Shufflex biomed
"Saving humanity through pathogen diagnostics"

February 28, 2020

Dr. Mosoka P. Fallah, Ph.D., MPH
Director General
National Public Health Institute of Liberia (NPHIL)
Ministry of Health
Monrovia, Republic of Liberia

Dear Dr. Fallah:

Re: Faulty Coronavirus (COVID-19) Test Kits from the US Center for Disease Control (CDC)

As test kits currently used in the United States for detecting COVID-19 are proving to be faulty and inaccurate, I write to reiterate my earlier concerns about the test kits used in Liberia (from the US) for detection of Coronavirus (COVID-19) in surveillance/monitoring of travelers arriving from the Peoples Republic of China and quarantined as persons under investigation.

Of late, it has been brought to our attention in the infectious disease diagnostic community that the US Center for Disease Control (CDC) government-developed test kits for coronavirus (COVID-19) are faulty. State Laboratories using these kits have reported that the test frequently produced inconclusive results.

In a recent press conference, the Director of the CDC National Center for Immunization and Respiratory Diseases, Dr. Nancy Messonnier confirmed that the test "wasn't working as expected, specifically some public health labs at states were getting inconclusive results and what that means is that test results were not coming back as false positive or false negatives but they were being read as inconclusive."

Following my January 21, 2020 communication to the Ministry of Health and the National Public Health Institute of Liberia, I subsequently held discussions with Dr. Francis Kateh on February 10, 2020, regarding the lack of in-country diagnostic capability in Liberia for COVID-19. In response, it was revealed that efforts were underway to obtain testing kits from the United States through the US Center for Disease Control and Prevention (CDC). Furthermore, my enquiry revealed the unavailability of information on the actual manufacturer or supplier of the test, and neither was any information available on the diagnostic characteristics of said COVID-19 test kits coming from the US CDC for use in Liberia.

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In the wake of this revelation, I am particularly concerned about the possibility of misdiagnosing of COVID-19 in Liberia and other African countries using the US CDC faulty test kits. How then would Liberia know if test results are true negative or true positive? Moreover, my concern is particularly heightened mainly due to the inability of the US CDC test to discriminate other phylogenetically related Coronaviruses such as the Sever Acute Respiratory Syndrome (SARS) and the Middle Eastern Respiratory Syndrome (MERS), two coronaviruses which share similar clinical symptoms with COVID-19. Far more, this concern is further increased since the Asian region and Arabic peninsula were epicenters of SARS and MERS outbreaks in 2003 and 2015, respectively. This makes it imperative for any test to be able to rule out these infections when testing for COVID-19.

In my opinion, any country in Africa (Liberia, in particular) using the US CDC will seriously risk missing a potential positive case of COVID-19 during the 14-day observation period of quarantined persons from China or other countries with high number of cases. In the United States, there are currently concerns about possible missed cases due to the mal-performance of the US CDC test. This should raise concerns in Liberia as to whether test results were true negative (or true positive). You will kindly note that I raised these concerns about the validity of the test-reagents long before the news of the CDC faulty COVID-19 test recently came to the knowledge of the scientific medical community.

There has to be a second or third test for confirmation of results. Unfortunately, this is lacking in Liberia and other African countries, thus placing the population at a potential risk in the event where positive cases are missed and transmitted in the population.

As a solution, I had long ago offered to use my expertise, validated and patented technology, and team at Shufflex Biomed to develop and produce the multiplex test for the government and the continent free of charge – a rapid multiplex test with the capability of detecting and simultaneously identifying or ruling out other phylogenetically related viruses like COVID-19, SARS, MERS, and (Influenza). This test will produce results within an hour. In this light the countries would have a second test to be used for screening, surveillance or validation purposes. We don't need any monetary compensation from the government for this work; we only want to make our services available for the benefit of humankind.

Besides, the MOH and Public Health Institutes will have to immediately get in contact with the US CDC to discuss the aforementioned problem of the faulty CDC test for COVID-19 if this is what is being used in Liberia and the region. If there were different test kits, which of these tests produced the faulty results in various laboratories in the US? Can these test kits be replaced and how soon? I believe that these are critical questions that need to be urgently pursued by the MOH and NPHIL as the virus has now entered Africa.

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Lastly, NPHIL needs to urge the government to commit substantial financial resources so as to facilitate its work in fighting coronavirus disease outbreak. NPHIL cannot depend on "donations" from NGOs and individual government agencies for such a herculean public health task.

We are aware of the many challenges facing the medical and public health systems in Liberia at the moment. Yet, we need to learn from the Ebola experience and not relenting in our collective efforts in handling this task. Thank you for your attention and I look forward to hearing from you at your earliest convenience.

Sincerely,

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Cc:
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