

How Kenya Has Kept Its CoVID 19 Infection Figures Low

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Abstract

Review of Paper: Revealing the extent of the COVID-19 pandemic in Kenya based on serological and PCR-test data (<https://www.medrxiv.org/content/10.1101/2020.09.02.20186817v1.full.pdf>) On September 3, 2020 a paper was posted to Medrxiv, detailing the effort to control the CoVID 19 pandemic in Kenya, some aspects of that position cannot go unchallenged given the gravity of the decisions that would arise from what would effectively be a Government position backed by Researchers from the London School of Hygiene and Tropical Medicine in UK, The Zeeman's Institute for Systems Biology and Infectious Diseases Epidemiology Research – Warwick University UK, School of Life Sciences – Warwick University UK, Centre for Tropical Medicine and Global Health – Nuffield Department of Medicine – Oxford University UK, Kenya Medical Research Institute – Wellcome Trust Kenya. Suffice it to say that some of the methods used to keep the CoVID 19 infection figures “low” in Kenya are Machiavellian.

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The main intellectual drive of the paper is that nCoV – SARS 2019 virus (novel Corona Virus – Severe Acute Respiratory Syndrome 2019 virus) causes a “respiratory” disease known as CoVID 19 (Corona Virus Infectious Disease 19). Furthermore, the paper holds that its prevalence both past and present, can be “reliably” determined by questionable serological [1], [2] and RT – PCR (Real-time Polymerase Chain Reaction) tests [3], [4] – even the most widely used RT PCR test in Kenya [3] has underperformed other comparable systems [4] in the country and the serological tests [1] used in the study are highly questionable [2].

It is common now common knowledge that CoVID 19 is not simply a respiratory disease, it is a wholesome systemic attack in many cases, it temporarily and in most instances permanently damages various physiological systems e.g. the Cardiovascular System [5], the Body Organs, Neurological Systems, Gastro-intestinal Systems, Respiratory System, Hepatic System, Renal System, etc. as such determining the

affliction of the disease where the virus destroys the body and wears away after 21 days would require much more than serological and RT PCR tests.

Suffice it to say, that without widespread and frequent RT PCR test, Serological Testing, and Medical examinations such as Computer Tomography Imaging, Magnetic Resonance Imaging, long term Patient Assessments, Internal Medical exams, etc. it becomes impossible to determine the extent of the damage of the CoVID 19 virus on a population. Therein lies that Machiavellian approach in Kenya's Targeted Testing, whereby the RT PCR samples tested are not representative of the general population due to unproven cost constraints, and the wider population has been inhibited from taking tests even if they could afford, by way of a Medical Doctor Signature requirement, a rule effected courtesy of the Ministry of Health.

The rapid decline of CoVID 19 antibodies [6] in the human beings, further withers away the false hope that large segments of the Kenyan population had been infected and are now immune, or the validity of any study seeking to establish that fact by way of probing past blood donations. The study highlights, the open possibility of the fact that both asymptomatic persons and mild infection cases, form a stealth reservoir, for future infections of themselves and the wider population, with unknown medical outcomes to the same – hence the decision not to seek out asymptomatic persons and mild cases in Kenya is “good for the figures” but bad for long-term public health.

There is also a wider implication academic freedom and intellectual rigour issues in Kenya [7].

References

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