Twitter Thread by Dr. Simon ■



Dr. Simon ■
@goddeketal

1/ One year of destroyed economies, social isolation & deep social splits calls for an anniversary ■■thread ■■ to celebrate the RT-qPCR manuscript by Christian Drosten (@c_drosten) & Victor Corman (@vmcorman), submitted on 21st Jan 2020 to @Eurosurveillanc. #UnbiasedScience



2/ Before this very publication, virologists were neither treated like superstars, nor were they considered icons or half-gods. In 2009, Drosten almost succeeded in installing the false premise virology could supersede holistic medical sciences as discussed in this thread.

3/ Drosten is a virologist. He neither has any background in epidemiology, nor has he ever worked in the civil service. He also doesn't have a background in public health. Yet he and his colleagues affect our daily lives to the level of whom to meet up or how to flush the toilet.



4/ Before January 2020, Drosten and Corman were common virologists at Charité Berlin, whenever they were not involved in economic implications (https://t.co/UTDwG8U7Du). Other than that, they looked at coronaviruses in dromedary calves in the Middle East or Africa. ■ #cute

EMERGING INFECTIOUS DISEASES®

Emerg Infect Dis. 2014 Aug; 20(8): 1319–1322.
doi: 10.3201/eid2008.140596

PMCID: PMC4111164
PMID: 25075637

Antibodies against MERS Coronavirus in Dromedary Camels, Kenya, 1992–2013

Victor M. Corman,[1] Joerg Jores,[1] Benjamin Meyer,[1] Mario Younan, Anne Liljander, Mohammed Y. Said, Ilona Gluecks, Erik Lattwein, Berend-Jan Bosch, Jan Felix Drexler, Set Bornstein, Christian Drosten,[✉] and Marcel A. Müller

▸ Author information ▸ Copyright and License information Disclaimer

5/ Finally in Jan 2020, the published paper laid the theoretical grounds for the current pandemic, the RT-qPCR mass testing-religion, for which he was awarded his second German Federal Cross of Merit (he received the first one in 2005 for developing the SARS-CoV PCR test).



6/ The manuscript was rushed through every approving authority at @Eurosurveillanc. Prior to the submission, it was already sent to @WHO with the prospect of being approved in any case. Big-data analyst @waukema visualised this phenomenon at @tableaupublic https://t.co/iddgwmAQOZ

7/ Being part of the editorial board at @Eurosurveillanc has been advantageous for @c_drosten & @c_reusken to reach the one-day-peer-review 'milestone', even though they might have been excluded from the process. So far, providing the process protocol is being refused.

We are not able to disclose the document which you seek to obtain, because the exception of art. 4.2 third subparagraph of Regulation 1049/2001 applies. Disclosure would undermine the purpose of scientific investigations. Furthermore, also the exception of art. 4.3 of Regulation 1049/2001 applies. Disclosure would seriously undermine the decision-making process of ECDC.

Eurosurveillance is an independet scientific journal with confidential peer-review process. Its respective editorial policy abides to the standards of the International Committee of Medical Journal editors and other editorial associations .

The peer reviewer reports are internal documents intended solely to guide editorial decision-making in the form of candid analyses and deliberations. Considering the policies and practices of the journal, sharing of reviewer reports with third parties would violate the assumed confidentiality obligations. It means that disclosing the documents would seriously undermine the trustful relation between the journal and its authors and reviewers in the present instance as well as in the future and threaten the operations of the journal. Therefore we consider that the exceptions above apply in this case.

