Lies and Deceptions by the CDC and the WHO

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Find this PDF here and lots more Global Coup related material on my Quasar website.

Check out my eBook, The Covid / Lockdown Crisis - Alternative Information & Sources.

All bullet pointed excerpts and statements are noted with numbers corresponding to footnotes with linked sources at the bottom of the page. Indented entries preceded by a dash (-) are quoted from the noted source.

The reader is urged to use the footnote links to further explore the material and to get context to what is stated in this PDF and to make up their own mind amidst the nuances of opinion and fact as to what is really going on.

Unless otherwise noted, all dates are the year 2020.

Preface

The Centers for Disease Control and the World Health Organization have a tremendous amount of power right now. While I personally believe there are still good people in both organizations who are dutifully recording statistics (as far as that goes) and doing studies and making reports, those running the show are controlling the narrative and the messaging, which often does not comport with the data. They are using the leverage of their authority and taking advantage of people's general ignorance of who they are to manipulate the populace using fear.

Perhaps even more insidious than outright lies, for any information outlet, are lies of omission. People can debate the factual nature of any report or any piece of information or look into the nuances of the data, but that which is omitted is denied a role in shaping the narrative or completing the picture. This is even more important and especially egregious when the source of information (or lack thereof) is a public health agency tasked with serving the citizenry.

In any public health crisis informing the public should be top priority for a public health agency. Instead both the CDC and the WHO have issued "recommendations" and promoted rules for behavior while not honestly and openly informing the public.

This PDF is about the lies and deception by both the CDC and the WHO. Both have been lying, dissembling, misleading and not being forthcoming with pertinent information. Both are responsible for contributing to the level of fear related to Covid.

The intent of this PDF is to provide some information that should clearly indicate that neither organization has any credibility. As well as lying, they are both in bed with Big Pharma and both have agendas; they do not ultimately serve the people as a top priority. And they are both misrepresenting the reality of the situation regarding Covid.

For a more in-depth look at the CDC and the WHO, see my PDFs about each of them.

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The CDC and the WHO Create New Death Certificate Protocols for Covid-19

In March and April, the CDC and the WHO created new protocols as to what evidence was needed to record Covid as the cause of death, and how to record it on death certificates. These new protocols were published and alerts were sent out to health agencies.

What these new protocols do is make it much more likely that Covid will be listed as the cause of death than would be the case with any other flu-like illness, making it impossible to compare Covid with other diseases and increasing the likelihood that what would have been attributed to another cause in the past will from now on be attributed to Covid.

- The recording of data for causes of death in the United States (other than Covid-19) has been and is based upon the CDC's 2003 Physicians' Handbook on Medical Certification of Death. [1]
- Regarding the priority listing of chronic conditions the 2003 Physicians' Handbook on Medical Certification of Death suggested listing them on Part 1 of the death certificate: [1]

    - For as many conditions as are involved, write the full sequence, one condition per line. If more than four lines are needed, add additional lines rather than using space in Part 2 to continue the sequence.

- On March 24th the CDC announced a new death certificate code and new guidelines for recording Covid-19 and Covid-19 suspected deaths issued by the National Vital Statistics Systems (NVSS): [2] [3]
- Covid-19 Alert No. 2 instructed physicians, medical examiners, and coroners that: [2]

    - The rules for coding and selection of the underlying cause of death are expected to result in Covid-19 being the underlying cause more often than not.

    - Covid-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death.

    - If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part 2.

- On April 20th the WHO also announced the new death certificate code and new guidelines for recording Covid-19 and Covid-19 suspected deaths: [4]

    - A death due to Covid-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed Covid-19 case, unless there is a clear alternative cause of death that can't be related to Covid disease (e.g. trauma). There should be no period of complete recovery from Covid-19 between illness and death.

    - Covid-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death.

    - If the decedent had existing chronic conditions they should be reported in Part 2 of the medical certificate of cause of death.

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1 CDC PDF - Physician's Handbook on Medical Certification of Death -2003 Revision

2 CDC, NVSS PDF - COVID-19 Alert No. 2

3 Children's Health Defense website - If COVID Fatalities Were 90.2% Lower, How Would You Feel About Schools Reopening?

4 PDF - International Guidelines For Certification And Classification (Coding) Of Covid-19 as Cause Of Death

- An article on the Children's Health Defense website explains why this change of protocol matters: [3]

> - Why does this matter? This matters because the Part I [on the death certificate] causes of death are statistically recorded for public health reporting, while Part II does not hold nearly the same statistical significance in reporting. This March 24th NVSS guideline essentially allows COVID-19 to be the cause of death when the actual cause of death should be the comorbidity according to the industry-standard 2003 CDC Handbook.

Ultimately this means that almost from the onset the scales were tipped in such a way that would make Covid-19 appear more deadly than any other flu like illnesses which have been recorded using the previous long standing accepted protocols.

The CDC's Bogus Report Showing Lockdown Measures Work

In August, the CDC published a PDF four page report titled, "Trends in COVID-19 Incidence After Implementation of Mitigation Measures - Arizona, January 22–August 7, 2020", published October 9, 2020. The report was based on information from Arizona's health department. The report compared daily case counts with the timelines of various measures taken in the state. The report purported to show that it was clear that the measures - masks, social distancing, lockdowns - worked.

- Before introducing any information, the first paragraph of the report makes the definitive statement, reinforcing the need for such measures: [5]

> - Mitigating the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), requires individual, community, and state public health actions to prevent person-to-person transmission. Community mitigation measures can help slow the spread of COVID-19; these measures include wearing masks, social distancing, reducing the number and size of large gatherings, pausing operation of businesses where maintaining social distancing is challenging, working from or staying at home, and implementing certain workplace and educational institution controls.

