GlobalResearch
Center for Research on Globalization

COVID-19: Closer to the Truth: Tests and Immunity

The RT-PCR "Test Detects Virus Particles, Not the Whole Virus"

By Dr. Pascal Sacré
Global Research, August 07, 2020
Mondialisation.ca

Theme: Media Disinformation, Science and Medicine

The number of positive RT-PCR tests, which diagnose the presence of pieces [fragments] of the SARS-CoV-2 virus, is equated in the press and government reports with the number of new COVID-19 cases. This is not entirely true. This is misleading. It suggests a resurgence of the disease. COVID-19 is the name of the disease.

The RT-PCR test is just a means of detecting SARS-CoV-2, and that test is unreliable. Some people are asymptomatic, or with mild symptoms. Testing positive, which is already subject to interpretation, does not mean "sick". Other doctors, including virologists, say so and warn of the current danger of this confusion maintained by official bodies.

The tests (screening, diagnosis, immunity) symbolize the blind and total belief in the omnipotence of technical medicine and technology. This illusion is maintained by industry, by some doctors and by the media.

As in the case of vaccination, there is an oversimplification on this subject which is a breeding ground for the manipulation of public opinion.

An example of oversimplification is to summarize human immunity to antibodies or to make people believe that a positive RT-PCR test is synonymous with COVID-19 disease.

RT-PCR

A positive RT-PCR test [1] is not synonymous with COVID-19 disease.

Today, as authorities test more people, there are bound to be more positive RT-PCR tests. This does not mean that COVID-19 is coming back, or that the epidemic is moving in waves. There are more people being tested, that's all.

Are these tests reliable? [2].

Beware of false positives [3]. This weakness of the PCR test in virus testing has been known for years [4]. For Kary Mullis, the inventor of the PCR technique which enabled him to win the Nobel Prize in Chemistry in 1993, this test was above all qualitative and intended to answer the question: is the element there, yes or no, not at all to be quantified?

Moreover, these tests detect viral particles, genetic sequences, not the whole virus.

In an attempt to quantify the viral load, these sequences are then amplified several times through numerous complex steps that are subject to errors, sterility errors and contamination [5-6].

Positive RT-PCR is not synonymous with COVID-19 disease! PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient's state of health to confirm its value [reliability] [7].

The media frighten everyone with new positive PCR tests, without any nuance or context, wrongly assimilating this information with a second wave of COVID-19.

Serologies and immunities

Serology is the determination of protein in the blood. In COVID-19, we look for antibodies (immunoglobulins or Ig) specific to the SARS-CoV-2 coronavirus.

In this case, IgG.

Each test can look for a particular type of antibody. Antibodies are produced after recovery and can be directed against hundreds of virus antigens, which explains the inconsistent results depending on the type of antibody chosen for the test.

The first thing you need to know, in order to know what you are talking about, is the type of antibody that the test is measuring.

The RT-PCR test, a molecular technology based on a sample of cells from the upper respiratory tract, tries to detect the presence of viruses.

Serological tests look to see if the person has developed humoral (antibody-based) immunity (protection) to the virus.

Indirectly, a positive serology would confirm that the person, at some point, has been in contact with the virus.

That's not entirely true.

The reality is neither so simple nor so obvious!

Many doctors themselves do not know how human antiviral immunity works.

Cross-immunity, non-specific innate immunity and cell specific immunity are not measured by serology. Yet they are essential.

In immunopathology, the notion of field (patient's condition) conditions the body's response to COVID-19 [8].

> "In this era of astounding progress in the field of lymphocyte molecular and cellular biology, it is easy to forget that our perception of immunology at the systemic level is still at an embryonic stage. Modern immunology has only a very limited understanding of the myriad complex physiological events that, in vivo, constitute the immune response, whether protective or pathological."

[Fundamentals Immunology, 1600 pages, Louis J Picker & Mark H. Siegelmen, Pathologists, University of Texas.]

Summarizing it all down to SARS-CoV-2 specific antibodies alone is a dangerous lure, a

dramatic simplification that distorts all reasoning and therefore any future policy blinded by an obsession with a vaccine.