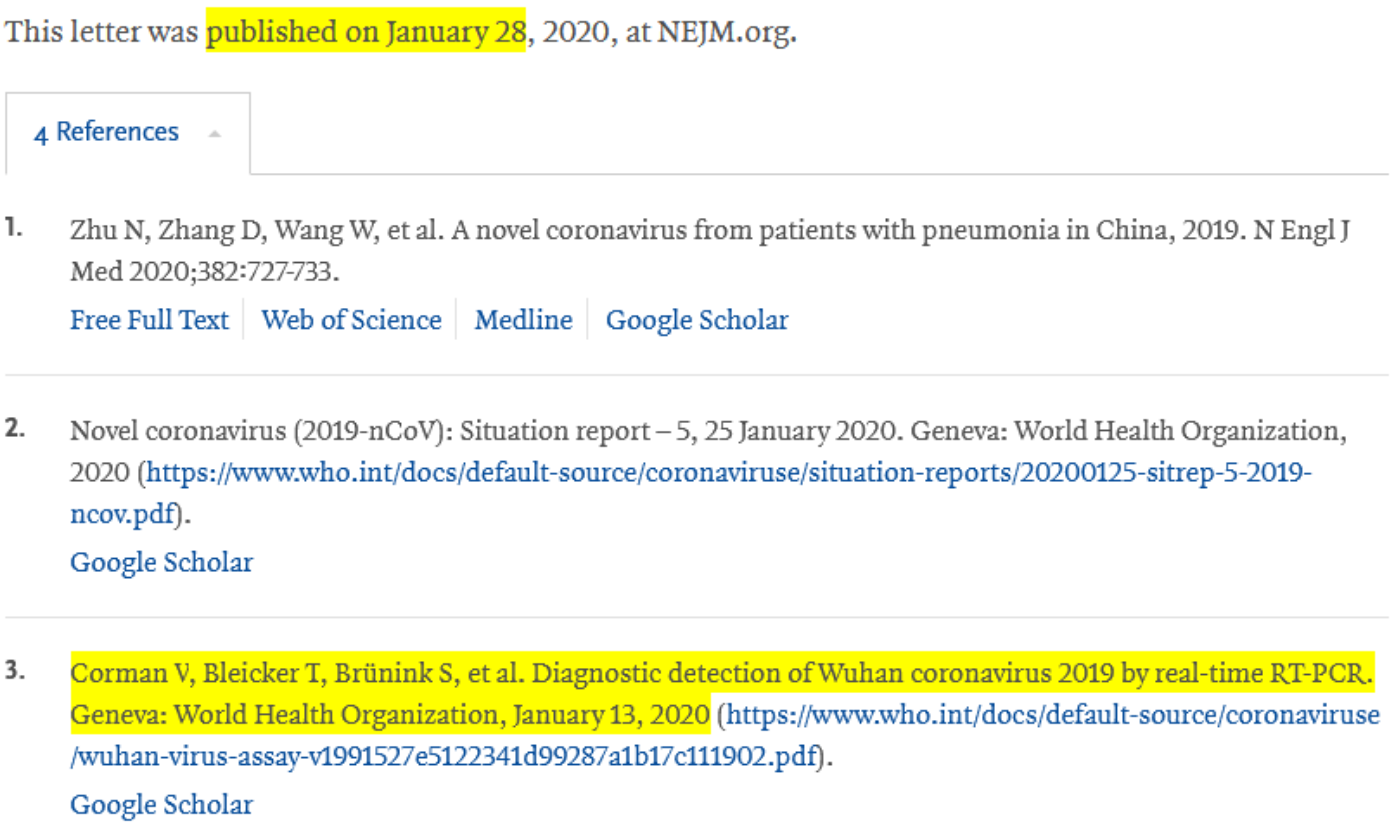
ECDC cannot identify that in this case there is an overriding public interest in the disclosure, in particular taking into account that provisions are in place to flag and substantiate errors or major flaws in articles for example in a letter to the editor, appeals etc.

8/ I addressed this peer review process issue in a dedicated thread (https://t.co/Fg81ooah0z), which led to controversial discussions & accumulated in an interview by @naomirwolf, in which I further explain the pitfalls for science in this particular case. https://t.co/M9u4bAFwTF

9/ It is also remarkable that Drosten has not been into sophisticated Twitter campaigning since 2016. His first substantial tweet since his rediscovery of Twitter (with 770 followers) was on Jan 23 2020, when he promoted his one-day-wonder publication. Coincidence or PR-campaign?



10/ On 9 Jan 2020 Drosten's #overconfidence reached a new high by complaining that the correspondence to @NEJM did not cite his freshly published paper. Instead, the authors chose to refer to his protocol-design pre-release on @WHO.int (13th Jan 2020). https://t.co/JY65DxkiI3



This letter was published on January 28, 2020, at NEJM.org.

4 References

1. Zhu N, Zhang D, Wang W, et al. A novel coronavirus from patients with pneumonia in China, 2019. N Engl J Med 2020;382:727-733.
Free Full Text | Web of Science | Medline | Google Scholar

2. Novel coronavirus (2019-nCoV): Situation report – 5, 25 January 2020. Geneva: World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200125-sitrep-5-2019-ncov.pdf).
Google Scholar

3. Corman V, Bleicker T, Brünink S, et al. Diagnostic detection of Wuhan coronavirus 2019 by real-time RT-PCR. Geneva: World Health Organization, January 13, 2020 (https://www.who.int/docs/default-source/coronaviruse/wuhan-virus-assay-v1991527e5122341d99287a1b17c111902.pdf).
Google Scholar

> First formal #nCoV2019 paper citing our #nCoV diagnostic tests and study. Could have cited https://t.co/PXXHehCxfT instead of #WHO laboratory guidance site. #Eurosurveillance was among the first journals to publish about #nCoV2019. https://t.co/6iWIGZbaJt
>
> — Christian Drosten (@c_drosten) January 29, 2020

