

Abstruse Antibody Test

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In the article "The misinterpretation of antibodies" (reading necessary) (1) it was shown that the statement "antibodies offer protection against pathogen X" is unfounded and wrong. The formation and existence of these globulin proteins has a completely different background.

The claim that so-called "antibodies" are formed in response to the intrusion or attack of claimed viruses (2) or pathogens is not tenable. Also the idea that the antibodies (B cells) permanently remember the respective intruder after first contacts with the "attacker (virus) in the form of an immune reaction of the body and are now constantly on alert is an untenable misconception.

It is stated in this article that, in conclusion, all vaccine approvals based on an antibody immune response and the entire logic of antibody-based immunity must be put to the test.



Antibody tests: The procedure in the laboratory

Summarized accordingly:

After blood is collected, it is centrifuged in the laboratory and separated from the larger components. The supernatant or purified blood serum is then mixed with pharmaceutically produced, patented substances whose composition is kept secret (strict secrecy is maintained in Germany by the government and the Paul Ehrlich Institute under its supervision). The reaction to these substances added to the blood serum is evaluated as an immune response and is then reflected in the so-called antibody titer value. The result of this procedure now determines whether a patient is HIV positive or negative.

This measurement procedure is neither scientifically confirmed nor comprehensible and does not allow for standardization of the measurement results. The respective laboratories interpret the results of the "titer" measurement individually. The titer guideline value given for the individual pathogen is the result of a consensus and cannot be verified.

Therefore it is not surprising that the German epidemic authority RKI, as well as Prof. Heining, a long-time member of the STIKO (permanent vaccination commission), or the Arznei-Telegram (drug telegram), among others, repeatedly speak of the fact that "anti" bodies cannot make a statement about protection, and that a laboratory test is not to be recommended because it has no conclusiveness!

It is therefore not surprising that there are no scientifically verifiable criteria as to which measured value would constitute "immune protection". Likewise, the authorities and institutions do not recommend a titer determination by the laboratory, since this has no significance! (3)

The proteins of the helper cells or "immune" globulins found in the living organism change their properties depending on their environment, which is called denaturation.

These proteins, which change in the test tube and are naturally absent in the naturally absent proteins, are then interpreted and described as "antigens" or immune response.

The dyes and substances contained in the test kit, among others, are supposed to produce a "positive" signal and their composition is secret.

The living natural organism of humans is individual, very special and extremely complex. For example, about 5% of people have up to 40% fewer T-helper cells from birth.

These people are then called "non-responders" after the vaccination and the absence of an "immune response" and are "delighted" with the vaccine several times. Blood group AB was invented for these 15% (4). For people with blood groups A and B and o (40% of the population), the antibody titer determination is therefore even according to orthodox medical theory without any statement. Are these people now "somewhat" ill?

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The contradictions that arose from the dogma of blood groups were first dismissed by the assertion of a rhesus factor and later by the continuous introduction of thousands of sub-blood groups.

A positive antibody test could mean infected or cured, supposedly protected, or not. One simply does not know.

The Dean of Drexel University College of Medicine (5), talks about how antibody tests work and what some of the challenges in developing the tests are.

Cairns: *"The big question is: Does a positive response for the antibodies mean that person is actively infected, or that they have been infected in the past?..."*

The measured values can, must and may therefore be interpreted individually and ultimately, on closer inspection, make no sense at all and do not allow any conclusions to be drawn about immunity or protection.

The presence of the so-called antibodies is rather a reaction of the body to poisoning. This also explains why so-called adjuvants, especially toxic aluminum compounds or other substances, are added to vaccines. These substances and not the supposedly "attenuated virus" produce the reaction measurable with the test.

What is the function of the globulins of the TH helper cells (antibodies)?

Toxins [adjuvants] added to the body create holes in the tissue, which are sealed by the proteins of the helper cells dissolved in the acidic environment of the blood.

This says it all and explains the whole problem and the nonsense of titre measurement.

The task of the "antibodies is therefore to form sealing substances (globulins). Small proteins, which are spread out in the acidic environment and form the repair mass for the injured tissue with their hydrogen sulfide groups, in which energy is stored.

The inconsistency of immunity certificates by a positive antibody test for SARS-CoV-2 (Covid-19)

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, announced on Friday April 10, 2020 (6) that the federal government is considering issuing immunity certificates to Americans against the coronavirus as the Trump administration works to better identify those infected and get the U.S. economy back on track in the coming weeks.