- While admitting some limitations, the final paragraph concludes: [5]

> - Enhanced mitigation measures should be implemented by communities and persons to slow COVID-19 spread, particularly before a vaccine or therapeutic treatment becomes widely available. State, local, and tribal

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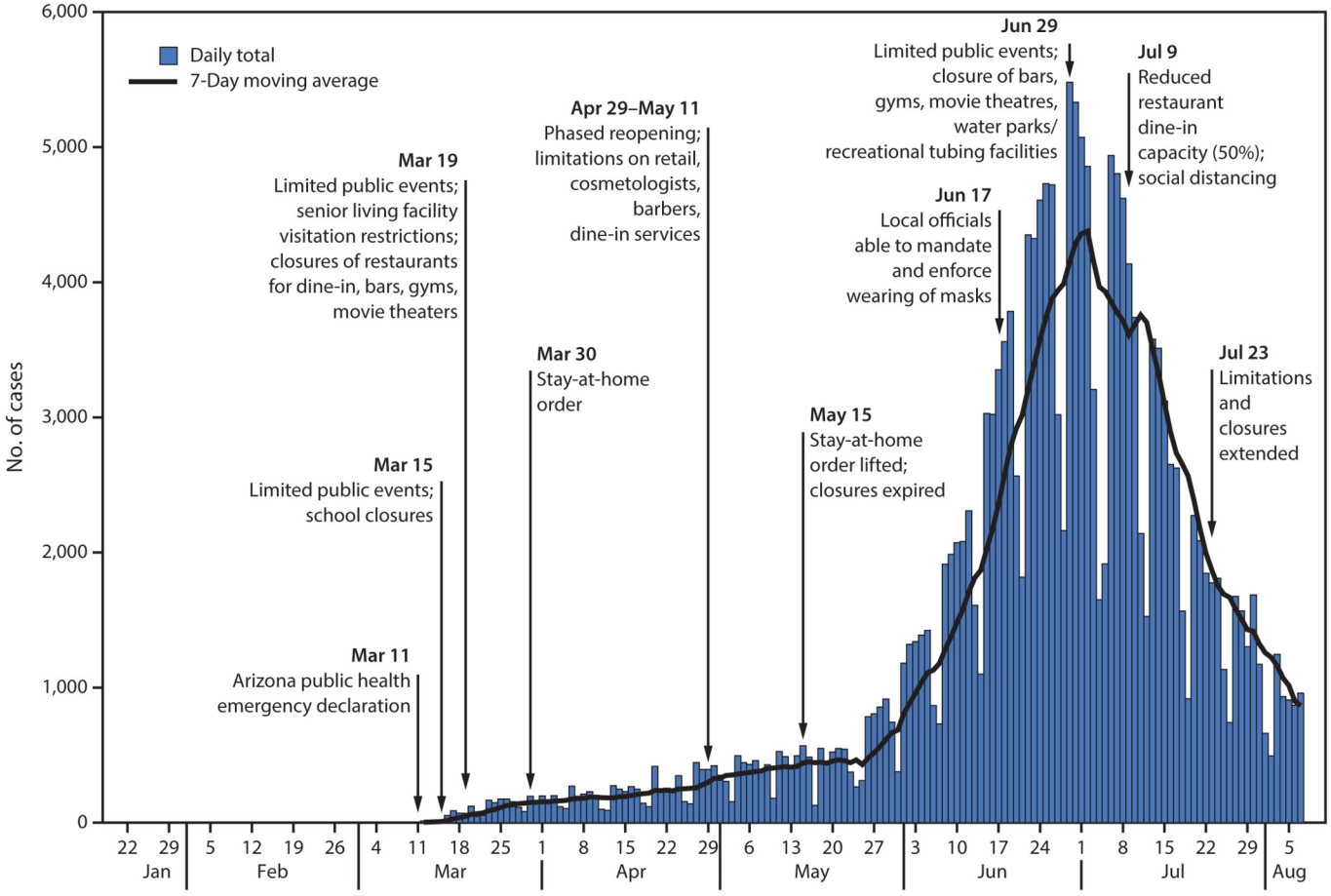
5 CDC PDF - Trends in COVID-19 Incidence After Implementation of Mitigation Measures - Arizona, January 22-August 7, 2020

officials are best positioned to continually monitor data and collaborate to determine the level and types of enhanced mitigation required. Mitigation measures, including mask mandates, that are implemented and enforced statewide appear to have been effective in decreasing the spread of COVID-19 in Arizona.

- The following image is shown illustrating how the measures related to the cases: [5]

FIGURE. Selected community mitigation measures* and COVID-19 case counts† and 7-day moving averages§ — Arizona, January 22–August 7, 2020



If one is wont to trust the CDC and assume they've done their due diligence, the graph might appear to indeed support their conclusions. There is however a problem with this. We keep hearing that we need to trust the science. Unfortunately the scientists who published this report omitted one important factor. Not once in the report is testing mentioned.