11/ Drosten aimed for an RT-qPCR protocol design, which could serve as a “robust diagnostic methodology”. However, the protocol-design and its factual scientific precision somewhat resemble Russian roulette (concerning false positives; see below). https://t.co/7Mlr4m4CZ8

12/ Back in 2009, Drosten already followed a similar approach when he created a PCR test for the swine flu (H1N1). Regarding the question of why it is crucial to do so much testing if the strain is mild, he answered: “Because we remember the 1918 outbreak.”https://t.co/ZuDuK4lNfk

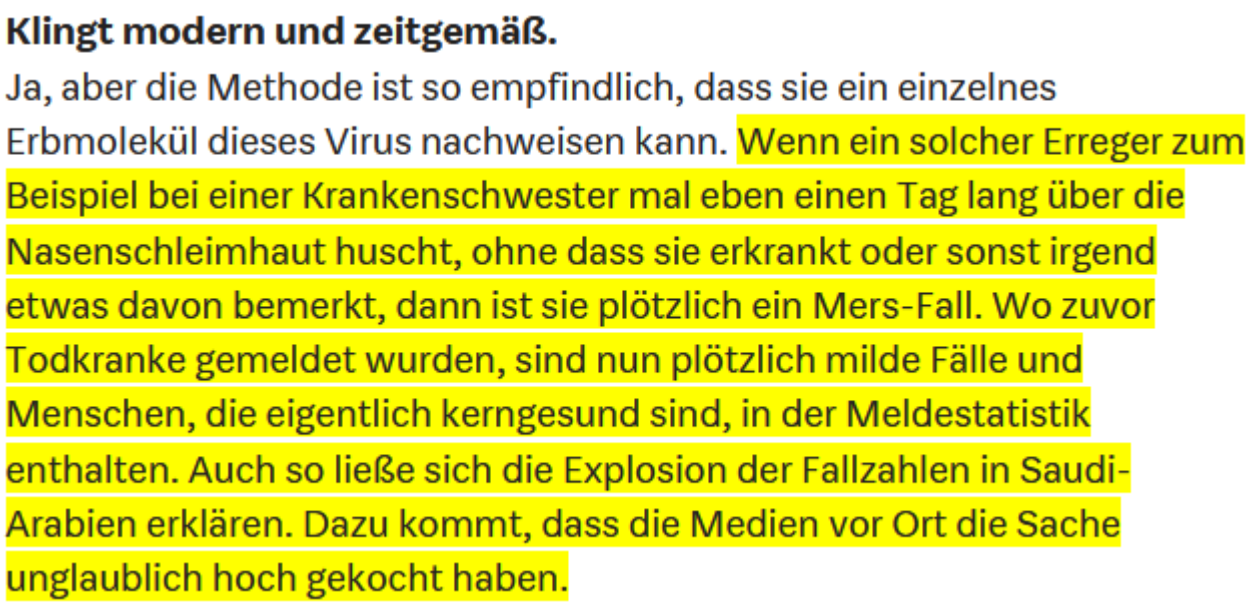
13/ As mentioned in the introduction tweets, PCR testing (in 2009) already caused a pseudo-epidemic that was stopped by @wodarg and 13 other European parliamentarians as reported by the following @nature-article: https://t.co/049KPTd4VA

14/ The @nature-paper also states that “it is disturbing that a rogue politician [...] can create such mischief for the @WHO and drug industry, despite virtually no evidence of wrongdoing. @wodarg was the prime mover behind the fake pandemic outcry.“ https://t.co/pebQKun86r

15/ Despite his track-record and great merit, @wodarg is heavily discredited by German media and fact-checking blogs such as @Volksverpetzer (i.e. the German low-tier version of @snopes). https://t.co/i0dEIi0zNB

16/ In 2014, @c_drosten gave a striking interview for the German business magazine @wiwo. His statements back then are in contradiction with comments he made in 2020. Let’s take a closer look at what he said in this particular interview. https://t.co/QIdnTw4ccE

17/ The statement below addresses the PCR testing method. He explained that the technique is hypersensitive and is not suitable for pathogen testing. He said that if a pathogen “slips along” the nasal mucosa of a nurse, she’d consequently be considered a “(false) case”.


Klingt modern und zeitgemäß.

Ja, aber die Methode ist so empfindlich, dass sie ein einzelnes Erbmolekül dieses Virus nachweisen kann. Wenn ein solcher Erreger zum Beispiel bei einer Krankenschwester mal eben einen Tag lang über die Nasenschleimhaut huscht, ohne dass sie erkrankt oder sonst irgend etwas davon bemerkt, dann ist sie plötzlich ein Mers-Fall. Wo zuvor Todkranke gemeldet wurden, sind nun plötzlich milde Fälle und Menschen, die eigentlich kerngesund sind, in der Meldestatistik enthalten. Auch so ließe sich die Explosion der Fallzahlen in Saudi-Arabien erklären. Dazu kommt, dass die Medien vor Ort die Sache unglaublich hoch gekocht haben.

