



NEW JERSEY SENATE

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SENATE ECONOMIC GROWTH COMMITTEE

SENATE MILITARY AND VETERAN'S
AFFAIRS COMMITTEE

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Original Sent by Mail

December 10, 2020

Judith M. Persichilli, R.N., B.S.N., M.A.,
Commissioner
Department of Health
369 South Warren Street
Trenton, NJ 08608-2308

Dear Commissioner Persichilli,

With the reported increase of COVID positive cases and the exponential growth in testing, one wonders what if any New Jersey State standards have been applied to the PCR test. The State of New Jersey has been guided by the results of these tests in formulating public policy.

I write to ask if the New Jersey Department of Health requires labs to disclose and keep records of the methodology of their testing. Specifically, as you know, to increase the number of viral antigens to make them clinically recognizable, each sample is put through a number of "cycles," in effect doubling the amount of COVID antigen materials with each cycle.

The question of course being asked by many is at what level of cycling can an actual COVID infection be determined? This summer, New York Times estimated that up to 90% of COVID tests because of excess cycling may be false positive due to the repeated cycling of insignificant and or dead virus. Determining the cycling level at which viruses can be cultured would be helpful in determining the potential for infections. Those levels have been reported to some varying degree. Even excess cycling may be useful in identifying and segregating our most susceptible population and beginning early treatment.

I am writing to ask you, if you have not already done so, to collate all testing results done in New Jersey and their respective cycling rates and to please share that information with our office. Is it possible to determine if those rates correlate to an active infection, asymptomatic carrier or merely an exposure to a carrier? I am also asking that the New Jersey Department of Health promulgate rules that would mandate each COVID PCR test identify and share with both the patient and New Jersey Department of Health, the number of cycles that was done for each individual PCR test.



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Finally, working with the State's epidemiologist, I would ask, if you have not already done so, to examine the amount of PCR test cycles and determine what if any correlation exists between those cycles and:

- actual COVID infections
- infected asymptomatic carriers
- non-infected carriers

Please share that information with my office. I await your response.

Thank you in advance for your cooperation.

Sincerely yours,

Senator Joe Pennacchio
Senate Republican Whip

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