Dear York Regional Council,

Thank you for your time.

I'm very concerned that the lockdown restrictions are due to incorrect use of PCR testing, which is causing inflated false positive results. According to the scientific information presented below, the PCR Test should be used only when virus symptoms can clearly be seen and measured (i.e., the patient has a runny nose, cough, elevated temperature, etc.). Therefore, people with no symptoms should <u>not</u> be tested.

Cycle thresholds (Ct) determine the amount of live—and dead—virus in a patient's body. These thresholds play a major role in the PCR Test resulting in true positive results, but also in false positive results. According to Dr. Fauci and hundreds of other scientists, any cycle thresholds above 30 are extremely unreliable as they are detecting dead virus, not live virus. Based on Ontario's cycle thresholds of 38.1 to 41.5, the positive PCR Test results are incorrect and case numbers are falsely elevated. According to the Ct data below, these too-high cycle thresholds result in a <u>false</u> positive rate greater than 97%. Therefore, with thousands of false positive results from the PCR Tests that have already been done, the province should be under few, if any, restrictions.

Please read the following analysis on how the PCR testing is being used incorrectly. Here is a link to a 1.5-minute video of Dr. Anthony Fauci concurring with this analysis: <u>https://www.youtube.com/watch?v=_FuouXRM9pM</u>

Flawed PCR Testing

PCR Tests involve the amplification of RNA taken from a patient's sample. The results of the PCR Test can show positive results for 5 weeks after the onset of symptoms (1). But does this mean SARS-CoV-2 is contagious in a person for 5 weeks? No. The test is flawed and here's why: For the PCR Test to work properly, cycle thresholds are used, but every 3.3 increase in Ct value results in a 10-fold reduction in starting material (2). Four Ontario laboratories use an average Ct of 41.5—St Joseph's Health Care (Toronto and London), St. Michael's Hospital, and Mount Sinai Hospital (3). Now that we know Ontario uses a Ct of somewhere between 38.1 to 41.5, based on very conflicting non-transparent publicly available data (2), let's look at how reliable varying Ct values are.

The following is data taken from Figure 1 in reference #4,

Ct of 25 = 70% reliable positivity rate Ct of 30 = 20% reliable positivity rate

Ct of 35 = <3% reliable positivity rate

Note that labs in Ontario use a Ct of 38.1 to 41.5—values that are higher than in the data above.

The data above was obtained with cell culture of the same samples from individuals that were tested against the result of the flawed PCR Test. This further shows how Ontario's testing strategy is flawed.

"Ct >30... should not impact public health decisions" (4)

Viral Load

RNA shedding of the SARS-CoV-2 virus can be detected in the upper respiratory tract for up to 83 days after infection (5). The PCR test involves taking samples from the nose, which is a part of the upper respiratory tract. However, no <u>live</u> virus can be found in a culture beyond the 9th day of symptoms, despite high RNA viral loads (5). This evidence shows that after 9 days of a true positive SARS-CoV-2 result in a patient with actual symptoms, that patient no longer houses any live virus. The samples simply contain RNA sheddings, which can be attributed to dead virus and RNA, as Dr. Fauci has stated on the record (see the video link on page 1 of this letter). For context, Dr. Fauci is the head of the National Institute of Allergy and Infectious Disease in the United States. These findings suggest isolation should begin with symptom onset in a patient (5), not in people who do not show symptoms.

In conclusion, I want to stress that these restrictions are causing me undue psychological damage by not allowing me to see my friends and family, and by cutting me off from the gym I attended several times a week prior to lockdown measures. Based on this and the information given above, I sincerely hope you'll reconsider the severe restrictions that have been implemented in York Region.

Thank you again for your time.

Joe Scavuzzo Stouffville

- 1. Tom, M. R., & Mina, M. J. (2020). To Interpret the SARS-CoV-2 Test, Consider the Cycle Threshold Value. *Clinical Infectious Diseases*, 71(16), 2252–2254. <u>https://doi.org/10.1093/cid/ciaa619</u>
- 2. Public Health Ontario. (n.d.). An Overview of Cycle Threshold Values and their Role in SARS-CoV-2 Real-Time PCR Test Interpretation. <u>https://www.publichealthontario.ca/-</u> /media/documents/ncov/main/2020/09/cycle-threshold-values-sars-cov2-pcr.pdf?la=en
- 3. LeBlanc, J. J., Gubbay, J. B., Li, Y., Needle, R., Arneson, S. R., Marcino, D., Charest, H., Desnoyers, G., Dust, K., Fattouh, R., Garceau, R., German, G., Hatchette, T. F., Kozak, R. A., Krajden, M., Kuschak, T., Lang, A. L. S., Levett, P., Mazzulli, T., ... Bastien, N. (2020). Real-time PCR-based SARS-CoV-2 detection in Canadian laboratories. *Journal of Clinical Virology*, *128*, 104433. <u>https://doi.org/10.1016/j.jcv.2020.104433</u>
- 4. Jaafar, R., Aherfi, S., Wurtz, N., Grimaldier, C., Van Hoang, T., Colson, P., Raoult, D., & La Scola, B. (2020). Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates. *Clinical Infectious Diseases, ciaa1491*. <u>https://doi.org/10.1093/cid/ciaa1491</u>
- 5. Cevik, M., Tate, M., Lloyd, O., Maraolo, A. E., Schafers, J., & Ho, A. (n.d.). SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: A systematic review and meta-analysis. *The Lancet Microbe*. <u>https://doi.org/10.1016/S2666-5247(20)30172-5</u>