

# False Positives again plus betrayals



12 November 2020 at 07:51

The testing may be getting better than the 90% chance of all positive results being negative. In Liverpool that may be down to 82% Of all positives being negative. However that still provides no justification to destroy education and the economy under any restrictions other than the ones suggested by Common Sense.

Boris needs to broaden his understanding of reality, do detail and take real steps away from this draconian caution which is driving his destructive policies.

No 10 MUST behave with more reality and have the courage for ever required in times of uncertainty to act with risks reduced by hard graft at the details. Does anyone in No10 do detail?

If No 10 is so hapless over health then the nation is going to be betrayed in the Boris dealings with the EU and Biden, both of which hate us. Where is a positive leader with a real patriotic sense of direction when we need one?

## False Positives in Liverpool



Professor David Livermore is concerned that mass testing with PCR or LAMP tests isn't all it's cracked up to be.

We have the Mavor tweeting: “Busv at all of our

testing centres today, total tested as of 12.00 pm today 44,233. 220 positive.” (4:51 PM · Nov 11th, 2020)

At the same time we have Lord Bethell in Parliament, as reported in today's Telegraph, saying: “Lateral flow tests deployed in Liverpool as part of the city-wide testing pilot scheme have been shown to have over 99.6% specificity.”

If the specificity is 99.6% you expect four false positives per thousand, meaning almost 180 among 44,233 tests done. In that case, only 40 positives (220 minus 180) are likely to be true positives and the positive predictive value (PPV) (true positives/all positives x 100%) is only 18%. Had the infection prevalence rate been the ONS expected 2% then the PPV would be a very respectable  $700/880 = c. 79.5\%$ .

If I was the Liverpool Mayor this'd be troubling me.

One wonders if Lord Bethell knows what specificity is. A well targeted question would be helpful.

I think all these tests, PCR, LAMP and lateral flow are useful if they are used for what they were designed for – testing symptomatic patients when the physician has a clinical examination and a history. I've used them all to identify mechanisms of antibiotic resistance in bacteria. But I'd only ever use them on bacteria that looked resistant in the first place and I'd interpret the result together with the pattern of resistance.

Belt and braces.