December 16, 2020
Nevada Covid Task Force Meeting Comments

Dr. Pandori,
cc: The Nevada Covid Task Force

I see that you, Dr. Pandori, are on the agenda for the Task Force meeting tomorrow. I'd like to reiterate some of the issues many of my colleagues have with the PCR test so you can perhaps address these tomorrow. I also know that people outside of my group have been calling into the meetings questioning the PCR test, so I know many are in need of answers.

A recent court case in Los Angeles County, CA highlights many of the points we discussed. The case was found in favor of the restaurants re-opening their outdoor dining after the strict lockdown there in November. The court findings were based strongly on the testimony of several scientists.

One in particular, is Dr. Jayanta Bhattacharya, MD, professor of medicine and infectious disease specialist at Stanford University, with a primary research area in health economics, including a focus on infectious disease epidemiology.

In the court documents, Bhattacharya is quoted as saying:

> " The available scientific information regarding the accuracy of the COVID PCR tests, as conducted by clinical laboratories in California, suggests that they are not sufficiently accurate regarding infectivity risk to warrant the central role they play in the criteria the County (LA) has adopted for restricting activity. Both criteria used by the County — the new daily case number and the positivity number — are premised in a measurement that includes people who are identified as COVID positive but who pose little or no community transmission risk….. First… without population representative sampling for testing, the number does not reflect the risk of transmission and thus is scientifically unjustified as a criterion for imposing restrictions on normal activities. Second, the criteria do not account for the fact that the RT-PCR tests, as used in most labs around the U.S., likely register positive test results even for non-infectious viral fragments. Although a positive test result indicates that the person has come into contact with the COVID genomic sequence or some other viral agent at one point, the mere presence of the viral genome is not sufficient by itself to indicate infectivity. A binary "yes or no" approach to the RT-PRC test will result in false positives, segregating large numbers of people who are no longer infectious and not a threat."

In the same court case, Dr. James Lyons-Weiler, a scientific researcher with a background in public health policy at statistical research gives similar testimony.

Weiler states the following in the court documents:

> "A person who tests positive for the presence of the virus may not be contagious. That depends on viremia (viral load), which is supposed to be reflected in the PCR curve. All of the available empirical estimates support a minimum false positive rate of 0.48, meaning that 45-48% of cases of COVID have nearly a zero risk of transmission. Concern over person-to-person, transmission from people who test positive (and are thus given a presumptive diagnosis of COVID) must be adjusted downward by at least 50%. It is possible that most of the asymptomatic cases being reported are false positives."

This PCR test, the way it is being used, is creating more problems than it is solving, By using high CT values and no viral load recommended ranges, we are leaving it up to individual labs and states to come up with exaggerated rates of positives. This is resulting in whole portions

of the economy to shut down, not only due to unnecessary fear, but due to lack of ability to deal with and trace all these false positives. We are loosing workers, teachers, shutting down businesses and schools, just because we do not have the resources to deal with these exaggerated numbers. It seems clear that this is a self-perpetuating problem that can only be solved by coming to a bold consensus to determine a CT cut off that is reasonable and efficacious.

There was enough scientific consensus to grant a stay to the shut-down orders of outdoor dining in California. Why is Nevada continuing to pursue a policy that is creating more problems than it is solving?

We need a CT cut-off of between 33-35 determined and required for all labs, mandatory CT value reporting with all results and education promoted to all providers regarding the implications of this cut-off and related values.

The court case document with several expert witnesses is an enlightening read and sets precedence for limiting the power PCR has in determining economic closures and quarantine of persons.

I hope that you will address this in the meeting and request that the Task Force come up with a solution to the issue that the PCR test is posing.

Katania Taylor