"The proposal is contingent upon the widespread deployment of antibody tests which the National Institutes of Health and the Food and Drug Administration are in the process of validating in the the U.S.", Fauci said.

"Although coronavirus testing thus far has been able to determine if an individual has an active infection, antibody tests report whether an asymptomatic person was previously infected but has since recovered, potentially allowing them to return to their jobs."

The statement behind is: Immunity certificates would be issued to individuals who have been tested POSITIVE on an antibody test. Antibodies in a person's body are a sign that they have acquired immunity to the corona virus.

Now things are getting exciting again, because science is getting lost in their "lies".

In general, a positive test can be positive, this also depends on the zeitgeist. Until about 1984, one was considered immune to a disease if one had high antibodies in the test. Since HIV and the alleged retroviruses, high antibody

levels do not make one immune, but rather sick, even if one imagines to be healthy.

In fact, since 1984, a positive antibody test has generally been used to indicate that the person is infected and has the disease.

So why the sudden turnaround now? Why do Fauci and other government officials claim that a positive antibody test signals immunity?

I leave the question open. But what is very irritating are the following aspects.

- In HIV, a positive antibody test is considered infected/sick
- Antibodies are used as a criterion for approval in vaccinations
- In vaccination, antibodies are considered equivalent to protection, although the leading institutions (7) admit that this is not the case
- The Dean of Drexel University College of Medicine (8) says about the antibody test in all clarity that one does not know "whether the person is actively infected or that they were infected in the past [and are now immune]...?"

Considering the findings that the antibodies have absolutely nothing to do with the key/lock theory (9), the whole thing is even more abstruse than it already is within the narrative.

This test cannot tell whether you are immune, or infected, or whatever. It is useless!

In the Chicago Tribune, April 3 they say:

"The first so-called serology test, which detects antibodies to the virus rather than the virus itself, was given emergency approval Thursday by the U.S. Food and Drug Administration."

"The serology test involves taking a blood sample and determining if it contains the antibodies that fight the virus. A positive result indicates the person had the virus in the past and is currently immune."

"You'll see many of these roll out in the next couple of weeks, and it's great, and it will really help a lot," said McNally, noting doctors and scientists will be able to use it to

determine just how widespread the disease is, who can safely return to work and possibly how to develop new treatments for those who are ill." (10)

So here it is claimed that a positive test means that the patient is now immune to the virus and can go outside and work again. **We will now see that this is absolutely not true.**

NBC News, April 4 sees things a little differently:

"David Kroll, a professor of pharmacology at the University of Colorado who has worked on antibody testing, explained that the antibodies mean 'your immune system [has] remembered the virus to the point that it makes these antibodies that could inactivate any future viral infections'."

"What the test can't do is tell you whether you're currently sick with coronavirus, whether you're contagious, whether you're fully immune — and whether you're safe to go back out in public."

"Because the test can't be used as a diagnostic test, it would need to be combined with other information to determine if a person is sick with COVID-19." (11)

So this test cannot tell at all whether immune, infected or whatever. It is not suitable!

COVID-19-Test DIY - German politicians celebrate tests without certification

05/05/2020: A successful day for the PR department of the laboratory test manufacturer Roche: well-known federal and Bavarian state politicians liked to be photographed in almost scientific-looking white coats printed with the "Roche" company logo in a media-effective way. The background: In Penzberg, Upper Bavaria, Roche will produce large quantities of **COVID-19 antibody tests** in the future - this secures the business location, provides test capacities (see below) and, above all, colorful pictures.

The problem: the tests apparently have no explicit certification from the Paul Ehrlich Institute, which is actually responsible for these matters in Germany and which explicitly warns on its website (12) against tests without this certification (PEI 23.03.2020).

The tests are apparently only approved in a "fast track procedure" by the American authority FDA, an "emergency approval" according to the German "Ärztezeitung" ("Medical Journal") of 15.03.2020 (13), thus they have - like every better cuddly toy - a so-called CE mark and are allowed to be used in Europe.

In America, the FDA is apparently uncanny about the abundance of such approved tests - they "pull the rip cord" and now demand a recertification from the manufacturers, after the manufacturer's data alone was sufficient for an approval (14).

05/13/2020: In an article (15) in the research magazine report München, Ulrike Protzer from the TU München warns emphatically against the currently booming SARS-CoV-2 antibody tests in rapid procedure - when asked whether these could answer the question of the expired infection, she said:

"Of course I have not tried all the tests in the world. The ones we have seen so far don't do it, I don't know of anybody who can do it, but maybe there is one somewhere in the world. I think it's relatively unlikely that with these small tests in the cartridges, that's possible."