CROSS-IMMUNITY

SARS-CoV-2 is a coronavirus related to other coronaviruses, most of which, in humans, cause only “common” colds. Most of us have developed good immunity to these coronaviruses since childhood. It is this cross-immunity that may have protected most of us from SARS-CoV-2 before any vaccine was developed.

Cross-immunity between cold coronaviruses and SARS-CoV-1 has already been demonstrated. This is cell-based immunity (not antibody-based).

This protection by natural cell-based immunity persists much longer (> 10 years) than antibody-mediated humoral immunity (< 3 years).

Cellular immunity uses a type of cell, T-lymphocytes, the best known of which are called CD4+ and CD8+. This T-cell immune response plays a major role in the defence against infection.

Cross-immunity between common cold coronaviruses and SARS-CoV-2 is highly likely, mediated by this T-cell immunity, directed against antigens common to all coronaviruses.

Dosing for antibodies (Ig immunoglobulins) specific to a particular SARS-CoV-2 antigen misses out on this immunity, which is nevertheless very present and very effective.

INNER IMMUNITY

Innate immunity is non-specific, not antibody-mediated.

It is the first response to an infection; it destroys the infectious agent.

It is an important anti-viral barrier that IgG serologies do not detect either. This innate immunity is capable of defending us against a virus without the need for specific immunity, provided we are healthy.

It has probably contributed to the low incidence of COVID-19 disease in young and healthy older individuals. This innate immunity destroys the virus very quickly. It does not need to develop antibodies to manage the infection, at least not enough for a test to detect them. Instead, it activates a cellular response to T-cells. This innate immunity persists throughout life, unlike humoral (memory) specific immunity, which declines with age.

It is possible to be immunized against COVID-19 through our innate immunity and these memory T cells, even in the absence of neutralizing antibodies.

A Swedish study reported that individuals affected by COVID-19 developed a cellular T cell immune response in the absence of detectable antibodies [9]. It is therefore highly likely that this T-cell immune response is sufficient to protect against a new SARS-CoV-2 infection.

However, none of this is demonstrated by current serological tests!

COVID-19 acts as an indicator of our state of health.

Health status is not only related to our standard of living or the quality of our health care services, far from it. Rather, they tend to mask poor health.

Good health is linked to the quality of our diet, our physical activity and, above all, our state of mind.

The importance of good mental health is paramount in our quality of life and in our ability to cope with illness.

Fear, total confinement, social distancing, constant wearing of a mask, all contribute to a serious deterioration of our mental health.

The relationship between psychology and the endocrine (hormones), nervous and immune systems has been proven for a long time [9].

The media, their daily anxiety-provoking announcements, the total confinement and the deadly atmosphere have stressed populations to the point of astonishing and lasting damage to their health.

It is paradoxical to advocate life-saving measures while ignoring the catastrophic consequences of such measures.

The relationship between stress and immunity is well demonstrated [10-11-12].

The field (state of health) is a fundamental notion in immunopathology.

The severity of an infection, of COVID-19 in particular, is determined by the terrain, by the state of health of the patient.

This relationship is not only due to the presence of one or more co-morbidities that weaken the organism.

It involves the decline (with age) of specific acquired immunity (of which humoral antibody immunity is a part).

In unhealthy individuals, the normal protective immune defence is diverted to an inadequate, deleterious overreaction through the production of antibodies that facilitate infection and a Th2 (inflammatory cytokine storm) rather than a protective Th1 (T-cell) response [8].

This is why the sickest people suffer from the most severe forms of the disease, especially if they are older (ageing of specific immunity): because of an inadequate immune response.

Healthy young people and adults are protected because their immune ground is healthy.

This is what people should be told rather than using fear to better prepare them to accept a hastily prepared vaccine.

The innate cellular immunity of most people is competent and sufficient.

In the case of SARS-CoV-2, a coronavirus of the cold virus family, T-cell cross-immunity is effective as well.

That’s all kinds of solid scientific information that will reassure most people.

Why do the media prefer to continue to frighten and misinform?

This information tells us that a large part of the population will be protected from an infection like COVID-19 without having to wait for a vaccine or maintain measures whose deleterious effects eventually outweigh any benefits (such as the continued wearing of a mask).