18/ He continued to remark that, by applying this PCR method, people who are actually very healthy or only have mild symptoms became part of the officially reported statistics. In the case of MERS infections in Saudi Arabia, he ironically also blamed the media for fear-mongering.

19/ In the following section, @c_drosten criticised that the Saudi authorities did not solely focus on the “real cases”. He heavily questioned whether hospital staff with “no or only mild symptoms” could potentially carry the virus or even transmit it to other people.

Was wäre Ihrer Meinung nach zu tun?

Es wäre sehr hilfreich, wenn die Behörden in Saudi-Arabien wieder dazu übergehen würde, die bisherige Definitionen der Krankheit einzuhalten. Denn was zunächst interessiert, sind die echten Fälle. Ob symptomlose oder mild infizierte Krankenhausmitarbeiter wirklich Virusträger sind, halte ich für fraglich. Noch fraglicher ist, ob sie das Virus an andere weitergeben können. Das Beraterteam des neuen Gesundheitsministers sollte stärker zwischen medizinisch notwendiger Diagnostik und wissenschaftlichem Interesse unterscheiden.

20/ He further clarified that “‘our body is constantly being attacked by viruses and bacteria and that they are usually fending off in the mucous membrane, e.g. nose, throat. The immune defence only creates antibodies against pathogens that really affect our body.”

Und was heißt das?

Unser Körper wird ja ständig von Viren und Bakterien angegriffen. Sie scheitern aber oftmals schon an Barrieren wie der Haut oder den Schleimhäuten in Nase und Rachen. Dort werden sie erfolgreich abwehrt, bevor sie Unheil anrichten können. Nur gegen solche Krankheitserreger, die unseren Körper ernsthaft befallen, entwickelt die Immunabwehr auch Antikörper. Wenn Antikörper da sind, bedeutet das, der Mensch hat tatsächlich eine Infektion gehabt. Ein solcher Antikörpertest würde die Unterscheidung zwischen wissenschaftlich interessanten und medizinisch relevanten Fällen sehr erleichtern.

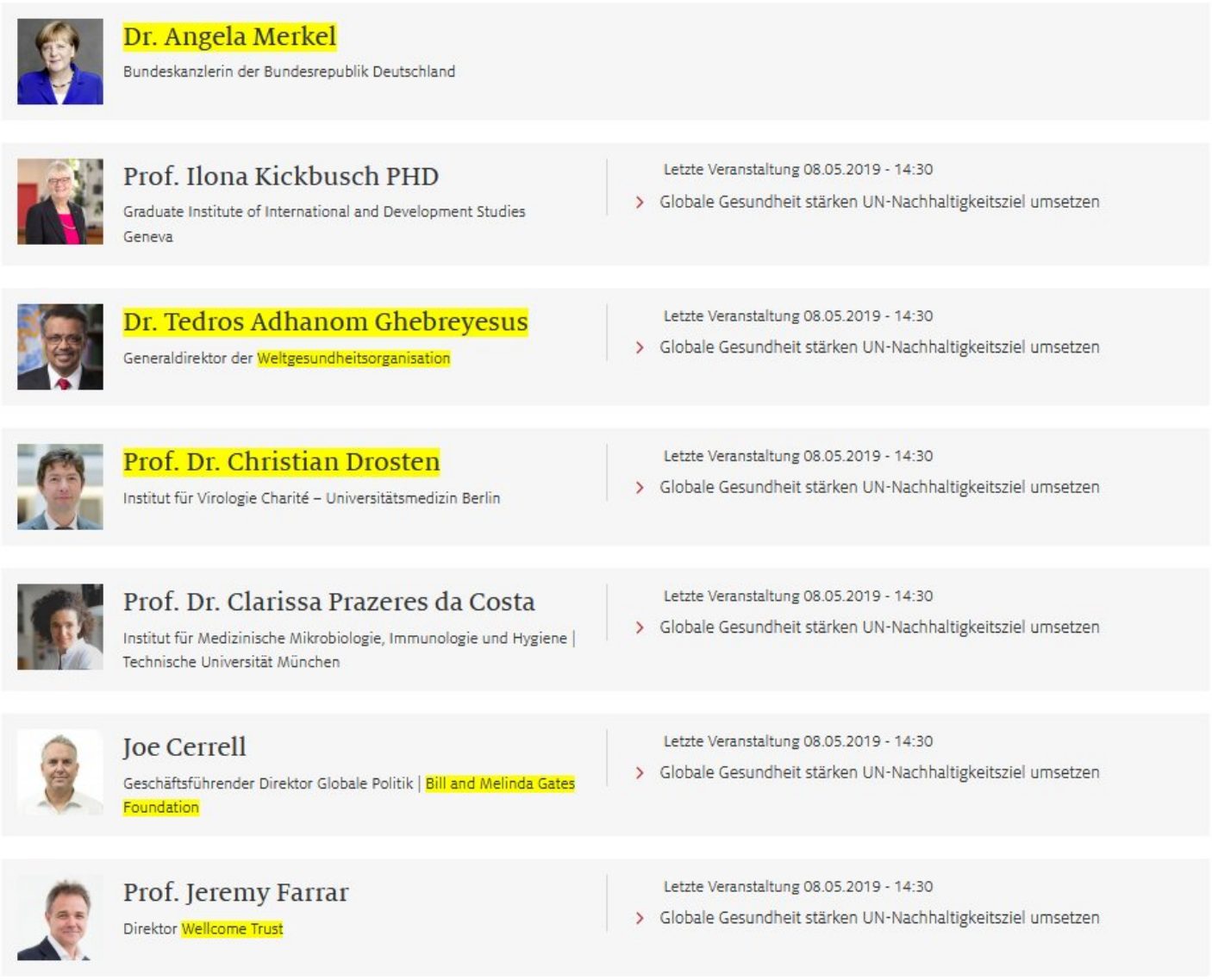
21/ It is true, as #Drosten points out that someone was/is truly infected if there are antibodies. He states that ‘such an antibody test would facilitate distinguishing between cases of scientific interest and cases of medical relevance.’ Keep this in mind!!



