Our analysis of the infection data proves it: The RKI has lied to the population.

We urgently need an honest and competent reappraisal

„RKI files“ is what I call the RKI documents released by Mr Schreyer and his multipolar magazine. These are mainly minutes of meetings about the events that led to the declaration of a national state of emergency with all its consequences: curfews, restaurant, theatre, sports club and other closures, popularly known as „measures“. They are available in their entirety and have already been commented on in detail by Multipolarmagazin and others (RKI Protocols 1 and RKI Protocols 2). I would like to point out a few important details and, in the second part of this article, discuss a study that I helped with a little and which is now available on the Zenodo preprint server [1]. It shows that Just 13.5% of all people who have ever tested PCR-positive for SARS-CoV-2 were actually infected or had an immune response, detectable by IgG antibodies. The RKI knew this very early on, or could have known it. So they could have stopped the testing mania and the measures very soon if they had wanted to. The whole thing runs like a train on two tracks. Both tracks are called „political will“. And the train is not travelling in the direction of „caring for citizens“. I don’t know where it’s going. But I do know that none of this had anything to do with care and diligence, but at best with political power.

The RKI files clearly show that there was no cause for alarm. The staff at the RKI clearly saw that neither worrying infection figures nor other parameters gave cause for concern at the beginning of March 2020. They pointed out that the influenza sentinel data did not show rampant SARS-CoV-2 infections and that there was no need to fear a state of emergency. I had often pointed out in my previous blogs that the influenza sentinel data published by the RKI showed very little SARS-CoV-2 spread. As a reminder, the Flu Sentinel is a network of doctors‘ clinics scattered throughout Germany. They send samples from patients with flu-like symptoms to the RKI or corresponding laboratories so that it is possible to recognize which pathogens are circulating. Because the system is nationwide and reasonably representative, this data can be used to track the spread of infections very well. I had looked at this sentinel data several times and published several times in my blogs that even at

times when there was supposedly a state of emergency, lockdown, curfew, there was never a worryingly high number of SARS-CoV-2 infected people among them. Rather, all kinds of other pathogens. As this data was collected and published by the RKI, the government knew this or could have known it if it wanted to. These facts were never publicized. Scare messages were spread instead.

We now know: These came to the RKI as instructions of the government and were made public from there. The claim that the RKI acted on the basis of scientific data and without government intervention is a lie. As I wrote at the time: „Mr Minister of Disease, step down. You are either lying or incompetent, or both". At the time, I was referring to vaccinations. But the claim that the RKI communicated on the basis of science, which Lauterbach constantly repeated, was also a lie. So my request stands.

The first announcement of an emergency was made on the instructions of a senior employee from the Ministry of Health; his name is blacked out; it is likely to have been the same employee who was present at the simulation game on dealing with pandemics in October 2019. Merkel and Spahn also intervened, sometimes on trivial matters such as how many decimal places should be communicated in the R-value or which incidence thresholds should be considered questionable. What would have been scientifically necessary and sensible, namely to report standardized figures in relation to the number of tests, never happened. It is therefore documented:

The German government's reactions to the SARS-CoV-2 pandemic had nothing to do with science, facts and real threats, but were politically motivated. Whether this motivation had the well-being of the citizens in mind is doubtful in view of the many lies that were served up.

The RKI must therefore be seen for what it is: a subordinate authority that has to follow the instructions of the Minister of Health and does not operate according to scientific standards and considerations based on its own findings. Many people have always suspected that this is the case, including me. Now we know and it is documented.

Our study uncovers another scandal:

The RKI should have realized quite soon that PCR tests do not really detect infected people, but instead produce many false positives due to the high sensitivity and not perfect specificity of these tests. Because of these PCR tests, however, the executive has massively encroached on the civil liberties of us citizens: People who tested positive were denied access to all kinds of events, were no longer allowed to move around freely, were often even unable to leave their homes or run official errands, etc.

My colleagues Michael Günther, physicist, and Robert Rockenfeller, mathematician, have

now done something very obvious in the aforementioned study: they have compared the data of all PCR-positive tests in Germany, which were collected by the „Akkreditierte Labore in der Medizin e.V.“ (ALM – Accredited Medical Laboratories), with the data on those who tested IgG-positive. This data also comes from ALM and was commissioned by the RKI and published regularly until the 20th calendar week of 2021. Publication of this data then ceased when more than 50 % tested positive for IgG.

I reproduce here the second part of the original Figure 1 from this preprint publication. The publication also explains all the methodological details in more detail, which I am skipping now because only a few details are important to me.

The following background information may be helpful for classification: PCR tests in Germany have always been carried out with a very high number of repeat cycles, around 35 to 45 cycles, although the exact number is not known. With each cycle, new genetic material is added to the starting material. The more cycles that have to be carried out, the less viral RNA is originally present. Empirical studies have shown that from approx. 22-25 replication cycles of starting material, it can no longer be assumed that someone is truly infectious [2].