It's frightening what gets approved without a validated basis.

The industry-independent "Arzneimittelbrief" ("Drug Letter") examines the testing scene in much more detail in its current issue of May 2020 (16) - here comparative studies of the tests currently available on the market are listed and their quality and approval procedures are analyzed in a differentiated manner - the authors (members of the Drug Commission of the German Medical Association) take the FDA's approval procedures to court in a particularly sharp manner - those to whom, for example, Roche owes its approval:

"In the USA, the FDA was recently forced to warn against their use [...] after the US market and subsequently the global online trade was virtually flooded with poorly validated products [...]. This was preceded by a very problematic decision by the FDA, according to which approximately 90 manufacturers were allowed to market their antibody tests without the EUA otherwise customary in such situations - under the condition, which in our view is unacceptable, that they carry out the validation on their own responsibility."

One becomes speechless with this procedure, because human lives and their

existences are at stake here. Such an unscientific approach must be punishable!

Canadian author and longtime independent researcher David Crowe has written a new paper entitled "Antibody testing for COVID-19". (May 13, 2020)

It is certainly one of the most detailed analyses of tests available today (17).

It approaches the topic from different angles and contains a breakdown of the test kit manufacturers and the comparative results of their efforts to bring a useful test to the public.

Here are some devastating excerpts from Crowe's very in-depth review:

The only jurisdiction with a formal structure for approving antibody tests is the United States, but until recently this was a joke because test manufacturers did not have to provide validation data. Now it is only a partial joke because although validation data must be submitted, the FDA can only perform analysis on paper.

Imagine if car manufacturers had to build cars to certain EPA (US Environmental Protection Agency) fuel efficiency standards, **but instead of sending a car to the EPA for testing, they could do the tests at their facilities and then simply send the results in...**

Antibody tests are often subject to cross-reactions with other conditions. This could be because the [other irrelevant] disease produces similar antibodies or because something related to that [other] disease reacts with other test components.

The choice of [cross-reaction] conditions to be tested is entirely under the control of the manufacturer, and even if no cross-reactions were found for a condition, the number of samples tested was so small that there is still the possibility of a fairly high rate of false positive cross-reactions.

Positive antibody tests have only been found in a minority of people in the general

population, even though the **claimed and not isolated** virus (18) has probably been around for months. This fraction is generally considered true, but one would expect a highly infectious virus to have spread much further

The only experiment that could show whether antibody tests are actually meaningful would be a time series of a large number of people who are currently negative on all tests.

This experiment would be time-consuming, inefficient (as many people would not be positive on any test), intrusive (frequent nasal swabs and blood tests) and, of course, very expensive. These are practical considerations, but in the absence of such an experiment, we are almost completely in the dark about COVID-19 antibody testing.

With billions being spent on COVID and trillions being lost to the economy, it is certainly not impossible to make a worthwhile science".

David Crowe's paper (19) demands broad attention and very careful study. He has done a great service.

Superficial reliance on antibody testing has no connection to real science. Yet the so-called experts use these tests to make momentous decisions about the present and future of the people on Earth.

The official experts have literally taken over governments in a major coup. They must be rejected at all levels.

Further interesting points

1. Spanish media report that the rapid antibody tests for Covid-19 have a sensitivity of only 30%, although it should be at least 80%.
2. It seems strange to know that these tests can't tell anything, but Bill Gates talks about the fact that only those who have tested positive or been vaccinated are allowed to travel (20 | See interview from minute 31).
3. Business Insider, April 3: writes:
"Spain was recently forced to return tens of thousands of rapid coronavirus tests from

a Chinese company after they were found to be accurate just 30% of the time."

"Some tests have demonstrated false positives, detecting antibodies to much more common coronaviruses."

