CV19 The Golden Bug

Essentially what you are getting with CV19 is the same group of tests used for a diagnosis (PCR=not a diagnostic) resulting in false positives which then must be validated by interpretation assays (ELISA) of that false positive. No interpretation assay is validated internationally for CV19 as of 2020. It's repeated medical fraud that led to mandatory testing in the past that was later abandoned due to liability and scrutiny. Today, that liability risk is removed.

-"Because it lacks a standardized protocol, the Western blot is particularly subject to intra-observer and inter-observer variability in its performance". (Schwartz JS Dans PE, Kinosian BP. Human immunodeficiency virus test evaluation, performance, and use. Proposals to make good tests better. JAMA. 1988 May 6 259(17) 2574-9).
-"We conclude therefore that the HIV antibody proteins in the Western Blot antibody test are not specific." (Kabati CIA Chande H, Maurice HB, Fatima G. Testing for HIV Specific Proteins in Otherwise Western Blot Negative Theiller Albino Mice. TaJONAS).
-"More research is needed to determine the degree to which the viral load in blood predicts the risk of HIV transmission and to determine the association between the viral load in blood and the viral load in semen and vaginal secretions". (Antiretroviral therapy and sexual transmission of HIV. UNAIDS. 2008 Feb 1).
-"In our study we had a very high incidence of false positive HIV DNA PCR (75%) especially in younger infants"
Shah I. Diagnosis of perinatal transmission of HIV-1 infection by HIV DNA PCR. JK Science. 2004 Oct-Dec 6(4) 187-189.

"In 1985, at the beginning of HIV testing, it was known that "68% to 89% of all repeatedly reactive ELISA (HIV antibody) tests [were] likely to represent false positive results." (New England Journal of Medicine. 1985)".
NEW ENGLAND JOURNAL O MEDICINE: "dal 68% all'89% dei test Elisa per anticorpi HIV rappresentano falsi positivi"
In 1992, the Lancet reported ("HIV Screening in Russia") that for 66 true positives, there were 30,000 false positives. And in pregnant women, "there were 8,000 false positives for 6 confirmations."
LANCET: "per 66 individui positivi al test HIV ci sono 30.000 falsi positivi"
In September 2000, the Archives of Family Medicine stated that the more women we test, the greater "the proportion of false-positive and ambiguous (indeterminate) test results."
The tests described above are standard HIV tests, the kind promoted in the ads. Their technical name is ELISA or EIA (Enzyme-linked Immuno-sorbant Assay). They are antibody tests. The tests contain proteins that react with antibodies in your blood.
False Positives.
In the U.S., you're tested with an ELISA first. If your blood reacts, you'll be tested again, with another ELISA. Why is the second more accurate than the first? That's just the protocol. If you have a reaction on the second ELISA, you'll be confirmed with a third antibody test, called the Western Blot. But that's here in America. In some countries, one ELISA is all you get.

It is precisely because HIV tests are antibody tests, that they produce so many false positive results. All antibodies tend to cross-react. We produce anti-bodies all the time, in response to stress, malnutrition, illness, drug use, vaccination, foods we eat, a cut, a cold, even pregnancy. These antibodies are known to make HIV tests come up as positive.
The medical literature lists dozens of reasons for positive HIV test results:
"transfusions, transplantation, or pregnancy, autoimmune disorders, malignancies,

alcoholic liver disease, or for reasons that are un-clear…" (Archives of Family Medicine. Sept/Oct. 2000).
"Liver diseases, parenteral substance abuse, hemodialysis, or vaccinations for hepatitis B, rabies, or influenza…" (Archives of Internal Medicine, August, 2000).
The same is true for the confirmatory test the Western Blot. Causes of indeterminate Western Blots include: "lymphoma, multiple sclerosis, injection drug use, liver disease, or autoimmune disorders. Also, there appear to be healthy individuals with antibodies that cross-react.".

Definizione di retrovirus: "retroviruses are enveloped viruses with a diameter of 100-120 nm [nanometre=10-9 metre] budding at cellular membranes. Cell released virions contain condensed inner bodies (cores) and are studded with projections (spikes, knobs)"

SARS-CoV-2 is a member of the coronavirus family, which consists of enveloped, single-stranded, positive-sense RNA viruses.