- In the image below a graph of the testing during the same time frame, taken from the Arizona Health Department's website, is inverted and juxtaposed with the cases, telling a different story: [6]

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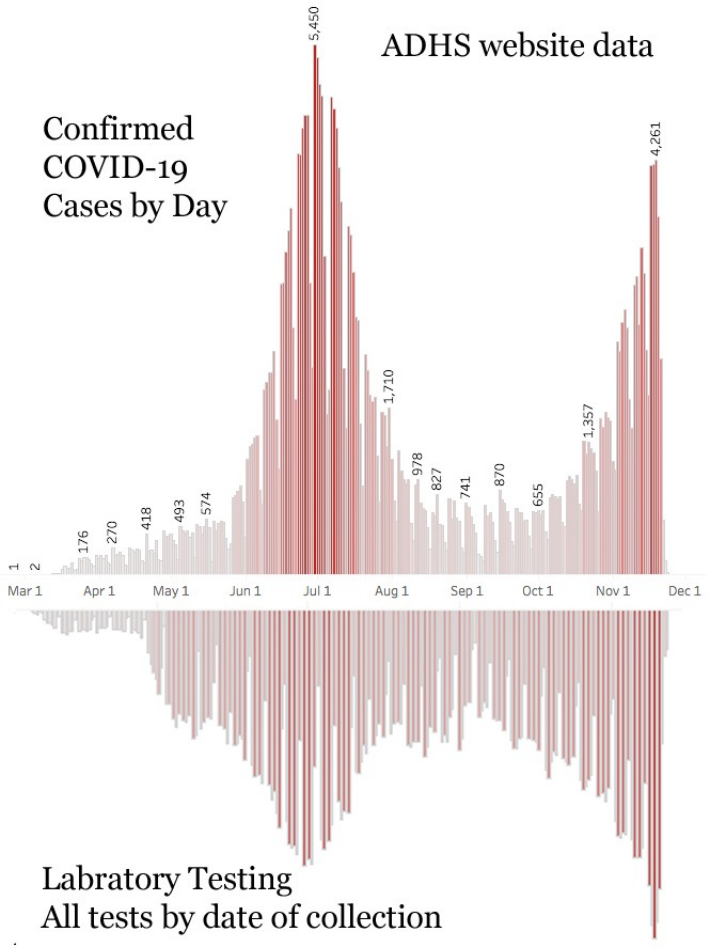
6 Arizona Department of Health Services website - Laboratory Testing



For a public organization tasked with serving the public to claim over and over again, as they do in the report, that the evidence shows that masks and the other mitigation measures work without correlating that more testing equals more cases is mind boggling. Every person who took part in doing that report or publishing it should be fired and shamed.

The CDC is Manipulating the PCR Test Data - A Lower Cycle Count is Being Used for Breakthrough Cases

Now that a substantial amount of people in the United States have gotten the “vaccine” the CDC has decided to track “breakthrough” cases. Breakthrough cases are instances of people who have been determined to have contracted Covid-19 in spite of the fact that they have been vaccinated (theoretically) against it.

The CDC, in the Spring of 2021, introduced two new policies that are changes that clearly will distort the statistics when comparing incidences of Covid for people who have or have not taken the “vaccine.”

- Here, Kit Knightly of the Off Guardian website explains: [7]

> - Essentially, Covid19 has long been shown – to those willing to pay attention – to be an entirely created pandemic narrative built on two key factors:
>
> - False-positive tests. The unreliable PCR test can be manipulated into reporting a high number of false-positives by altering the cycle threshold (CT value).
>
> - Inflated Case-count. The incredibly broad definition of "Covid case", used all over the world, lists anyone who receives a positive test as a "Covid19 case", even if they never experienced any symptoms.
>
> - Without these two policies, there would never have been an appreciable pandemic at all, and now the CDC has enacted two policy changes which means they no longer apply to vaccinated people.

A Look at the Changes

The First Change -

First, some background. During the entire debacle, people have been deemed to be "cases", whether or not they have any symptoms if a PCR "test" result comes out positive. (Please read my PDF titled, The PCR Test for much more detail about PCR.) In a nutshell, PCR amplifies traces of genetic material through a series of cycles until there is enough to identify. It has been shown that as the cycle count goes higher than 25, there is a great likelihood of a false positive and over 35 cycles most positive results are false positives; in other words the viral material is not viable.

As shown in the PDF, The PCR Test, cycle counts of 40 have been widely used during the Covid scam, generating the illusion of a rampaging virus.

Now, the CDC has issued guidelines for the reporting of breakthrough cases and have delineated a cycle count of 28 to be used to test the vaccinated. There is no doubt that this will lead to far fewer "cases" as a much higher viral load would need to be present to show up after only 28 cycles. This will obviously yield data that shows the already vaccinated are getting "infected" at a much lower rate. This is not science. This is a lie furthering an agenda.

- Here the CDC in an article titled, "COVID-19 Vaccine Breakthrough Case Investigation", the CDC outlines the procedure for reporting breakthrough cases. Note that the original link to the CDC PDF referenced below now directs to another CDC article about breakthrough cases which does not mention the cycle count. The quote below

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7 Off Guardian website - How the CDC is manipulating data to prop-up "vaccine effectiveness"

is from the original April 23, 2021 page now available using the Wayback Machine. From a section called “Respiratory specimen for SARS-CoV-2 sequencing”: [8]

- Rationale and request for additional laboratory testing
- CDC and state/local health departments are investigating COVID-19 vaccine breakthrough cases.
- CDC would like to receive viral sequence data and respiratory specimens from COVID-19 vaccine breakthrough cases to assess the frequency of SARS-CoV-2 variant.
- Specimen selection: Clinical specimens for sequencing should have an RT-PCR Ct value ≤28.

The Second Change -

On May 1, 2021 the CDC announced they would further limited the criterion for what they will track as breakthrough cases counting only hospitalized or fatal cases in order to “maximize the quality of the data.”

- Again from a Wayback Machine page of the CDC website in a section titled, “Identifying and investigating hospitalized or fatal vaccine breakthrough cases”: [9]

  - Identifying and investigating hospitalized or fatal vaccine breakthrough cases: As of May 1, 2021, CDC transitioned from monitoring all reported vaccine breakthrough cases to focus on identifying and investigating only hospitalized or fatal cases due to any cause. This shift will help maximize the quality of the data collected on cases of greatest clinical and public health importance.

