Twitter Thread by Yardley Yeadon

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Postcard From Luxembourg: normality is restored prior to vaccination.
I've repeatedly said that "test, test, test" is madness, if the tests are unregulated. Why?
'Because pandemic', NO PCR mass testing has a declared operational false positive rate.

So we don't know the oFPR of PCR mass testing in U.K. This is conducted in a small number of private labs, set up at pace in summer, anticipating a '2nd wave' (itself a dubious prediction from the Imperial team who've been wrong every time before). You'd assume these "Lighthouse

...Labs are surely regulated, inspected, accredited etc. They're doing the most impactful medical diagnostic testing which has ever happened in history. But no. None of these are true. 'Because pandemic'. Now, I don't know the oFPR either. But we're paying for it. It is NOT ZERO.

However, the authorities take every positive result as a "confirmed case" (though there's nothing confirmed). There is no open protocol you can examine & debate. None of the results are available for understanding, thinking & interpretation. Wouldn't it be important to learn...

...how the distribution of cycle threshold for positives varies through a run of tens of thousands of samples? Or through time? Or across geography? There is no routine evaluation of the characteristics of the test, even though we know the oFPR of complex systems is subject to...

...variability due to multiple intrinsic factors that have nothing to do with the PCR part of the chain of custody of the sample. With very high numbers of tests per day, even low oFPR can make a major contribution to the apparent number of "cases". It's not correct to assume...

...that a value for oFPR obtained previously & elsewhere with a test conducted by others under completely different circumstances applies here. It's easy, cheap & fast to measure it. That it's never done tells me that the normal rules of good scientific practise have been put...

...to one side.
It's worth stepping back & asking "if mass testing is untrustworthy & unregulated, why are we doing ever more of it?"
It's a good question.
Why we ever started down this road is another. Recall what humans have done for millennia when trying to assess if a...

...person represents a potential respiratory illness threat? We look closely at one another, looking for symptoms that warn us "this person could make us ill". In the absence of such symptoms, no special precautions are needed. But in 2020, for the first time in history, we...

...were told we could have respiratory disease without symptoms & that we could infect others despite having no symptoms. This so-called "asymptomatic transmission" actually isn't important. The whole story was concocted from flimsy evidence: 6 individual 'case reports' & no...

...more than 7 individuals! In the entire world! This is 'evidence'? When the most famous example turned out to be fraudulent yet the case report wasn't withdrawn? (a person was said to have infected many others, yet had no symptom. It turned out they did have symptoms & had...

...taken medicines as best they could to suppress their symptoms so they could continue their work).
Armed now with the novel concept of "asymptomatic transmission" & funded mightily by the taxpayer, private labs went full steam ahead on mass testing. Remember, we've no idea...

...what the oFPR is. It matters hugely. Most people don't appreciate that the importance of a FPR cannot be assessed just by knowing it. If I was to suggest it was, for example, 2%, you might think that means, approximately, that 98% of the results are OK. But it doesn't mean...

...that at all, and it's probably a weakness in the definitions. Because what we really want to know is "what is the false diagnosis rate? How often is a positive result incorrect?" and the oFPR does not tell you that, not on its own. We also need to know the prevalence of the...

...thing we're trying to measure. And it's rather chicken & egg, if we use the sample measuring instrument to do that!
Imagine the prevalence was also 2%. Now with an oFPR of 2%, the number of 'cases' is right only half the time. Even this doesn't sound too bad, does it?

There's still a raging pandemic on, right? Well, hold on. What if the oFPR is a little higher? What if the real prevalence is a little lower? It really doesn't take very much, once the oFPR is bigger than the prevalence for the false diagnosis rate to skyrocket.
Bluntly, I...

...that particular Euro cent has dropped with decision makers in Luxembourg & they've tapered the mass testing. That is all it takes, if an undeclared oFPR & prevalence part company enough, then mass testing becomes the illness, not the virus. You can & should still "test, test..

...test". But focus efforts only on those with symptoms. Never test blindly in the general population. Blazing away with a mass testing system where it's literally impossible to take a guess at the false diagnosis rate is highly irresponsible. Even the

scientists in those labs...

...know this, because is “diagnostic testing for beginners”. It’s not controversial. It’s not ‘denialism’. I want to know true prevalence as much as anyone. I’m telling you as an experienced lab scientist that you cannot guess at FDR based on the information available. But it’s..

...not zero. It has a value & it will vary, so you also need to know its range. We don’t know that, either. Not only is the FDR not zero & is unknown, but it’s entirely possible that it’s high. Certainly possible that it’s high enough to change how you’d see the whole situation.

So today’s plea (again) is to demand from those running the labs & to anyone in authority: do these simple, low cost & quick experiments. If you won’t, it’s not possible to ascribe good motives to what you’re doing & profiting hugely from. Maybe there’s someone working in one...

...of those labs who has uncertainties about what they’re part of & the impact of untrustworthy data on society? If this is you, please do something.
Everyone else, please know that until proper validation is done on the PCR mass testing system, the daily number of “cases”...

...that you’re being told about & even the number of those dying a “Covid death” are both completely meaningless. They might be correct, though I very much doubt it. There’s extraordinarily clear evidence emerging of large scale misattribution of covid19 deaths in the public...

...record. Hold on: if that’s true (& it it is) doesn’t it mean that the false diagnosis rate could be very high? Doesn’t it mean that it MUST be high? Why, yes & yes. It means exactly that.
Once that penny drops, you surely appreciate what it means? That none of the data can...

...be trusted. Even officialdom cannot know you what extent the official record fairly reflects or hugely deviates from the reality.
If I’m right - and I believe I am by all logical means - then as the daily numbers aren’t reliable, they’re no longer measuring properly a...

...natural phenomenon but something to do with the characteristics of the testing system. And if that’s true...what is happening won’t fade away naturally, not even if the vaccines do what is hoped.
So be more Luxembourgish today. Think whether you’re content with our testing.