Regarding CV19 (current literature 2020 NCBI)

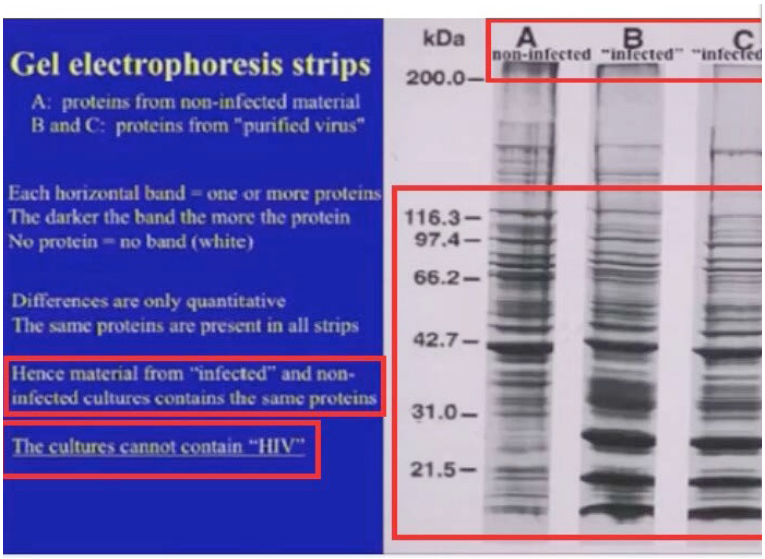
Another diagnostic challenge is the interpretation of persistently positive PCR tests in convalescent patients. It is not uncommon to have a positive PCR test (often with a low viral load) 4–6 weeks after the resolution of symptoms. **PCR and related tests only detect genetic material, including remnants of dead virus, and do not necessarily indicate active infection by replicating virus.** Indeed, a small study using viral culture suggests that patients with protracted qPCR positivity may not be infectious.

PCR requires assays to validate. *(Same story)*

Regardless of the antigen used, extensive validation, with proper controls, is always required to ensure the functional use of any assay.

Once an assay is developed, it must then be tested and calibrated in the clinical setting. Determining a diagnostic cutoff can be challenging because over time, humans are exposed to numerous infectious agents that may exhibit varying degrees of antigenic similarity. Many commercial infectious disease serological assays use a "reactive" control that is validated by comparing individuals known to have infection with an uninfected control group. This requires use of a reference method to distinguish the two populations. In a quantitative assay, the OD or signal of the patient's serum is compared with the signal of the "reactive" control to generate an index; index values greater than 1 are then interpreted as "reactive" (or "positive"). Because of the novelty of SARS-CoV-2, and the lack of an official gold standard to reference these tests, diagnostic cutoffs for these assays are likely to evolve. However, over time as these assays are used and compared with clinical progression, more accurate cutoffs will eventually be calibrated.

-In 1991 Anthony Fauci proved that the “HIV” phenomena could be inhibited by antioxidants. (Kalebic T, Kinter A, Poli G, Anderson ME, Meister A, Fauci AS. Suppression of human immunodeficieny virus expression in chronically infected monocytic cells by glutathione, glutathione ester, and N-acetylcysteine. Proc. Natl. Acad. Sci. U S A 1991;88:986-990).



-“Trends in hospital deaths among human immunodeficiency virus–infected patients during the antiretroviral therapy era, 1995 to 2011” -Journal of Hospital Medicine Volume 10, Issue 9, pages 608–614, September 2015- (“CONCLUSIONS: Non-AIDS deaths increased significantly during the ART era and are now the most common cause of in-hospital deaths”)

Why did/do they commit scientific and medical (fraud)?

Because it works and it generates billions upon billions of dollars in funding. It also harms millions of people while offering liability protection against those actors who continue to perpetrate the fraud via extortion based on fear of pandemics or endemics. Being among the victims of this type of fraud in the past Africa was quick to publicly expose this current fraud effectively via the false positive result of a fruit and other types of animals.

Full 142 pg. report here: (this information has been presented to every legislature in the world including the US)

https://www.alternavita.com/the-golden-bug-when-pcr-tests-harm/