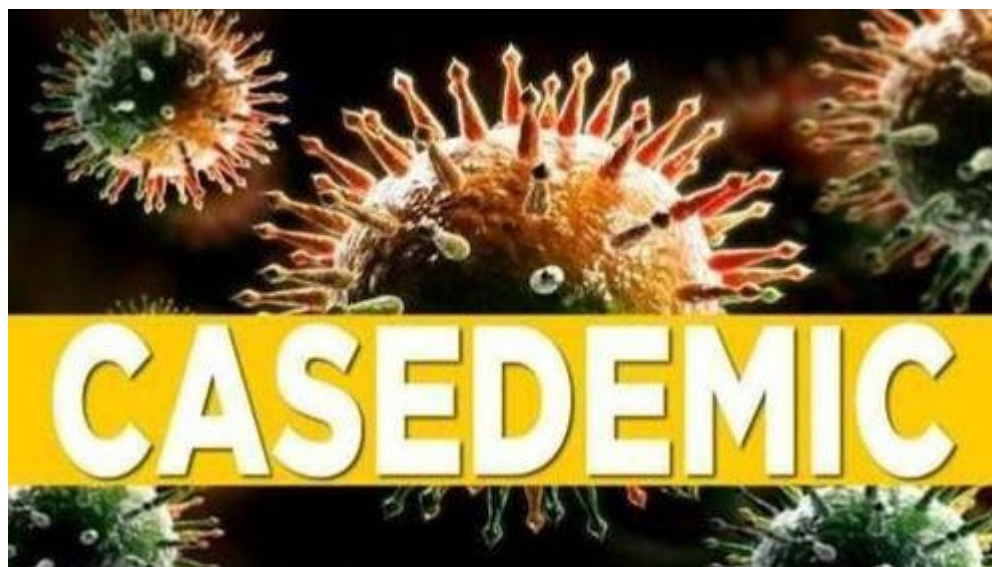
Why Is The CDC Quietly Abandoning The PCR Test For COVID?



