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Review Article

The Herculean Task of Tedros

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Abstract

The WHO was created in 1950 with the prime assignment to fight tuberculosis. To this end, it was granted immunity against any prosecution. The French state immediately exploited this advantage to impose the BCG vaccine developed by the Pasteur institute, although this vaccine was known, by both the Pasteur institute and the WHO, to be deficient. It was poorly attenuated and some of its strains favor the spread of TB. The BCG also favors the spread of leprosy.

The WHO knew this and nevertheless supported this fraud. It banned serological tests and imposed an expensive antigen- detection test, the Xpert/Rif test, in 2011. This test was rapidly demonstrated to be peppered with severe deficiencies, which were ignored by the treatment action group (TAG) and the WHO. Both insisted on its use while systematically denigrating the serological tests that this antigen-test was supposed to replace.

The result of the use of this ill-functioning test was the spread of multi-drug resistant strains of TB. Serological tests monitor the immune status of infected patients: it allows the detection of those patients prone to convert as well as the immune status of patients under therapy. Those who do not respond to current treatment are therewith detected. A shameful demand of financial contribution by those countries that suffered most from the mismanagement of TB by well–endowed nations is currently underway.

Keywords: Tuberculosis; WHO; Fraud; Xpert/Rif test; Leprosy; Immune depression; BCG; Bedaquiline.

Abbreviations

WHO: World Health Organization; TAG: Treatment Action Group; TB: Tuberculosis; EPTB: Extra Pulmonary Tuberculosis; OMS: Organization Mondiale de la Santé; RIF: Rifampicin; MTB and MDTB: Multiple Drug Resistant Tuberculosis; AIIMS: All India Institute of Medical Sciences, New Delhi, India; RNTCP: Revised National Tuberculosis Control Program; IgG: Immunoglobulin Type G; IgM: Immunoglobulin Type M; IgA: Immunoglobulin Type A.

Introduction

Scientific fraud and incompetence shock the common man. Contrary to the sectors Economy, Sports and Politics, any sign of unethical conduct, ineptness or incompetence in science and medical research is seen as a breaking of trust.

Tuberculosis outsmarts the WHO. How is this possible?

The director of the Stop TB partnership, Dr. Lucica Ditiu, admitted on October 31st, 2016, that the war engaged by the WHO against TB was lost, unless "change" was introduced. The director demands for "change" indicted organizations that defended undaunted during 6 decennia without any recognition of error, without any change, policies of TB eradication that were known to favor the spread of the disease instead of its reduction Figure 1. It generated therewith millions of avoidable deaths. One may characterize the action of the WHO that directed and organized since 1950 the fight against TB with this provocative tag, outrageous, shocking but unfortunately also truthfully reflecting the reality of the situation:

Figure 1: This picture reflects the state of mind of the TB actors: no change in deadly policy.

The author described at length the process of the TB-debacle extending over 7 decennia in the book "Is Tuberculosis our new challenge?" available at Lambert academic publishing and at WWW.morebooks.de.

https://drive.google.com/file/d/0B-rH5q_guaV2Tl9PZVZRRodaWjQ/view?usp=sharing

This book appeared in November 2016. The indispensable changes implored at that the moment by Ditiu, the director of the Stop TB partnership, to counter the looming predictable catastrophe did not concretize and the additional disasters that occur after the publication of the book accumulated.

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The WHO in the claws of lobbyists

The TV-station ARTE diffused on April 4th of year 2016: "l'OMS dans les griffes des lobbyistes?" and, in German: "Die WHO im Griff der Lobyisten?" It means "The WHO in the claws of lobbyists?"

This documentary denounced the corruption of the WHO officers, their acceptance of subventions from pharmaceutical industries and private organizations, and the coercion exercised on the Organization by powerful States that impose their own interests, to the detriment of patients.

The documentary devoted 6 minutes to TB. It started with the reproach that the industry did not develop new drugs against TB during these last 50 years, omitting to precise that the industry stopped developing drugs as soon as the WHO restricted, during 7 decennia, the number of useful drugs to four plus streptomycin (drug with strong side-effects and known since 1959 to induce drug-resistance).

It continued with Mario Raviglione, in charge of the TB department at the WHO, who affirmed the interest of the WHO for poor countries.

Mario did not mention that its interest in India, concretized in the implementation of the Revised National Tuberculosis Control Program applied in 2012, resulted in a considerable progress of the spread of the disease in that country, instead of a regress. It was explained in the book.