The CDC’s Definition of Breakthrough Cases Doesn’t Include the Not Fully Vaccinated

- The CDC only counts breakthrough cases as those occurring among the “fully vaccinated”, seemingly implying that those who have gotten a jab but haven’t completed the whole regimen and become a case would fall in the category of unvaccinated. From the CDC website page, “The Possibility of COVID-19 after Vaccination: Breakthrough Infections”, updated September 7, 2021: [10]

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8 CDC PDF, April 23, 2021 via the Wayback Machine - COVID-19 Vaccine Breakthrough Case Investigation

9 CDC website, May 1, 2021 via the Wayback Machine - COVID-19 Vaccine Breakthrough Case Investigation and Reporting

10 CDC website - The Possibility of COVID-19 after Vaccination: Breakthrough Infections

- COVID-19 vaccines are effective at preventing infection, serious illness, and death. Most people who get COVID-19 are unvaccinated. However, since vaccines are not 100% effective at preventing infection, some people who are fully vaccinated will still get COVID-19. An infection of a fully vaccinated person is referred to as a "vaccine breakthrough infection."

- Further, their definition of fully vaccinated doesn't apply until 2 weeks after they receive the jab that brings them up to date. From the CDC website page, "When You've Been Fully Vaccinated", updated Oct. 15, 2021: [11]

  - In general, people are considered fully vaccinated: 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

  - If you don't meet these requirements, regardless of your age, you are NOT fully vaccinated.

The WHO Changes The Definition of Herd Immunity

The concept of herd immunity is not new. It is an idea, a theory, the observation that once a certain percentage of the population has immunity against a pathogen that then there is too few vulnerable people (hosts) for the pathogen to thrive.

- First, here is a definition from the Britannica website: [12]

  - Herd immunity, also called community immunity: state in which a large proportion of a population is able to repel an infectious disease, thereby limiting the extent to which the disease can spread from person to person. Herd immunity can be conferred through natural immunity, previous exposure to the disease, or vaccination. An entire population does not need to be immune to attain herd immunity. Rather, herd immunity can occur when the population density of persons who are susceptible to infection is sufficiently low so as to minimize the likelihood of an infected individual coming in contact with a susceptible individual.

- Here, published on the WHO's website on June 9, was their definition of herd immunity: [13] [14]

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11 CDC website - When You've Been Fully Vaccinated

12 Britannica website - Herd immunity

13 WHO website - Coronavirus disease (COVID-19): Serology, 9 June 2020 | Q&A

14 Screenshot of WHO page - What is Herd Immunity? June 9th

- Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.

(Note that the page has been deleted by the WHO. The footnoted link is from archive.org and may not stay viable so the second footnote for a link to a screenshot is included.)

Now that the push to get the whole world vaccinated with the Covid vaccines, the WHO did its part in the propaganda. On their November 13 page where they define herd immunity they changed their definition to state that herd immunity is only possible through vaccination, rejecting decades of commonly accepted science and common sense. And to drive it home, they say the same thing three different ways in three paragraphs. Further, the psyop, using fear, is used that vaccines are how you get immune without having to get sick.

- From the WHO's website, dated November 13, 2020, What is herd immunity?: [15] [16]

  - 'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.
  - Herd immunity is achieved by protecting people from a virus, not by exposing them to it.
  - Vaccines train our immune systems to develop antibodies, just as might happen when we are exposed to a disease but – crucially – vaccines work without making us sick.
  - As more people in a community get vaccinated, fewer people remain vulnerable, and there is less possibility for passing the pathogen on from person to person. This is called 'herd immunity'.
  - 'Herd immunity' exists when a high percentage of the population is vaccinated, making it difficult for infectious diseases to spread, because there are not many people who can be infected.

  (For this also, a second footnote links to the screenshot.)

- Curiously, as of December 31, they have reverted to their original definition but retain the warning that vaccines are superior because people don't need to get sick or die. One might speculate that they reverted their message due to the blowback. In any case, it is clear that the WHO lacks integrity and is not about science or informed

15 WHO website - Coronavirus disease (COVID-19): Serology, antibodies and immunity, 13 November 2020 | Q&A
16 Screenshot of WHO page - What is Herd Immunity? November 13th

consent; instead is pushing vaccines. From the current WHO website, updated December 31: [17]

> - 'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. WHO supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population, as this would result in unnecessary cases and deaths.

The WHO Finally (?) Announces PCR Test Cycles Guidelines

In the last year we have seen the enactment of draconian policies, stripping away what had been considered to be inalienable rights. And much of this is done based on the perception of a pervasive spreading of infections. This perception is based on positive results from PCR tests, in spite of the fact that PCR is a process that was never intended to be used to diagnose and that the PCR test gives false positives when used at a high cycle count (Ct value). The PCR test cycle issue is not news. They have been known about for a long time. (See my PDF for more about the PCR test.)

The question is, when did the WHO first see fit to publish anything that officially addressed the PCR test cycle count issue?

- First, what does a PCR test do? PCR is a process that amplifies samples through repetitive cycles. The lower the virus concentration in the sample, the more cycles are needed to achieve a positive result. [18]

There are many articles to be found chastising the WHO for “finally” getting around to cautioning about PCR tests with a high cycle count, asserting that they were negligent for not doing so earlier. The articles cite one or both of two “Information Notices” published on the WHO’s website in December, 2020 and in January, 2021. Many of the articles are not really correct in implying the WHO had never previously cautioned about cycle count being an issue.