22/ The strange thing about his statements is that he and the @WHO are currently claiming precisely the opposite concerning #COVID-19. Why this sudden change of mind? Maybe we should go back in time to get to the bottom of this matter.



23/ In May 2019, Drosten took part at a conference of the ruling German party @cducsubt on ‘strengthening global health’. The guest list is conspicuous, taking the 2020 events into account.



24/ In my opinion, it is quite remarkable to invite a virologist (with 700 followers on Twitter) who was prevented from causing a “fake pandemic” (sic! @nature) to such an exquisite and influential group.



25/ To be fair, we do not know why he was invited and what actually happened behind closed doors. What we know is that @c_drosten fueled the pandemic several months later by writing that particular paper and doing exactly what he heavily criticised in his 2014 @wiwo-interview.

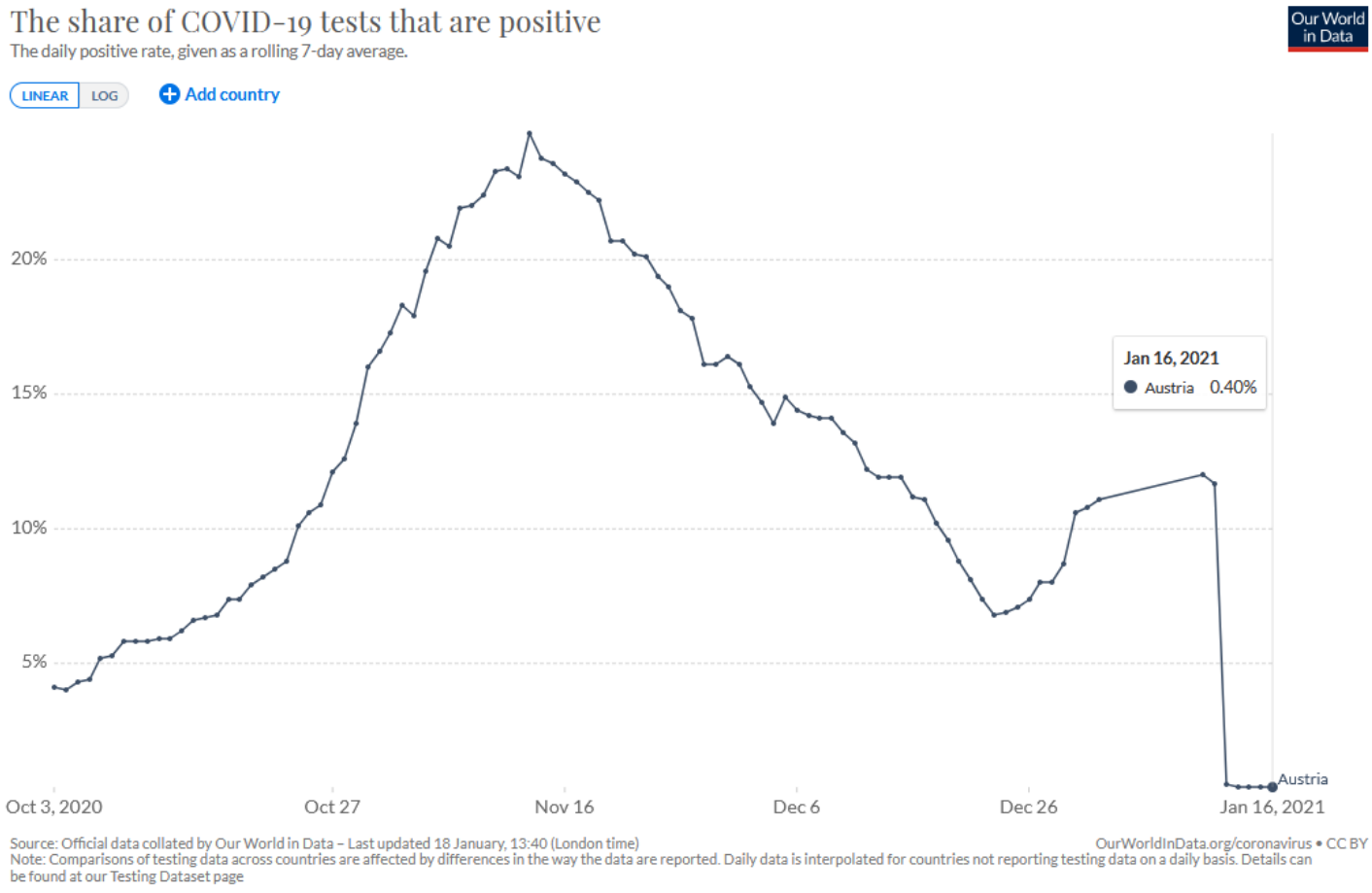
26/ Summed up:

