Public Health England

Protecting and improving the nation's health

Public Accountability Unit
Wellington House
133-155 Waterloo Road
London SE1 8UG

www.gov.uk/phe

By email
cj-editor@biggeesblog.cymru

Our ref: 29/08/21/ld/1213

27 September 2021

Dear Wynne Jones,

Re: C J 183: Covid 19 RT-PCR test data presented to J C V I

Thank you for your request received on 29 August 2021 addressed to Public Health England (PHE). In accordance with Section 1(1)(a) of the Freedom of Information Act 2000 (the Act), I can confirm that PHE does not hold the information you have specified.

Request

Subject: C J 183: Covid 19 RT-PCR test data presented to J C V I

I refer to the above subject. I note from details provided in minutes of J C V I meetings, available at the link below, that committee members have based their assessments on Covid 19 RT-PCR test results.

https://app.box.com/s/iddfb4ppwkmtjusir2tc

As you are no doubt aware, the invalidity of the RT-PCR test for diagnosis of Covid 19 infection was confirmed in an external peer review undertaken by a highly respected group of 22 international virologists, microbiologists and related scientists published 1 December 2020. Ten major scientific flaws at molecular and methodological level were found with the review concluding that the test should not be used for the diagnosis of viral infection. Additional scientific information is provided in attached document. The review findings have subsequently been endorsed in court judgements. A chronological overview of recent litigation on the subject is set out in Annex 1 below. Consequently, to inform ongoing investigations, I would be grateful if you could arrange to provide the following information under the "Freedom of Information Act 2000".

I would be pleased to receive confirmation of the "date" the invalidity of the RT-PCR test for diagnosis of Covid 19 infection was drawn to the attention of J C V I members to inform their assessments.

The information is requested as it is not recorded in minutes of J C V I meetings. I look forward to receiving the information at your convenience. If

you require further clarification you are welcome to contact me at any time. Thank you.

Response

In accordance with Section 1(1)(a) of the Act, PHE can confirm that it does not hold the information you have specified.

As validity of RT-PCR tests for the diagnosis of COVID-19 is not a matter that has been discussed by the Joint Committee on Vaccination and Immunisation (JCVI), PHE is unable to specify a date on which this matter was raised. The JCVI advises UK health departments on immunisation.

Under Section 16 of the Act, public authorities have a duty to provide advice and assistance. Accordingly, please see the below information on RT-PCR tests:

The reverse transcription polymerase chain reaction (RT-PCR) is an enzymatic and chemical process by which short strands of specific and unique to SARS-CoV-2 ribonucleic acid (RNA) are converted to deoxyribonucleic acid (DNA) and copied in a doubling time reaction (amplification) to high concentrations.

This method has been in use for over two decades for the detection of viruses which have an RNA genome in a range of clinical samples, and most recently it is the primary method to confirm the presence of SARS-CoV-2, the virus that causes COVID-19, in suspected cases during the pandemic.

Following the discovery of the SARS-CoV-2 virus in China, the full genome sequence was released globally and this allowed for the development of RT-PCR tests to detect the virus. This was a vital step, as to specifically detect any virus using RT-PCR, prior knowledge of the sequence is required, as it is short genome fragments that the test targets to amplify.

After previous outbreaks of SARS-CoV and MERS, caused by viruses from the same family of virus, a RT-PCR method was developed as described in the following peer-reviewed paper in 2012:
https://www.eurosurveillance.org/content/10.2807/ese.17.39.20285-en

The set up of RT-PCR for the detection of SARS-CoV-2 is described the following paper:
https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.3.2000045

The first UK SARS-CoV-2 isolate was used to set up this first-generation test in January/February 2020.

No test is 100% correct but because the PCR test is highly specific the number of false positive results is low.

It is well known that PCR is detecting genetic material regardless live or not. The detection of the RNA therefore does not correlate with infectivity and needs to be combined with clinical and epidemiological data to interpret its significance. It is also

known now that the viral RNA can be detected for up to 50 days after symptom onset. Experience during the pandemic also showed that infectious virus is unlikely to be present after 9 days:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7427302/pdf/eurosurv-25-32-1.pdf

Globally, the PCR is a recognised diagnostic method for SARS-CoV-2 and that it is not an invalid test if performed in a quality assured and standardised manner on a good quality specimen and interpreted with the right clinical and epidemiological data.

If you have any queries regarding the information that has been supplied to you, please refer your query to me in writing in the first instance. If you remain dissatisfied and would like to request an internal review, then please contact us at the address above or by emailing foi@phe.gov.uk.

Please note that you have the right to an independent review by the Information Commissioner's Office (ICO) if a complaint cannot be resolved through the PHE complaints procedure. The ICO can be contacted by calling the ICO's helpline on 0303 123 1113, visiting the ICO's website at www.ico.org.uk or writing to the ICO at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely
FOI Team