In an attempt to honestly appraise the WHO’s actions this is an update of this section of the previously published version of this PDF which cited the December 14 WHO Information Notice.

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17 WHO website - Coronavirus disease (COVID-19): Herd immunity, lockdowns and COVID-19, 31 December 2020 | Q&A

18 Rational Ground website - COVID-19 PCR Testing: Cycle threshold values are the missing piece of the pandemic puzzle – until now

It turns out that a reference to the possibility of high cycle count was to be found on the WHO's website, September 11, three months earlier than the December 14 article.

- From the WHO "Diagnostic testing for SARS-CoV-2, Interim guidance, 11 September 2020", in the "Testing for SARS-CoV-2" section: [19]

> - Nucleic acid amplification test (NAAT): Careful interpretation of weak positive NAAT results is needed, as some of the assays have shown to produce false signals at high Ct values. When test results turn out to be invalid or questionable, the patient should be resampled and retested. If additional samples from the patient are not available, RNA should be re-extracted from the original samples and retested by highly experienced staff. Results can be confirmed by an alternative NAAT test or via virus sequencing if the viral load is sufficiently high. Laboratories are urged to seek reference laboratory confirmation of any unexpected results.
>
> - Quality assurance: Laboratories should put measures in place to reduce the potential for false positive rRT-PCR results and have a strategy for the management of equivocal results.

The above excerpts were two paragraphs in the middle of a 20 page document that nowhere else mentioned cycles or Ct values. The December 14 "Information Notice", which was quoted in this PDF's previous version, was just four paragraphs, on its own page and was more cautionary, in the last sentence instructing users to provide the Ct value in the report.

- From the "WHO Information Notice for IVD (in vitro diagnostic) Users", December 14: [20]

> - Description of the problem: WHO has received user feedback on an elevated risk for false SARS-CoV-2 results when testing specimens using RT-PCR reagents on open systems.
>
> - Users of RT-PCR reagents should read the IFU [instructions for use] carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result.
>
> - The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus and so the Ct value will be low. Conversely, when specimens return a high Ct value, it means that many cycles were required to detect virus. In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain.

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19 WHO PDF - Diagnostic testing for SARS-CoV-2, Interim guidance, 11 September 2020

20 WHO website - WHO Information Notice for IVD Users 2020/05, Version 1

- Provide the Ct value in the report to the requesting healthcare provider.

- Finally, the WHO published almost the same information as the December 14 posting in an update, “version 2”, of the same “Information Notice”, but even more succinct, in four very short paragraphs, on January 20, 2021. [21]
- One thing to note in the January version, they refer to and give a link to a page for the September Interim Guidance where they in turn give links to two previous versions of the Interim Guidance, from January and March. In neither of those PDFs are cycles or Ct values mentioned. [22]

One could argue better late than never, but if indeed the September 11 Interim Guidance was the first time the WHO warned of false positives from the PCR test, that still would have been negligent considering how long it has been known that a high cycle count yields unreliable results.

The Disappearing Flu Section Update

(August 15, 2024)

This PDF has been one of my more downloaded PDFs and I'm happy that people recognized the importance of the fraud that was at the center of the whole totalitarian nightmare that was the rollout of the Covid psyop.

But since I wrote this, almost three years ago now, I have been exposed to information that has led me to change my beliefs about viruses in general. There are many learned and aware people, trained in medicine, who understand how the body functions (which most doctors don't), and who believe that there is no such thing as a contagious virus.

I, personally, have never feared viruses (didn't have any idea what they were supposed to be, before Covid) and though I believed in contagion I always viewed being "sick" as my body throwing something off in order to get better, as opposed to being under assault from a pathogen.

The concept that viruses don't exist might be challenging, as most of us have lived our whole lives with the idea, imparted culturally by osmosis, of "catching" things, but, at this point, I am quite convinced that contagious viruses don't exist and extremely convinced they have never been proven to exist.

I have never studied epidemiology or virology, and will not now attempt to repeat or explain the very lucid ways in which virology is debunked by people who *are* educated in

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21 WHO website - WHO Information Notice for IVD Users 2020/05, Version 2

22 WHO website - Laboratory testing for coronavirus disease (COVID-19) in suspected human cases, Interim guidance

the field. But the most important central thing is the exposing of the fact that never has a virus been isolated. This is incredibly important because, if true, everything that hinges on fearing contagious disease - social distancing, lockdowns, monitoring, surveillance, and digital passes, the push to get people to exchange a real social life for a "virtual" one, etc. - are all downstream from this. And along with that goes the learning of how the *bad guy bug* and the *good guy drug* concept was a seminal feature of the psyop that was at the heart of the creation of Western Medicine's stranglehold on everything health related.

I have added a section to the Relevant Links at the very end of this PDF, Virology Skepticism Links, with links to some sources for exploring the exposing of virology and for alternative explanations for "outbreaks" other than viruses.

The upshot of this as far as the following *Disappearing Flu* section goes is that cases of the flu and/or cases of Covid-19 are imaginary. The PCR Test and any test for a virus is a fraud. However the section is a valid part of the "Lies and Deceptions" carried out by both the CDC and the WHO. So, below is the original section.

Finally, as I always say, belief in information is nuanced. Very few things should be believed 100%. It's part of the learning process to mostly believe or sort of believe something. If it's a challenge to reject virology, consider the possibility and keep learning.

The Disappearing Flu

According to the CDC and the WHO the flu is now virtually nonexistent, worldwide.

It would not be a stretch, considering the new death certificate protocols and the lack of integrity exhibited by the CDC and the WHO, to wonder if deaths (and cases) that would have been attributed to the flu in previous years are now being attributed to Covid-19. But that might not be the whole story or any part of it.

