

Review of: "Can the definitions of SARS-Cov-2 and Covid-19 stand up to epistemological scrutiny?"

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With the greatest possible concessions, this paper may be an interesting look at the philosophy of science. However, I think it is quite outlandish, and this paper may confuse the medical field. In particular, the conclusion that "the Covid-19 disease is an artefact of the PCR test instead of a new kind of respiratory disease" is not acceptable.

I would like to point out a couple of factual errors that may be made. First is the question of whether PCR produces false positives. Of course there are false negatives with any method, and PCR does not always give positive results, because it is not that sensitive. However, in principle, this is the only method that does not produce false positives. Especially in qPCR, which monitors increases, there can be no false positives. If there is a positive result, the virus must surely be there. If a positive or negative result is obtained after several PCR runs on the same individual, it only means that a false negative has been obtained. The authors may not have any experience with qPCR in their experiments.

This false positive is still misunderstood in Japan, especially by those who are in charge of political decision making. This has delayed the spread of PCR, and in fact, it seems to be moving in the direction of not applying PCR at all. As a result, the exact numbers of who is infected and how many people are infected in Japan are not known. It is thought that the number of deaths is probably 6 to 10 times higher than announced. This is a colossal failure of epidemiology.

Is new coronavirus infection a new type of respiratory disease? Because this virus is transmitted based on ACE2 in the capillaries, its targets are not limited to the lungs. Many papers have reported liver, kidney, and even brain damage. The naive idea that it would be a respiratory disease is a misconception from the very early days, when many patients died from it. It is not necessary to focus on the respiratory tract to understand it. It is human nature to want to categorize phenomena in this way, but categorization is not a field of science by nature, since it is impossible to verify the validity of such classification. Classification is something that people in the field do for their own convenience.

It is true that many cases of infection with this virus do not produce symptoms (at the time). This is also true for other viruses, such as influenza, which in many cases should pass asymptotically. The problem is, however, that the infection can spread from these asymptomatic cases (and in many cases, the symptoms appear later; many long-COVID patients were initially asymptomatic or showed only mild symptoms). Clearly, these asymptomatic people need medical care, isolation, and follow-up. It is not so much a question of respiratory disease as it is of the person infected with this virus. He/she has a lot of people behind him/her who may be infected in the future.

So, I oppose any and all rhetoric that downplays the results of the PCR test. I think this paper could be the source of the

next conspiracy theory. I am honestly troubled by the number of conspiracy theories out there, such as "Omicron was synthesized" or "there is no such thing as an epidemic". Every time this happens, it brings confusion to the medical field. This argument, therefore, is not in the interest of anyone, least of all patients and medical professionals.