



World Health Organization (WHO) Admits PCR Tests Create False Positives

The World Health Organization released a 'guidance memo' on December 14th, warning that high-cycle thresholds on PCR tests result in false positives. WHO advised that healthcare providers should consider testing results along with clinical signs and symptoms and confirmed status of contacts. The author of the article expresses concern that the reason the CDC is admitting the high rate of positive PCR test results is that, when the tests can be done properly, thereby decreasing the number of Covid 'cases', the lower case number can be attributed to successful vaccination of the masses, making the vaccine appear to be effective. -GEG

The World Health Organization released a guidance memo on December 14th, warning that high cycle thresholds on PCR tests will result in false positives.

While this information is accurate, it has also been available for months, so we must ask: why are they reporting it now? Is it to make it appear the vaccine works?

The "gold standard" Sars-Cov-2 tests are based on polymerase chain reaction (PCR). PCR works by taking nucleotides – tiny fragments of DNA or RNA – and replicating them until they become something large enough to identify. The replication is done in cycles, with each cycle doubling the amount of genetic

material. The number of cycles it takes to produce something identifiable is known as the “cycle threshold” or “CT value”. The higher the CT value, the less likely you are to be detecting anything significant.

This new WHO memo states that using a high CT value to test for the presence of Sars-Cov-2 will result in false-positive results.

To quote their own words [our emphasis]:

Users of RT-PCR reagents should read the IFU carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result.

They go on to explain [again, our emphasis]:

The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the Ct value will be low. Conversely, when specimens return a high Ct value, it means that many cycles were required to detect virus. In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain.

Of course, none of this is news to anyone who has been paying attention. That PCR tests were easily manipulated and potentially highly inaccurate has been one of the oft-repeated battle cries of those of us opposing the “pandemic” narrative, and the policies it’s being used to sell.

Many articles have been written about it, by many experts in the field, medical journalists and other researchers. It’s been commonly available knowledge, for months now, that any test using a CT value over 35 is potentially meaningless.

Dr Kary Mullis, who won the Nobel Prize for inventing the PCR process, was clear that it wasn't meant as a diagnostic tool, saying:

with PCR, if you do it well, you can find almost anything in anybody."

And, commenting on cycle thresholds, once said:

If you have to go more than 40 cycles to amplify a single-copy gene, there is something seriously wrong with your PCR."

Read full article [here](#)...