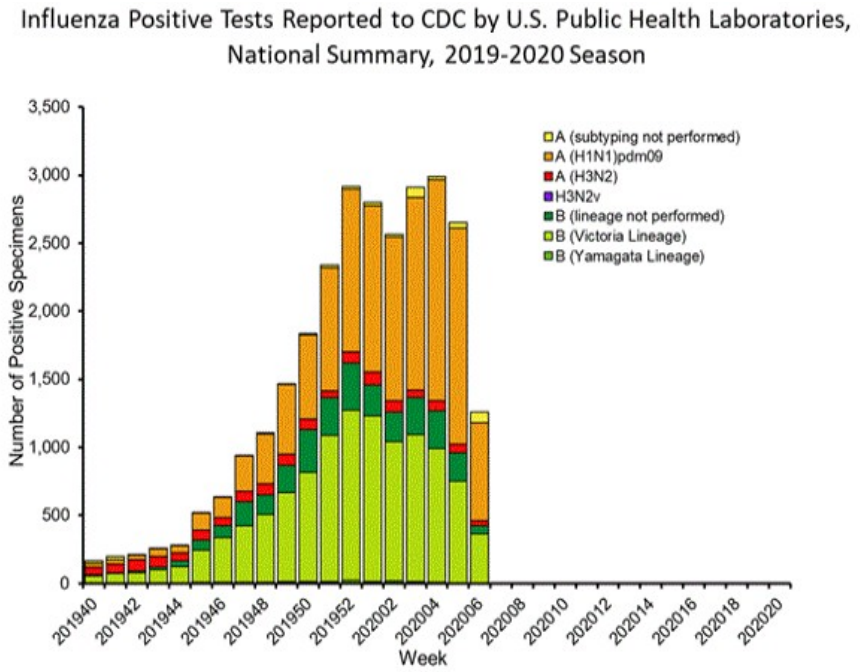
This section is included not because it provides any kind of concrete evidence but rather because it is a curious development, and the agencies' responses to it seem ingenuous.

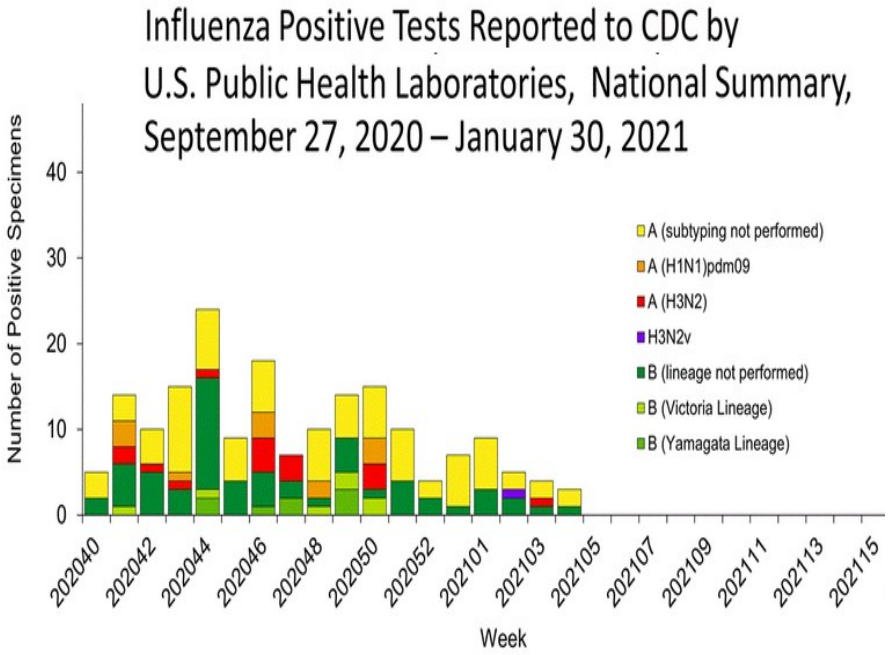
This section will be in three parts. First the data, graphs from the CDC and the WHO, second, a look at the WHO's and the CDC's explanations, and finally a look at the claim that Covid mitigation measures have stopped the spread of the flu and a possible other explanation.

The Data

Below are some images from the CDC's website and from the WHO's website comparing flu cases in the 2019-2020 season to cases in the 2020-2021 season during the same weeks.

- These next two graphs are from the CDC website, the “Past Weekly Surveillance Reports” page. In the first graph, for the 2019-2020 season, you see the “positive tests”, from week 50 of 2019 to week 5 of 2020 averaging about 2,500 per week. In comparison, for this season (2020-2021) in the same time frame, we see in the second graph an average of somewhere around 10 per week across the United States: [23]