@c_drosten in 2014: no asymptomatic testing, people with mild symptoms are most likely no spreaders, PCR tests deceptive, use antibody tests if necessary, do not add PCR-positives to the reported statistics.

@c_drosten in 2020: https://t.co/SYncRdUXII

> \u201cThen we will know for the first time: how safe are schools and kindergartens?\u201d - I hope the testing is then done by RT-PCR. Antigen rapid tests are not appropriate to determine prevalence. They only identify subjects with particularly high (infectious) viral loads.
>
> — Christian Drosten (@c_drosten) November 26, 2020

27/ What happens when antigen tests are used instead of PCR tests can be seen in the case of #Austria, where antigen mass tests are performed since January 11th 2021 (https://t.co/nwVJXaOt2P). It's definitely time to stop this PCR-madness.



28/ It is also worth mentioning that #COVID was not characterised as a #pandemic until March 11th, almost two months after the Corman-Drosten paper passed peer-review in a record-breaking time.



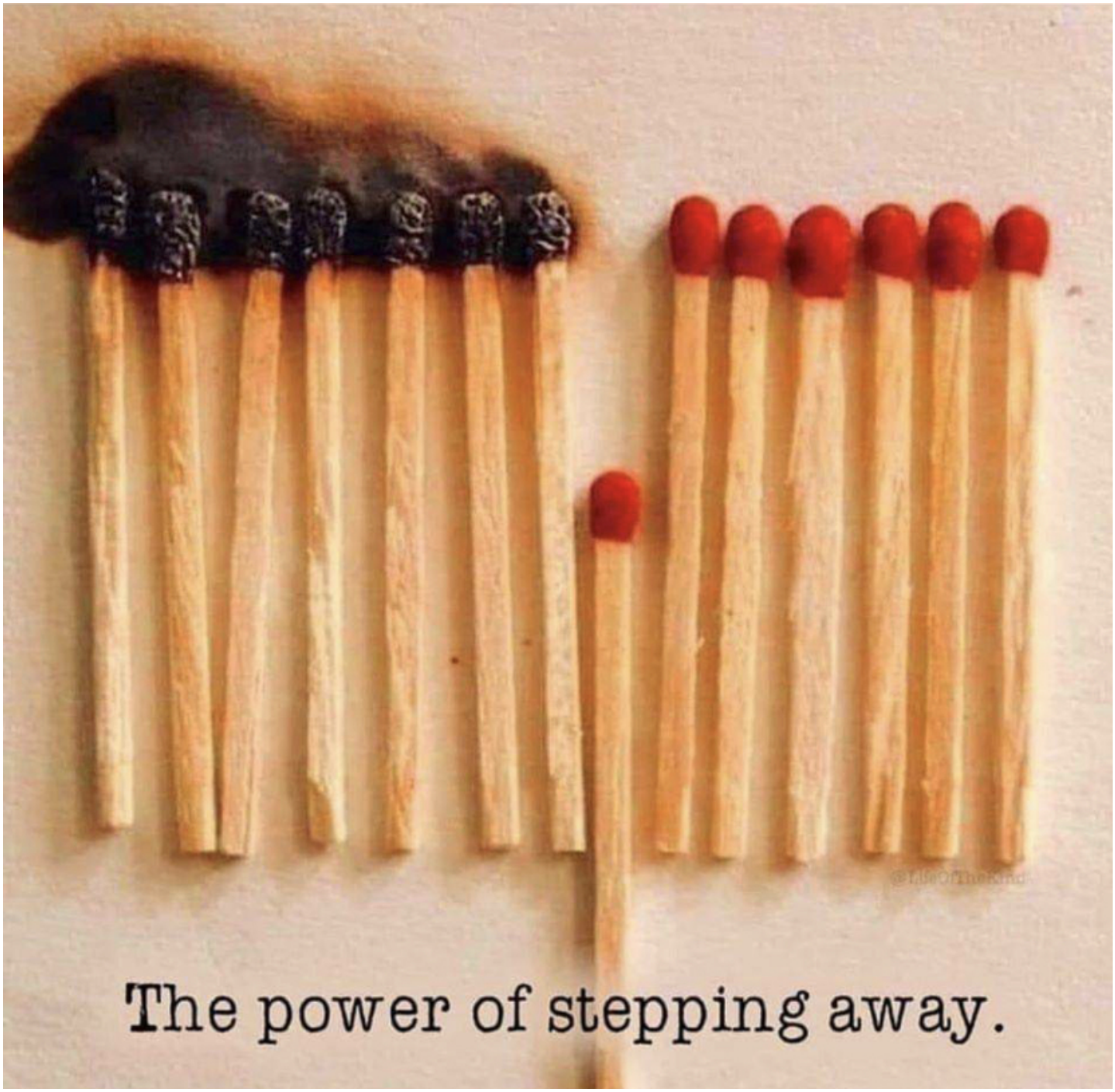
29/ The person who declared #COVID a pandemic is @DrTedros, the Ethiopian director of the @WHO who is accused of genocidal crimes.
https://t.co/xhrlxBRtNw

> Head of #WHO involved in systematic crimes against humanity.
>
> In 2015, security forces under the leadership of @DrTedros have murdered around 500 peaceful protesters. A person who committed such hideous crimes is capable of anything. https://t.co/DqvZl1xtGT