Raviglione pursued by chanting the merits of the newly introduced Bedaquiline, unaware that the cardinal rule of medicine is "primum non nocere" ("first do not harm"), undisturbed by the significant excessive deaths this drug generates among TB patients, nor did Raviglione see any problem with the gift to the WHO of 40 million dollars by Johnson and Johnson, the purveyor of Bedaquiline.

The drug has merits but must be administered under attentive direct medical supervision solely to MDR-TB cases and is thus restricted to developed countries. Raviglione claimed never have heard of drug resistance to Bedaquiline although this resistance is well documented since 2012 [1]. Raviglione stated that the critics of the drug do not know what folks are talking about. Hubris: insolent arrogance in the face of external criticism!

The Xpert/Rif Test

The WHO touts Urbi et Orbi (in town and throughout the world) the exceptional value of the Xpert/Rif test, which is, according to WHO, a much-needed new modern diagnostic test that will solve all TB diagnosis problems. The Tuberculosis Action Group (TAG) published in 2017 an Activist's guide that exposes the merits of the Xpert/Rif diagnosis test.

The document is available on internet: Search Tuberculosis Action Group and, once on the site, search publications and choose Guide.

This guide states on pages 11-12.

The WHO-endorsed MTB/RIF cartridge performs very well on sputum: high sensitivity (88%) and high specificity (99%) when compared to liquid cultures of sputum samples [2].

Such a superb test cautioned by Cochrane deserved to be largely distributed and, on 2nd May 2017, Madhukar Pai and Jennifer Furin proudly announced in "Point of view: Tuberculosis innovations mean little if they cannot save lives DOI: http://dx.doi.org/10.7554/eLife.25956, that as of December 31st 2016, a total of 6,659 GeneXpert instruments (comprising 29,865 modules) and 23,140,350 Xpert MTB/RIF cartridges had been procured to the public sector of 130 of the 145 countries eligible for concessional pricing.

Did this distribution of 23 million cartridges of a scandalously expensive and difficult to service diagnostic tool save lives or, on the contrary, did it help to spread the disease?

That the Cochrane study conducted by M. Pai and consorts [2] had been subjected to a manipulation of the conclusions is apparent from the following three studies conducted by the All-India Institute of Medical Sciences, New Delhi, India (AIIMS) [3-5]. These three publications pointed out that between one third and two thirds of extra- pulmonary TB culture-positive cases escape detection by this test. This huge number of patients escaping detection is baffling, inadmissible and a scandal because it allows MDR-patients to wander free on the streets, take airplanes and busses and contaminate their neighbors with multi-drug resistant TB. The reproach could be made that the subjects analyzed by the AIIMS suffered from extra pulmonary tuberculosis (EPTB) but this objection is invalid since the WHO approved the test for extra-pulmonary cases:

Page 16 of the TAG guide: GeneXpert is endorsed (i.e. by WHO) for EPTB diagnosis in selected samples, including from the lymph node, cerebrospinal fluid, and tissues. Two of these incriminating AIIMS publications appeared in 2014 and 2015. These are nowhere mentioned in the TAG guide appearing in 2017. The TAG superbly ignored the contribution of the AIIIMS and promoted a deficient test approved by an Institution whose corruption had been openly denounced in 2016.

Spread of multi-drug resistant TB strains

The result of the wide use, especially in South Africa, of this ill-functioning diagnostic tool was announced on May 9th, 2017 [6].

This publication provides compelling evidence that drug resistant tuberculosis is expected to increase in some of the world's highest burden countries over the next two decades and suggests that person-to-person transmission will play an increasingly larger role in the spread of the disease. This includes South Africa, a dedicated user of the GeneXpert/rif diagnostic test. A study published in The New England Journal of Medicine confirms this gloomy prospect. The authors observed that most South African victims of a deadly multidrug resistant strain of tuberculosis contracted TB directly from another victim through coughing, spitting or other close contact. Family contacts were the most dangerous. Other threats included crowded buses and clinic waiting areas. Hospitals were also dangerous. Sixty-one percent of the patients who had spent time in hospitals were linked to another patient in the same hospital. Suspected transmission to the co-workers was also found. This demonstration of the spontaneous spread of multi-drug resistant TB strains from person to

person observed in South Africa is alarming because other countries will most likely endure the same calamity.

Leprosy

The newspaper "The Hindu" published on January 29th, 2017: "Why India needs to step up its fight against leprosy".

"In 2015, the country accounted for 60% of new cases of leprosy globally. The number of new cases indicates the degree of continued transmission of infection.

Global statistics show that 1,99,992 (94%) of new cases were reported from 14 countries reporting more than 1,000 new cases each. Only 6% of new cases were reported from the rest of the world.