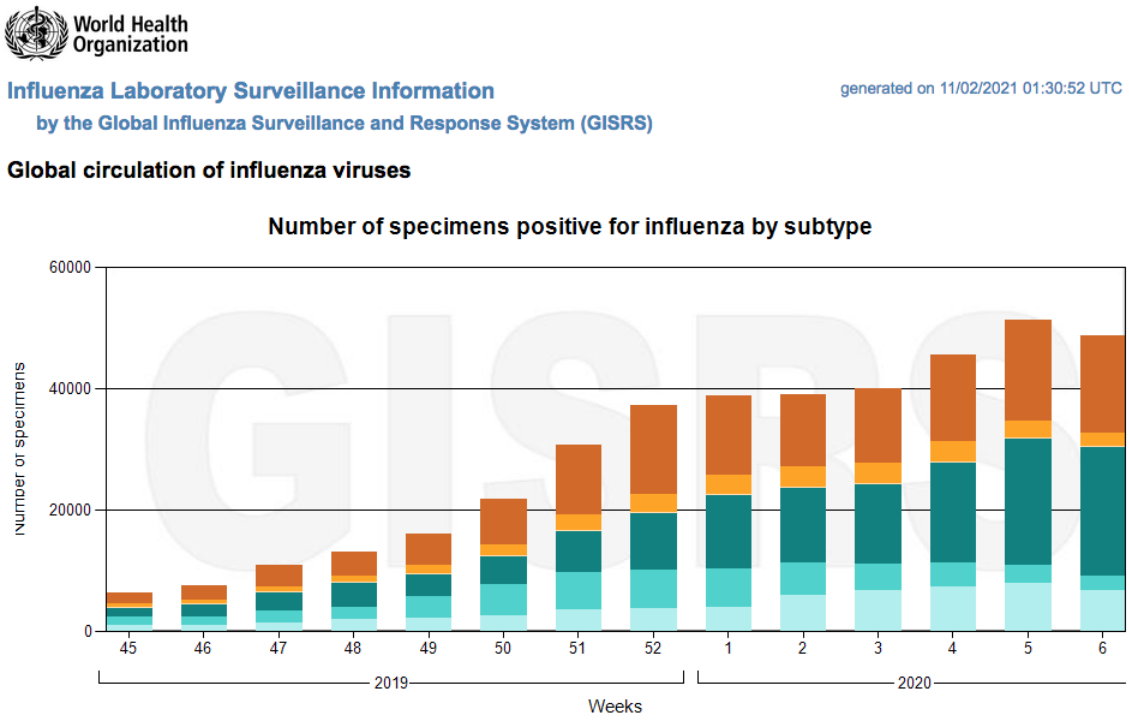


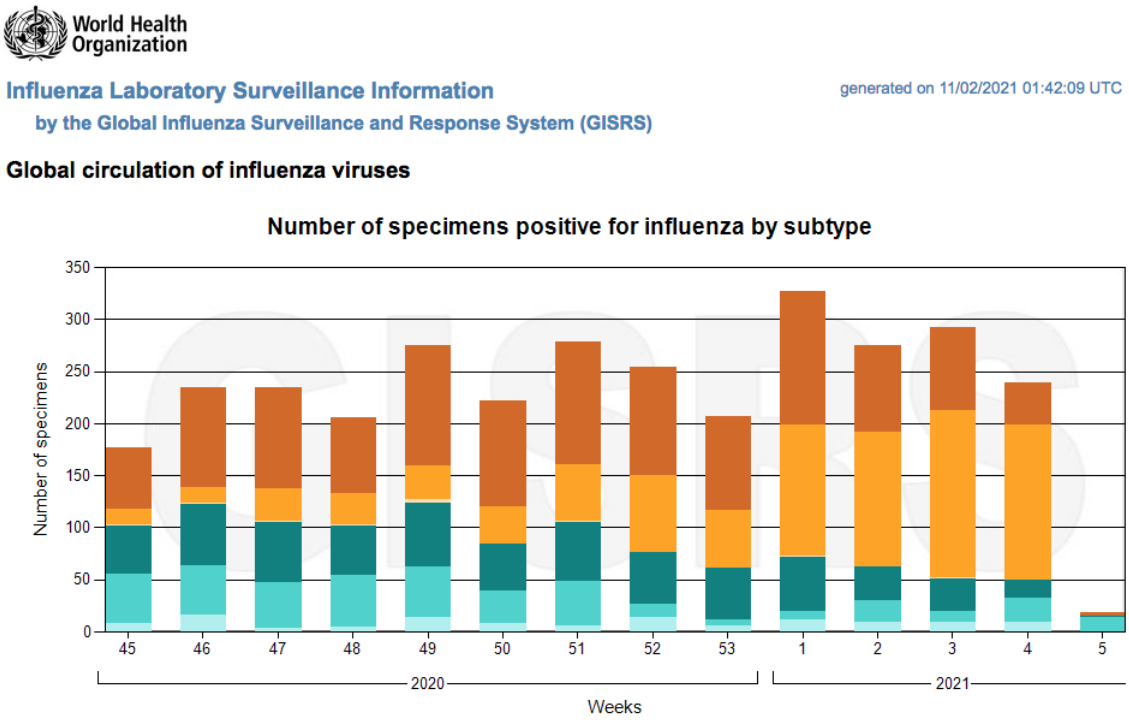


23 CDC website - Past Weekly Surveillance Reports

From the WHO we see a similar incredibly low number of flu cases recorded.

- From the WHO website, under the “Global Circulation - optional time period selection” page, in the first graph for the 2019 - 2020 season, you see the “positive specimens”, from 2019 week 52 to 2020 week 4 averaging somewhat more than 40,000 per week. And for this season in the same time frame, we see in the second graph an average of somewhere around 250 across the entire globe: [24]





24 WHO website - FluNet

The WHO's Explanation

- In the September 2020 Influenza "Update N° 376" from the WHO, they had this to say: [25]

> - The various hygiene and physical distancing measures implemented by Member States to reduce SARS-CoV-2 virus transmission have likely played a role in reducing influenza virus transmission.

The CDC's Explanation

- The CDC published a report on their website on September 18, 2020 about the disappearing flu titled, "Decreased Influenza Activity During the COVID-19 Pandemic - United States, Australia, Chile, and South Africa, 2020". From the summary at the start of the report they cite Covid's "mitigation measures" as the likely cause and suggest such measures for the future: [26] [27]

> - What are the implications for public health practice? Interventions aimed against SARS-CoV-2 transmission, plus influenza vaccination, could substantially reduce influenza incidence and impact in the 2020–21 Northern Hemisphere season. Some mitigation measures might have a role in reducing transmission in future influenza seasons.