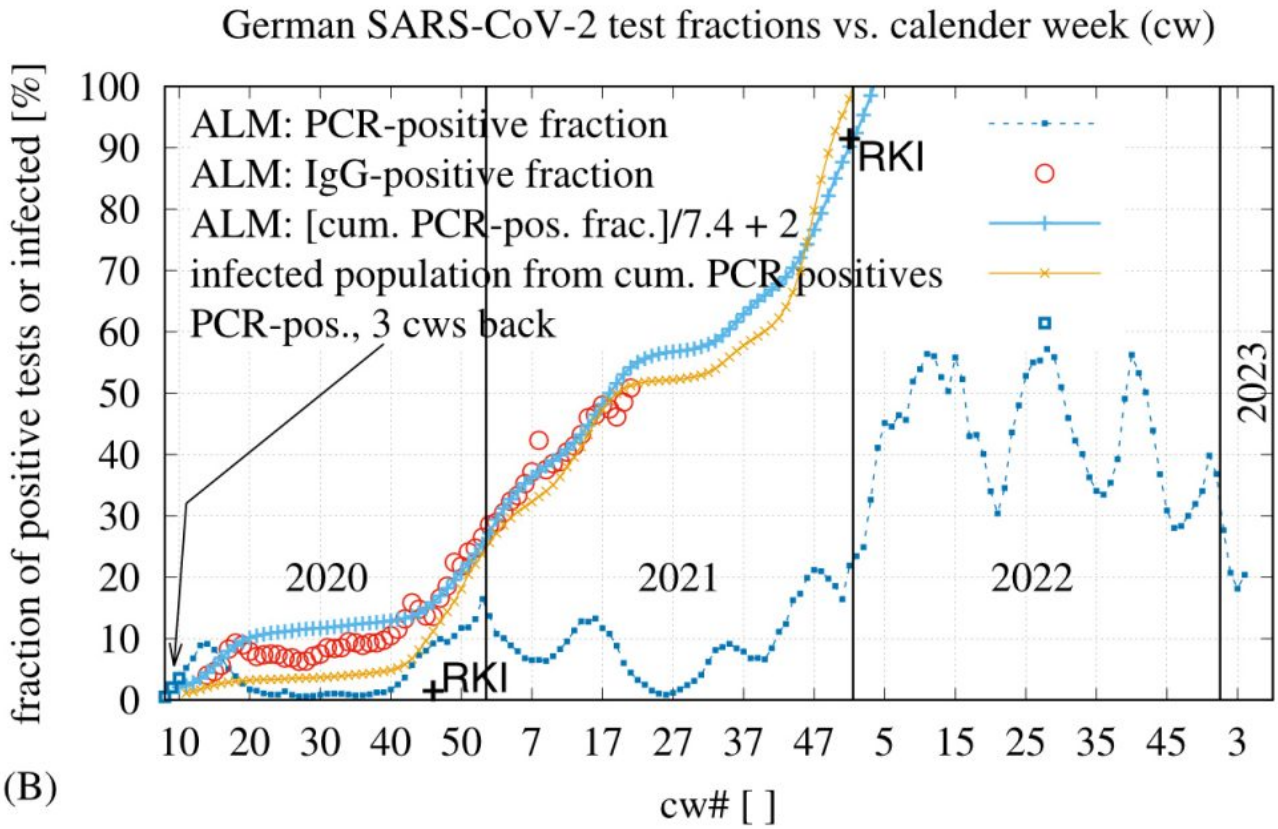

Figure: Original Figure 1, second part (B) (source): cw = calender week; Progression of those tested PCR-positive (dark blue curve with solid squares, offset by three weeks; otherwise unadjusted progression; IgG positives (red

circles); cumulative values of PCR positives over the years, i.e. added up (turquoise dashes and curve); the proportion of infected persons actually identified using the IgG data (yellow crosses and line)

About 2–3 weeks after an actual infection, IgG antibodies (and others) are detectable. These provide information that someone has actually had contact with a virus or has been „immunized“ with the genetic material of the virus, thereby triggering an immune response.

This means that the clinically significant course of the infection can be traced via the course of the IgG-positive tests.

If you now adjust the cumulative, i.e. added-up PCR positive test progression curves (the turquoise line) so that they reflect the infection progression curve of the IgG-positive tested persons as perfectly as possible, you arrive at a simple formula. You can see that the proportion of IgG positives is linearly lower by a factor of 0.135 and shifted back by approx. 2 weeks. (This is the term „/7.4 +2“ in the third line of the figure above).