>
> — Dr. Simon \u30c4 (@goddeketal) January 18, 2021

30/ The measures above leads to a casedemic as shown in the case of Austria and as explained by @robinmonotti.
https://t.co/zqYDVfheMa

> Recipe for a casedemic:
> 1 Eliminate symptoms from "diagnosis"
> 2 Mass test asymptomatics
> 3 Define positive tests as Covid19 cases even if tests do not test for Covid19
> 4 Repeat ad infinitum that every positive test is a Covid19 case
> 5 Base graphs on 1-5
> Et voila! Casedemic served!
>
> — Robin Monotti (@robinmonotti) January 20, 2021

31/ All of us must remain vigilant, to ensure that our fundamental rights continue to be guaranteed. These rights cover #freedom of assembly, #privacy, #data protection, physical #integrity, freedom of self-determination etc.



32/ I also consider scientific integrity in danger. Political pressure and pressure from media prevent objective debates & critiques on the measures. Broadcasting talkshows intentionally omit opinion diversity (i.e. medial pluralism), while shaping opinions and framing positions.

33/ The currently observed conformity between politics and media excludes critics from participation in the discourse, as shown in an article written by @saschalobo from Aug 2020: critics are demonised and marked as anti-Semites and conspiracy theorists.
https://t.co/13AthaWw6t