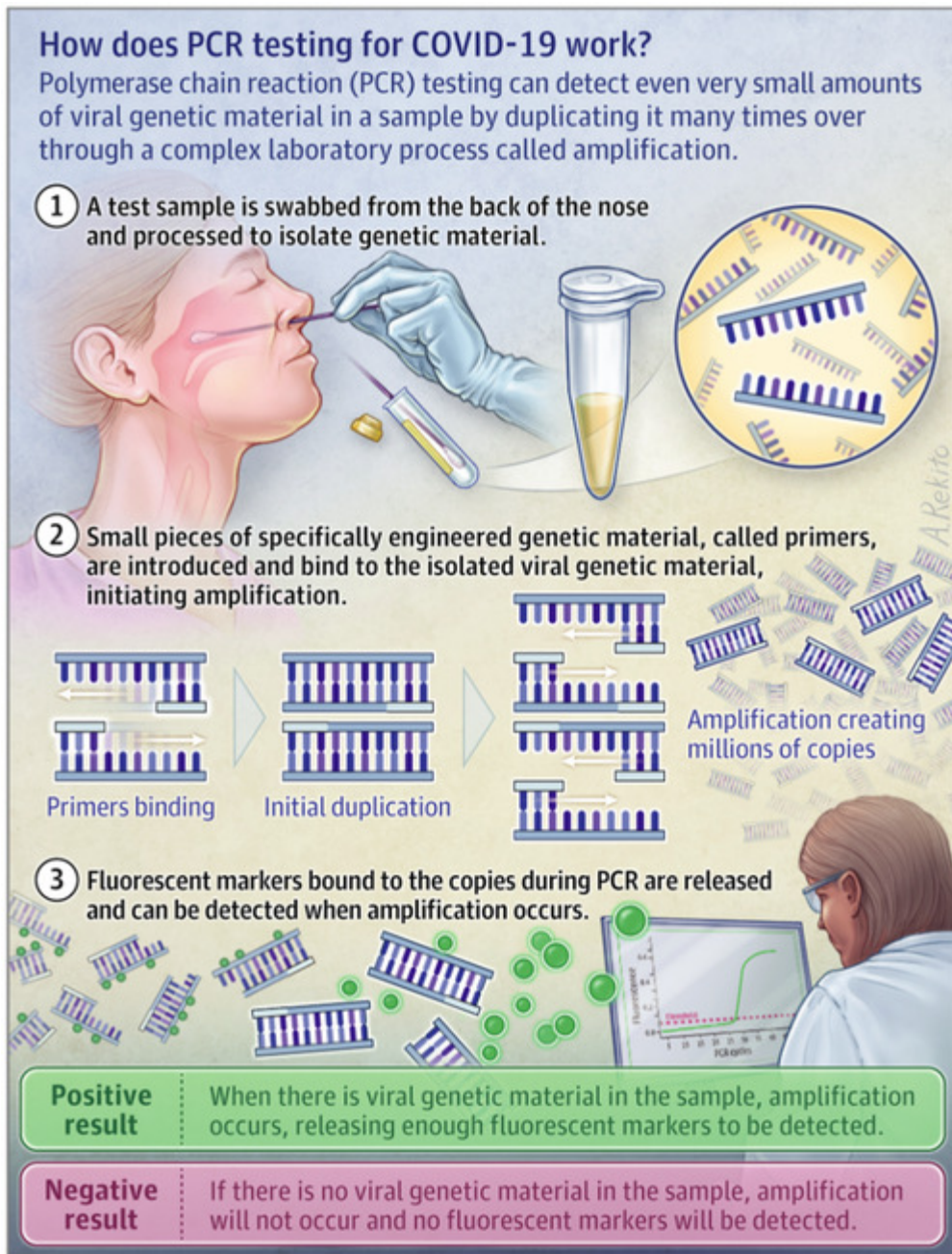
BY TYLER DURDEN

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We have detailed ([most recently here](#) and [here](#)) the **controversy surrounding America's COVID "casedemic" and the misleading results of the PCR test and its amplification procedure** in great detail over the past few months.



As a reminder, "cycle thresholds" (Ct) are the level at which widely used polymerase chain reaction (PCR) test can detect a sample of the COVID-19 virus. The higher the number of cycles, the lower the amount of viral load in the sample; the lower the cycles, the more prevalent the virus was in the original sample.



Numerous epidemiological experts have argued that cycle thresholds are an **important metric by which patients, the public, and policymakers can make more informed decisions** about how infectious and/or sick an individual with a positive COVID-19 test might be. However, [as JustTheNews reports](#), **health departments across the country are failing to collect that data.**

Here are a few headlines from those experts and scientific studies:

[1. Experts compiled three datasets with officials from the states of Massachusetts, New York and Nevada that conclude: "Up to 90% of the people who tested positive did not carry a virus."](#)

2. The Wadsworth Center, a New York State laboratory, analyzed the results of its July tests at the request of the NYT: 794 positive tests with a Ct of 40: "With a **Ct threshold of 35**, approximately **half** of these PCR tests would no longer be considered positive," said the

NYT. [“And about 70% would no longer be considered positive with a Ct of 30!”](#)

3. 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*.
4. A new study from [the Infectious Diseases Society of America](#), found that **at 25 cycles of amplification, 70% of PCR test "positives" are not "cases" since the virus cannot be cultured, it's dead**. And by 35: 97% of the positives are non-clinical.
5. **PCR is not testing for disease, it's testing for a specific RNA pattern** and this is the key pivot. When you crank it up to 25, 70% of the positive results are not really "positives" in any clinical sense, [since it cannot make you or anyone else sick](#)

So, in summary, **with regard to [our current "casedemic"](#), positive tests as they are counted today do not indicate a “case” of anything**. They indicate that viral RNA was found in a nasal swab. It may be enough to make you sick, but according to the New York Times and their experts, probably won't. And certainly not sufficient replication of the virus to make anyone else sick. But you will be sent home for ten days anyway, even if you never have a sniffle. **And this is the number the media breathlessly reports... and is used to fearmonger mask mandates and lockdowns nationwide...**



In [October we first exposed](#) how PCR Tests have misled officials worldwide into insanely authoritative reactions.

As [PJMedia's Stacey Lennox wrote](#), the "casedemic" is **the elevated number of cases we see nationwide because of a flaw in the PCR test. The number of times the sample is amplified, also called the cycle threshold (Ct), is too high.**

It identifies people who **do not have a viral load capable of making them ill or transmitting the disease** to someone else as positive for COVID-19.