While the mode of transmission of leprosy is not known, the most widely held belief is that the disease was transmitted by contact between those with leprosy and healthy persons. More recently, the possibility of transmission by the respiratory route is gaining ground". However, one mode of transmission of leprosy is known since 1960. The surge of leprosy cases recently denoted in India affects principally children. In the book entitled "Is tuberculosis our new challenge?"

https://drive.google.com/file/d/0B-rH5q_guaV2TkI5MFlvdFRubUE/view?usp=sharing

The author listed (pages 69-70) 4 publications that denounce the promotion of leprosy by the BCG vaccine: the first was published in 1960, the 3 others in 1989, 1991, and 1994.

The warning was thus given well in advance. The study published in the WHO Bulletin. In 1989, reports "a 9-fold excess of leprosy cases which affected only vaccinees less than 5 years old in New Guinea, a TB free-zone, during the first five years following BCG vaccination".

The Revised National Tuberculosis Control Program, vigorously applied in India since 2012, promotes the BCG vaccination of newborns and infants, hence this surge of leprosy affecting children is not astonishing [7].

Detection of latent infections and of immune-depressed cases

In the mammals and human beings are mammals, the cellular immunity and the humoral immunity relying in large part on different antibodies' types, are intertwined. The humoral immunity plays as an essential part in the fight against an infectious disease as does the cellular immunity.

A sophomore knows this. This evidence has been denied by the TB experts during 7 decennia and researchers still do it: no change!

The Anda TB serological test is a blood test for the detection of antibodies (IgG, IgM and IgA types) against TB and other mycobacteria. It had been in use during 25 years in India when, on recommendation of McGill University (M. Pai) [8] and the WHO [9,10], it was banned in association with the implementation of the Revised National Tuberculosis Control Program (RNTCP), which was meant to eradicate TB.

The result of this implementation of the RNTCP in India was that the control program lost all control on the spread of TB and on the

surge of multi-drug resistant TB in India. The American Statistical Association had warned well in advance that the statistics used by M. Pai and consorts [8] and WHO experts [9,10] to propose a policy of serology exclusion did not allow such a policy decision, but superbly the warning was ignored.

The men and women who made this study and the numerous WHO experts who endorsed it are scientific and medical analphabets.

One should not omit the liar Dowdy from this group [11] who, together with Steingart, Pai and the newspaper "The Hindu", falsely claimed the serology to be basely expensive in India, which is true if the 3 types of antibodies (IgG, IgA and IgM) are monitored together.

In fact, only one type, the IgG kit, is currently used in medical labs, which makes serology very cheap and affordable by all. The other types, IgA and IgM, are used for research only (see graph infra). The interferon test is way more expensive!

This ban was approved and comforted by the Guide to tuberculosis diagnostic tools edited by the TAG in 2017. It states:

On page 20 of the guide

All currently available blood-based, or serological (also called sero-diagnostic), tests for the detection of pulmonary TB and EPTB are not WHO-recommended for use.

In fact, WHO issued a negative recommendation (meaning "do not use this test" for serological TB tests).

The reason leading to the lack of endorsement of the blood-based tests for active TB is that such tests have low sensitivity (high false negative results) and low specificity (high false positive results).

Activists advised the banning of such tests for use in India, particularly in the private sector, and such efforts successfully led to India banning the tests.

This statement is disproved by the study performed on humoral TB-IgG antibodies by the All India Institute of Medical Sciences (AIIMS), whose outcome was published in 2017 [12].

The publication is available on internet. Search the site nature.com scientific reports and search for evaluation of 5 novel protein markers.

The results obtained by the All India Institute are very similar, indeed identical, to those obtained by antigen 60 used in the Anda-TB blood test, which was banned by the Ministry of Health of India [12,13].

This close similarity in results indicate that the objection of poor specificity (high number of false positive results) advanced by M Pai, et al., [8] and the numerous WHO experts [9,10] to justify the rejection of the Anda-TB serological test is invalid since none are observable in the control groups of the both tests.

These investigators are scientific illiterates who failed to understand that the blood tests monitor the immune-depression inflicted to the patients by the bacterium as well as the drugs used to combat the bug. A successful treatment allows the production of antibodies to resume. It is illustrated in the following graph.