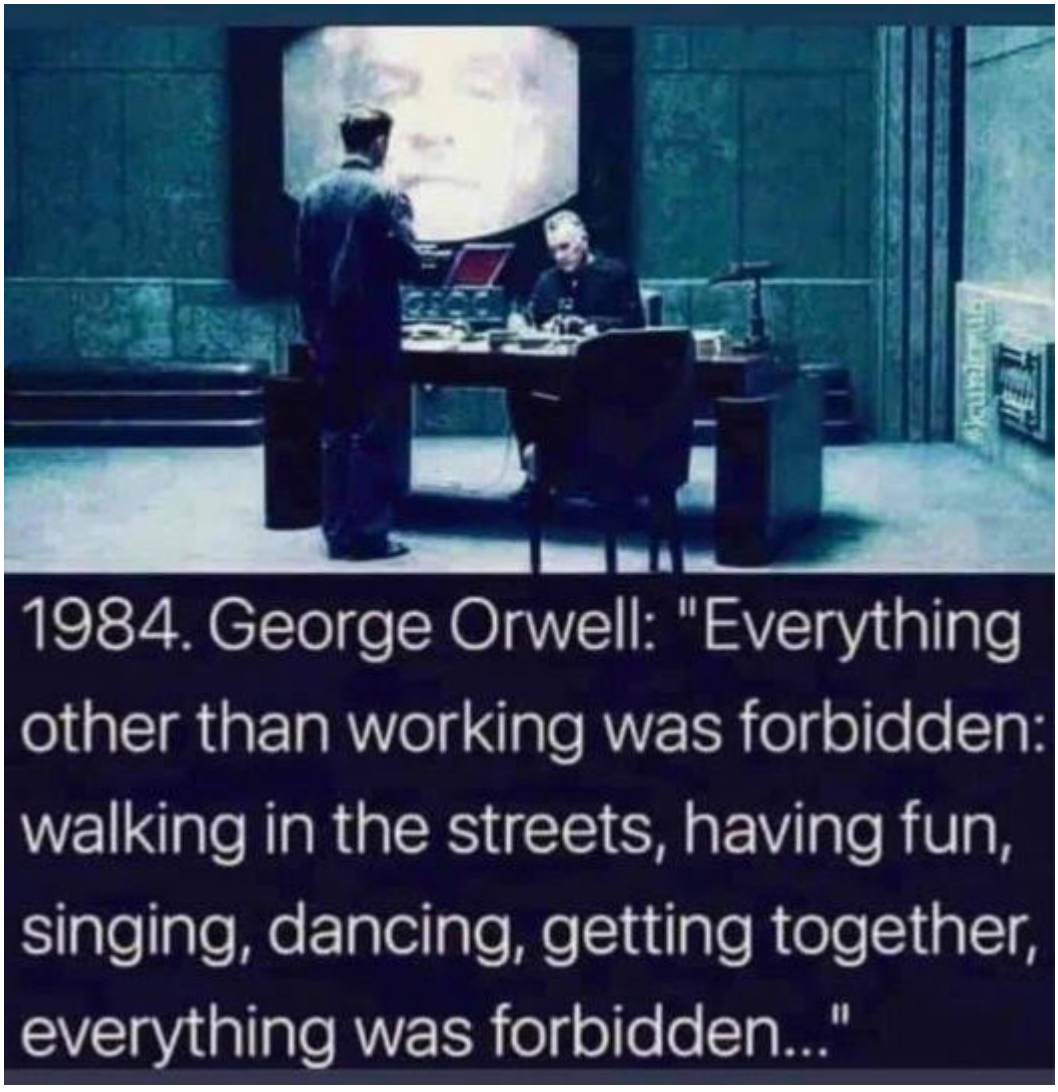
34/ Another recent example is the following article of the Dutch magazine @FTM_nl on PCR testing, where facts were omitted, critics were discredited, and, to cap it all, the article refers to the biased fact-checker and convicted chess cheater @pjvanerp.
https://t.co/yQJDVDBlDb

> Kritiek op de coronatest onder de loep: hoe wantrouwen over het beleid verpakt werd als wetenschap: https://t.co/Z7YCUEElYg via @ftm_nl
>
> — Eelke van Ark (@EelkeA) January 21, 2021

35/ For those who are interested in how unethical journalistic practices have been applied here, should take their time to read the following thread by @hommel_b. It is in Dutch, but luckily Twitter offers the “Translate Tweet” feature. https://t.co/FhmlGZNYYe

> Ik heb mijn abonnement op @FTM vanochtend opgezegd.
>
> Ik had al een tijdje zo mijn twijfels over dit forum dat aanvankelijk goed begon met onafhankelijke en kritische journalistiek. Maar de laatste tijd komt de klad er in. #coronavirus #PCRTests https://t.co/tDEMo5gFh2
>
> — Jan B. Hommel - alias @the_stinging (@hommel_b) January 21, 2021

36/ It's the duty of the media to report about the current events objectively. The press codex specifies the need for critical journalistic research. It's crucial for a society that journalists examine a subject from several angles instead of acting like the Ministry of Truth.



37/ And what does our flagship virologist @c_drosten think about the principles of balanced media coverage? Exactly - absolutely nothing! ■ He even demands a vigorous information campaign to propagate #zerocovid. https://t.co/CO9EKaKYcD

> "Eine No-Covid-Strategie [...] muss von einer massiven Informationskampagne begleitet werden."
>
> Dieser Artikel ist ein sehr guter Anfang. https://t.co/o676NHIdbR
>
> — Christian Drosten (@c_drosten) January 20, 2021