The [New York Times](#) reported this flaw on August 29 and said that in the samples they reviewed from three states where labs use a Ct of 37-40, up to 90% of tests are essentially false positives. The experts in that article said a Ct of around 30 would be more appropriate

for indicating that someone could be contagious - those for whom contact tracing would make sense.

Just a few days earlier, the CDC had updated its guidelines to discourage testing for asymptomatic individuals. It can only be assumed that the rationale for this was that some honest bureaucrat figured out the testing was needlessly sensitive. He or she has probably been demoted.

This change was preceded by a July update that discouraged retesting for recovered patients. The rationale for the update was that viral debris could be detected using the PCR test for 90 days after recovery. The same would be true for some period of time if an individual had an effective immune response and never got sick. [Existing immunity from exposure to other coronaviruses](#) has been well documented. These are many of your “asymptomatic” cases.

However, due to political pressure and corporate media tantrums, the new guidance on testing was scrapped, and testing for asymptomatic individuals is now recommended again. **Doctors do not receive the Ct information from the labs to make a diagnostic judgment.** Neither the CDC nor the FDA has put out guidelines for an accurate Ct to diagnose a contagious illness accurately.

[Hence, our current “casedemic.”](#) Positive tests as they are counted today do not indicate a “case” of anything. They indicate that viral RNA was found in a nasal swab. It may be enough to make you sick, but according to the *New York Times* and their experts, probably won't. And certainly not sufficient replication of the virus to make anyone else sick. But you will be sent home for ten days anyway, even if you never have a sniffle. **And this is the number the media breathlessly reports.**

A month later, [Dr. Pascal Sacré](#), explained in great detail how all current propaganda on the COVID-19 pandemic is based on an assumption that is considered obvious, true and no longer questioned: *Positive RT-PCR test means being sick with COVID.*

This assumption is misleading. Very few people, including doctors, understand how a PCR test works.



In mid-November, none other than he who should not be questioned - Dr. Anthony Fauci - admitted that the PCR Test's high Ct is misleading:

“What is now sort of evolving into a bit of a standard,” Fauci said, is that “if you get a cycle threshold of 35 or more ... the chances of it being replication-confident are minuscule.”

“It’s very frustrating for the patients as well as for the physicians,” he continued, when “somebody comes in, and they repeat their PCR, and it’s like [a] 37 cycle threshold, but you almost never can culture virus from a 37 threshold cycle.”

So, I think if somebody does come in with 37, 38, even 36, you got to say, you know, it’s just dead nucleotides, period.”

So, if anyone raises this discussion as a "conspiracy", refer them to Dr.Fauci.

In response to this and the actual "science", [Florida's Department of Health](#) (and signed off on by Florida's Republican Governor Ron deSantis), decided that for the first time in the history of the pandemic, **a state will require that all labs in the state report the critical “cycle threshold” level of every COVID-19 test they perform.**

[Then, in January, as Biden takes office, The FDA publicly admits it...](#)

The U.S. Food and Drug Administration (FDA) is alerting patients and health care providers **of the risk of false results...** with the Curative SARS-Cov-2 test.

First Fauci, then WHO, and then FDA all admit there is malarkey in the PCR Tests, but have - until now, done nothing about it... allowing the daily fearmongering of soaring "cases" to enable their most twisted 1984-esque controls.

[All of which brings us to today's announcement from The FDA, that it will be abandoning the PCR Test for COVID at the end of the year.](#)

Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.

[Visit the FDA website](#) for a list of authorized COVID-19 diagnostic methods. For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, [visit this page](#).

In preparation for this change, CDC recommends clinical laboratories and testing

sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season. Laboratories and testing sites should validate and verify their selected assay within their facility before beginning clinical testing.

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The question one is forced to ask is simple - as with everything else that happens in the Healthcare-Industrial-Complex - ***cui bono?***

Is another provider of testing about to be enriched?

Or is it even more sinister than standard crony capitalism? Given the traditional winter spike in 'flu' cases and the PCR-Test-driven "casedemic" we experienced into the election and through the start of the Biden administration, one could be forgiven for suggesting that the last thing an already weakened Democratic Party, desperate to cling to control in DC, would be a dramatic re-emergence of the "deadly" virus (driven by the numerous false positives of the PCR Test as described in detail above) ahead of the Midterms?

[Killing off the PCR Test would go a long way to "solving" the "casedemic" and offer Biden and his pals a positive talking point for voters.](#)

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