In simple terms: only 13.5% of all those who tested PCR-positive also tested IgG-positive two weeks later, i.e. had a clear laboratory result of having had a SARS-CoV-2 infection. The remaining people, i.e. 86.5% of those who tested PCR-positive, never had an infection. Measures and consequences imposed on the basis of this PCR test were therefore imposed on the basis of incorrect information.

Now, you could say: We couldn’t have known that. And this is exactly where the argument of this study comes in. Yes, we could have known that. Because the IgG tests, just like the PCR tests, were ordered and analysed by the RKI. As you can see from the figure, the RKI stopped IgG testing in calendar week 20 of 2021 when the 50% threshold was reached. I wonder why? The vaccination campaign had only just started. You would have wanted to know how well it was working, wouldn’t you? You would have wanted to see how the situation was developing in year 2 of the pandemic, when the containment machinery was really being ramped up with „measures“, wouldn’t you? Apparently not exactly.

Using this modelling, we have been able to calculate a simple linear model from the ALM data provided by the RKI, namely from the core data, which, as the extrapolation shows (see the yellow and turquoise curves in the figure), explains the empirical data almost perfectly. To put it another way, the relationship between IgG data (clinically-immunologically infected people) and PCR data (purely technical as those who have somehow come into contact with SARS-CoV-2) is obviously very close, deterministic and linear. This could probably have been seen much earlier with appropriate modelling, if such modelling had been carried out. And this is exactly what a responsible scientist at the RKI, who was in possession of this data, should have done in our view. And would have seen: Only 13.5% of all those who came into contact with SARS-CoV-2 in the broadest sense, who smelled it or walked past it, or who were in any case detected with a PCR test, really were affected

clinically and immunologically. There would have been every reason to give the all-clear and stop the PCR testing.

Did the RKI perhaps realize this at the beginning of 2021? We don't know. In any case, we know now:

The PCR tests were false positive in 86.5% of all those who tested positive and measures imposed on the basis of these tests had no scientific basis.

And there is something else that stands out from this data:

The vaccination campaign leaves no trace in the data.

The vaccination campaign was launched at the end of 2020 to increase the population's immunity to this SARS-CoV-2 virus. Since the IgG data was only available up to week 20 in 2021, but the PCR test data was available for the entire period, a significant shift in immunity should have been evident in the fact that the curves of IgG and PCR positives diverge sharply at some point and develop in opposite directions or differently. This is exactly what they do not do. Rather, they are very close to each other (compare the turquoise and yellow curves above). Since only data up to calendar week 20/2021 was available for modelling the IgG curves, a different course of immunity, which would have been influenced by the vaccination campaign, would have shown that the extrapolation of the IgG curves based on the data up to calendar week 20/2021 would no longer be correct by the end of the 2022 data series. This is precisely not the case. In other words, there is no evidence in the data that the vaccination campaign has had an impact on the distribution of the immune proportion of the population. To put it another way, with whoever is immune to SARS-CoV-2 it is most likely due to a natural infection.

This was now a complicated argument for the now well-known fact: the genetic preventive interventions of modRNA „vaccinations" did not prevent infections.

Let's summarize: The government lied to the population by claiming that the „measures" to contain a SARS-CoV-2 „pandemic" were science-based. The measures and the criteria for them were prescribed by politicians. Why, with what goal, with what motivation, about that the executive should be accountable to the population. And it would be time for competent science journalists to demand this from the government and for lawyers to follow up.

The RKI lied to the population, presumably on behalf of the government. Because the PCR tests were unsuitable to substantiate anything, and the courses of the IgG positives, arranged by the RKI itself, showed this early on and very precisely. We now know that only 13.5% of those who tested positive were also clinically infected and showed an immunological trace of this infection. All others either got rid of this infection without any

consequences, or the PCR tests were false positive.

These debacles must be dealt with publicly, transparently and honestly. That is the only thing that will help democracy in this country. No demonstrations against or in favour of anything, no rushing to prevent supposedly false information. But a reappraisal. And as I see it, this includes admitting mistakes, publicly naming the guilty parties, possibly taking legal action and rehabilitating those wrongly ostracized and installing processes that can prevent a repetition. The minimum would be a rejection of the WHO pandemic and health treaties.

Sources and literature

1. Günther M, Rockenfeller R, Walach H. Nucleic acid (PCR) and antibody (IgG) tests: the course of SARS-CoV-2 infections in the German population unveiled. Zenodo. 2024;preprint. doi: https://doi.org/10.5281/zenodo.10892667.
2. Singanayagam A, Patel M, Charlett A, Lopez Bernal J, Saliba V, Ellis J, et al. Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020. Eurosurveillance. 2020;25(32):2001483. doi: https://doi.org/10.2807/1560-7917.ES.2020.25.32.2001483.