"Scientists also remain unsure about the extent to which a past infection could prevent reinfection and how long an immunity would remain." (21)

4. On March 23, 2020, the Paul Ehrlich Institute from Germany warned against questionable or even falsified SARS-CoV-2 tests. In a recent report, the PEI warns against SARS-CoV-2 rapid tests, which currently do not require independent verification for market approval - according to the PEI, there are also demonstrably falsified test kits in circulation (22).
5. **Laboratory physicians warn against rapid tests for coronavirus** The professional associations of accredited medical laboratories and physicians for microbiology, virology and infection epidemiology from Germany warn against rapid tests for the detection of coronavirus (23).
6. **WHO warns against "immunity passports" by a positive antibody test** (24) Some experts are considering issuing a kind of "immunity passport" to persons who have tested positive for corona antibodies. The World Health Organization has issued an urgent warning against this plan (24).
7. However, at the end of May, an immunological study of the University of Zurich was published, which proved for the first time that the usual antibody tests, which measure antibodies in the blood (IgG and IgM), can detect **at most about one fifth** of all coronavirus infections (25).
Remark: Antibodies are found, if at all, only in 20% of cases where they have no significance at all.
8. An extensive Spanish study (26) found that less than 20% of symptomatic individuals and approximately 2% of asymptomatic individuals tested had IgG antibodies.
9. At the end of May, Swiss immunologists around Professor Onur Boyman published the most important study (27) on Covid19 lethality so far. This preprint study came to the conclusion that the usual antibody tests, which measure antibodies in the blood (IgG and IgM), can detect at most about one fifth of all Covid19 infections (28).
10. British Prime Minister Boris Johnson, who co-chaired the vaccine summit in early

June with U.S. billionaire Bill Gates, called the GAVI vaccine alliance a "health NATO" (29). However, a "vaccination card" is likely to fail because even antibody tests can only detect a maximum of 20% of infections, as Professor Boyman's study first showed.

11. BMJ article (30) about intransparent antibody tests.

*"This matter came to light when a pre-print paper¹ assessing nine different antibody tests for covid-19 was published with the names of the tests anonymised. The paper reported that none of the devices were adequate, with sensitivity ranging from 55 to 70% and specificity from 95 to 100%. This was against the Medicines and Healthcare Products Regulatory Agency's 98% specificity target, which is high **because of the risk false positive results could pose if these tests were used to ease lockdown.**"*

The study, conducted by the National Covid Testing Scientific Advisory Panel (31), stated: "Individual manufacturers have not agreed to release data at the device level, so device names are made anonymous."

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References:

- (1) The misinterpretation of antibodies
- (2) Leading Corona researchers admit that they have no scientific proof for the existence of a virus
- (3) Vermitteln zirkulierende Antikörper wirklich Schutz? (Do circulating antibodies really provide protection?)
- (4) Rhesus-Faktor“ Analyse der Behauptungen zum Rhesus-Faktor (Rhesus Factor“ Analysis of the Rhesus Factor assertions)
- (5) How antibody tests work and could help fight the coronavirus
- (6) Fauci: Coronavirus immunity cards for Americans are ‘being discussed’
- (7) see 1
- (8) see 5
- (9) see 1
- (10) The next coronavirus test will tell you if you are now immune. And it’s fast.
- (11) An at-home fingerprick blood test may help detect your exposure to coronavirus
- (12) COVID-19-Tests: NAT-Test gilt als Goldstandard (COVID 19 tests: NAT testing is considered the gold standard)
- (13) USA: Roche erhält Notfall-Zulassung für neuen Corona-Test (USA: Roche receives emergency approval for new corona test)
- (14) Schwemme fehlerhafter Antikörpertests (Flood of faulty antibody tests)
- (15) Corona-Antikörpertests und -Impfstoffe (Corona antibody tests and vaccines)
- (16) Der Arzneimittelbrief (The Drug Letter)
- (17) Antibody Testing for COVID-19
- (18) see 1
- (19) see 17
- (20) How we must respond to the coronavirus pandemic | Bill Gates
- (21) World leaders say they have so far failed to identify a single coronavirus antibody

test which is accurate enough for use

(22) see 12

(23) Laborärzte warnen vor Schnelltests auf Coronavirus (Laboratory physicians warn against rapid tests for coronavirus)

(24) WHO warnt vor "Immunitätspässen" (WHO warns against "immunity passports")

(25) Coronavirus up to five times more common and less deadly than assumed

(26) Prevalence of SARS-CoV-2 in Spain (ENE-COVID): a nationwide, population-based seroepidemiological study

(27) Systemic and mucosal antibody secretion specific to SARS-CoV-2 during mild versus severe COVID-19

(28) Coronavirus up to five times more common and less deadly than assumed

(29) Prime Minister Boris Johnson closes the Global Vaccine Summit

(30) Covid-19: Confidentiality agreements allow antibody test manufacturers to withhold evaluation results

(31) Evaluation of antibody testing for SARS-CoV-2 using ELISA and lateral flow immunoassays