Instead, authorities and mainstream media continue to perpetuate the psychosis and do not fully inform people.

They incorrectly translate “positive RT-PCR tests” into “new COVID-19 cases”.

They wrongly propagate the dogma that immunity is only antibodies.

They incorrectly suggest that PCR tests and serologies help to separate “infected” and “uninfected”.

They falsely claim that only a vaccine can save us.

The fear is terrible!

Not only does it astound (paralyze) our immune system, it also freezes our analytical and thinking abilities.

In conclusion, keep in mind that human technologies are limited, sometimes sources of error. The precision of words in science, in medicine, is crucial. The RT-PCR technique can give false positives and a positive RT-PCR test is not synonymous with COVID-19 disease. More than the number of positive tests, the actual hospitalization rate remains the indicator of choice for a resurgence of disease.

What matters is the presence or absence of signs, symptoms (cough-fever-respiratory difficulties-impaired taste or smell) that should lead you to stay home, be quarantined, or even see a doctor if these symptoms worsen.

If you have to go out, respect the social distance and wash your hands. Many RT-PCR-positive people will have no symptoms, they must trust their healthy innate and cross immunity.

As for serologies, keep in mind that they only measure a specific neutralizing type of antibody and that the absence of this antibody (negative or low serology) does not mean that you have not been in contact with SARS-CoV-2.

Without even noticing or barely noticing it, you may have been able to eliminate this virus by using your innate immunity, cross-immunity to other cold coronaviruses, and/or T-type cellular immunity, without having to produce antibodies.

Dr. Pascal Sacré, physician specialized in critical care, author and renowned public health analyst based in Charleroi, Belgium. Research Associate of the Centre for Research on Globalization (CRG)

Translation by Maya, Global Research

Notes:

[1] Reverse-Transcriptase-Polymerase Chain Reaction, Réaction polymérase en chaîne utilisant une transcriptase inverse pour produire de l'ADN à partir de l'ARN viral.

[2] Les tests: talon d'Achille du château de cartes COVID-19, 28 mai 2020, Mondialisation.ca

[3] Tests du covid-19, attention aux faux positifs !, 5 mai 2020, Pryska Ducoeurjoly

[4] Incidence of and Factors Associated with False Positives in Laboratory Diagnosis of Norovirus Infection by Amplification of the RNA-Dependent RNA Polymerase Gene, 29 septembre 2014, https://doi.org/10.1371/journal.pone.0109876

[5] Détection et quantification des acides nucléiques en infectiologie : utilité, certitudes et limites, Revue Médicale Suisse, 2005

[6] The Inconsistences of Quantitative Real Time Polymerase Chain Reaction in Diagnostics Microbiology Acta Scientific Microbiology Vol 1 Issue 2 February 2018

[7] PCR en microbiologie : de l'amplification de l'ADN à l'interprétation du résultat, Revue Médicale Suisse, RMS 106, 2007, Vol 3

[8] Covid19: immunité croisée avec les autres coronavirus, phénomènes immunopathologiques, Hélène Banoun, Pharmacienne biologiste, ancienne Chargée de Recherches INSERM, ancienne Interne des Hôpitaux de Paris.

[9] https://www.biorxiv.org/content/10.1101/2020.06.29.174888v1
Sekine et al. 29 juin 2020. Robust T cell immunity in convalescent individuals with asymptomatic or mild COVID-19 : Our collective dataset shows that SARS-CoV-2 elicits robust memory T cell responses akin to those observed in the context of successful vaccines, suggesting that natural exposure or infection may prevent recurrent episodes of severe COVID-19 also in seronegative individuals.

[9] Psycho-neuro-endocrino-immunologie, les fondamentaux scientifiques de la relation corps-esprit ou les bases rationnelles de la médecine intégrée, Francesco Bottaccioli, Editions Résurgence, 2011, 664 pages.

[10] Stress, immunité et physiologie du système nerveux

[11] Coronavirus : attention au stress, il affaiblit les défenses immunitaires

[12] Quand le stress affaiblit les défenses immunitaires

The original source of this article is Mondialisation.ca, 2020

Comment on Global Research Articles on our Facebook page

Become a Member of Global Research

Articles by: Dr. Pascal Sacré