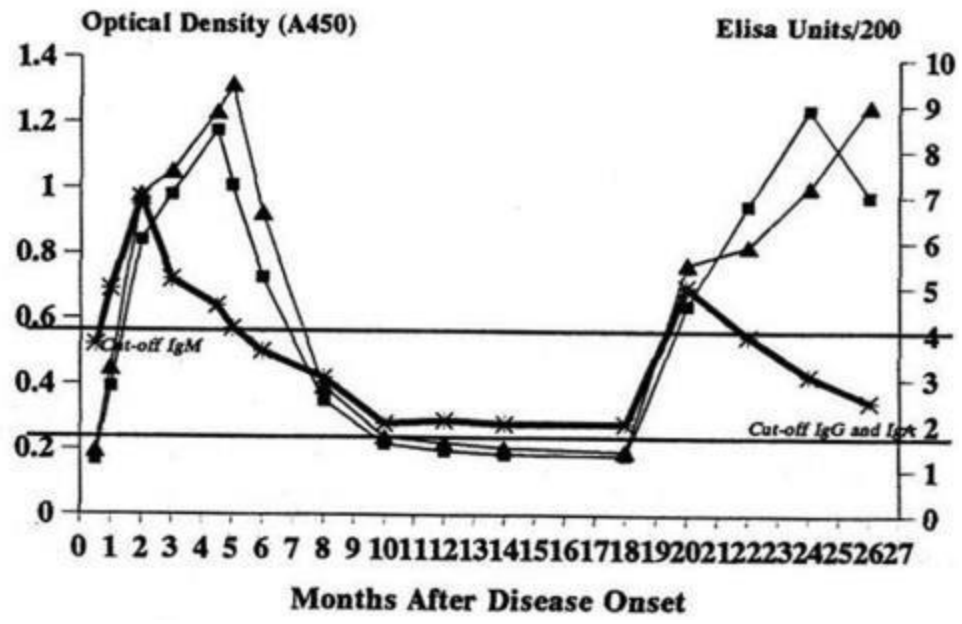

Figure 2: Follow-up with three classes of antibodies in the first treatment and treatment after relapse.

One observes that IgG, IgA and IgM productions are all very low at entry. The patient is fully immune depressed. The treatment is beneficial, and a surge of antibodies is observed.

IgM begins to decline two months later, which is expected, followed by an abrupt decline of IgG and IgA after 5 months of treatment. This is not normal: this should have continued to be synthesized. However, the drugs eliminated the pathogen, and the patient was released but the drugs had killed the memory cells that bypass the production of IgM antibodies and synthetize huge amounts of IgG and IgA antibodies in case of a new challenge.

The patient relapsed 18 months later with a surge of antibodies similar to the one observed previously: the patient was devoid of memory cells. IgM antibodies are detected in a large number of people throughout the world and are of no interest to clinicians who, for all practical purposes, are interested only in IgG production. The test developed by the AIIMS functions perfectly well as did the Anda–TB test. These blood tests detect extra-pulmonary TB and latent infections prone to convert as well as chronically anergic patients whose depressed immune defenses can be stimulated by immuno- potentiators such as the M. vaccae immunotherapy or the food supplement based on uleine [14].

Monetary contribution of developing countries

On May 25th, 2017, EricaLessem=treatmentactiongroup.org had the nerve to send the following communication:

A final reminder to the register to TAG/ACTION webinars on May 30th, June 6th to prepare for the TB Ministerial Conference.

The first, on May 30th at 8am NYC time, is on "Rand, Real, Renminbi, Rubles, and Rupees for Research in TB: Advocating for funding

from BRICS countries and beyond in the lead up to the Ministerial Conference in Moscow".

Erica Lessem demanded that those hapless countries that were recklessly exploited and manipulated during 7 decennia contribute now to the expenses generated by the imposition of a iatrogenic vaccine, a restriction to five of drugs known to induce resistance, the abandon of a cheap and useful serological tool in favor of an expensive interferon test, the neglect of useful therapeutic adjuncts as immunotherapy (M. vaccae) and stimulators of the immune response (the uleine food supplement), the use of an ill-functioning Gene Expert/Rif test, and that these scandalously mislead countries now take up the effort to combat a disease generated by the WHO, the Mc Gill University of whom M. Pai advises WHO and the Gates foundation, and the Pasteur Institute that peddles around the iatrogenic BCG vaccine, instead of demanding reparation for the immense harm and misery these institutions inflicted to them.

General conclusion

In 2022, the European Union faced a staggering corruption within its midst, organized by the Qatar and Morocco, incredible and yet true. Without due attention and transparency, corruption is everywhere and has plagued the WHO as soon as it was inchoate. It was granted freedom from prosecution, considering that it will have to take actions that run counter the interests of some countries and must be protected from retaliation. This privilege is similar to dangling a bottle of wine under the nose of a drunkard. It is inviting scoundrels, crooks and Mafiosi to thrive and feast, unpunished, on their misdeeds, The TB section of the WHO is riven in corruption. With Tuberculosis, Dr. Tedros, the director of WHO, faces a herculean task.

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