- After discussing, in the last paragraph of the report, the lockdowns and other mitigation efforts of the four countries mentioned in the report's title, the last sentence says: [26] [27]

> - The community mitigation strategies implemented to prevent the spread of COVID-19, including both community and individual-level measures, appear to have substantially reduced transmission of influenza in all these countries.

- In this short 10 paragraph report they refer to the "mitigation" measures as the likely reason for the disappearance of the flu or suggest such measures for the future 15 times. They conclude that ultimately the flu vaccine is your best bet. From the last sentence of the Discussion section of the report: [26] [27]

> - Influenza vaccination for all persons aged ≥6 months remains the best method for influenza prevention and is especially important this season when SARS-CoV-2 and influenza virus might cocirculate.

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25 WHO PDF - Influenza Update N° 376

26 CDC website - Decreased Influenza Activity During the COVID-19 Pandemic – United States, Australia, Chile, and South Africa, 2020

27 CDC PDF - Decreased Influenza Activity During the COVID-19 Pandemic – United States, Australia, Chile, and South Africa, 2020

- The burning question from this report should be why and how do the mitigation measure prevent the spread of flu while apparently not working against Covid. In the Discussion section at the end of the report they hint at why, explaining SARS-CoV-2 is more contagious: [26] [27]

    - In the United States, influenza virus circulation declined sharply within 2 weeks of the COVID-19 emergency declaration and widespread implementation of community mitigation measures, including school closures, social distancing, and mask wearing, although the exact timing varied by location.

    - Although causality cannot be inferred from these ecological comparisons, the consistent trends over time and place are compelling and biologically plausible. Like SARS-CoV-2, influenza viruses are spread primarily by droplet transmission; the lower transmissibility of seasonal influenza virus (R0 = 1.28) compared with that of SARS-CoV-2 (R0 = 2–3.5) likely contributed to a more substantial interruption in influenza transmission.

- The R number has nothing to do with the biology of the disease. It is an observation of the history of a disease. From the Evening Standard website: [28]

    - How is the R number calculated?

    - The R number cannot be calculated in real-time.

    - Instead, scientists look at figures including positive tests, rates of hospitalisation and fatalities to work out an estimate of the rate of transmission.

    - Generally this creates a picture that covers roughly the past month.

A Look at Another Explanation

- In an article from Michael G. Sunde, a Research Associate at the University of Missouri School of Natural Resources (the 2nd footnote is to his profile), on the medium.com website titled, “The Unexpected Case of the Disappearing Flu” the author looks at the contradictions involved in a claim that mitigation efforts would prevent the spread of the flu but not the spread of SARS-CoV-2. He addresses the most obvious point: [29] [30]

    - The reduction (or more accurately disappearance) in influenza cases has occurred in all geographic regions, regardless of the nonpharmaceutical interventions (NPIs) that have been employed.

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28 Evening Standard website - R rate: What is it and how is the figure calculated?

29 medium.com website - The Unexpected Case of the Disappearing Flu

30 ResearchGate website - Michael G. Sunde Profile

- He addresses how masks should prevent the transmission of SARS-CoV-2 similarly to the flu: [29]

> - If the wearing of masks was capable of almost entirely removing influenza from circulation, as has been observed, then this approach would also eliminate SARS-CoV-2. Indeed, SARS-CoV-2 virions, which range from ~50 to 200 nm, are similar in size to those of influenza (~80 to 120 nm), adenoviruses (~90 to 100 nm), and other endemic betacoronaviruses, such as HCoV-OC43 and HCoV-HKU1 (~118 to 140 nm), which share the same genus as the novel virus. Since SARS-CoV-2, influenza, and various other respiratory viruses are largely spread by fine-particle aerosols in indoor settings, an intervention that works for one should logically work for the other. But in spite of the stringency of interventions, SARS-CoV-2 cases have skyrocketed.

- Finally Sunde refers to a section of a 1992 book called “The Transmission of Epidemic Influenza” by Edgar Hope-Simpson. The section, called “Vanishing Trick” offers an explanation that neither supports the WHO’s or the CDC’s “mitigation measures” claims nor does it support the theory that the CDC’s and the WHO’s new protocols labeling of flu cases as Covid cases is responsible: [29]

> - Information and specimens reaching Hampstead from many parts of the world drew attention to the most puzzling and apparently illogical of the many conundrums posed by the human influenza viruses. The strains discovered in 1932-33, soon to be called type A influenza virus, remained homogeneous for more than a decade. Then in the winter of 1946-47 they were replaced by a different but related virus that was named "A prime" (written A') in order to distinguish it from the earlier A strains. Vaccination by a vaccine containing the original A virus conferred little protection against the novel strains. Andrewes was deeply puzzled: "... strange as it may seem these A primes seem to have completely replaced the classical As allover the world. How this comes about and why the classical As should have vanished is a mystery."
>
> - A mystery indeed! The phenomenon, christened the vanishing trick, has characterized most subsequent major and minor antigenic changes of influenza A virus. Strains that have been causing all the type A influenza in the world for perhaps a dozen years will vanish and next season be replaced everywhere by a novel strain. In the case of minor antigenic changes the predecessor may have been prevalent for only one or two seasons over a large part of the earth's surface before it disappears and is replaced by a new minor variant.

- The vanishing trick still remains to be explained.

So is the flu's disappearance the result of relabeling the flu or is it because of the mitigation measures or is it simply because of a mysterious character trait of viruses? The reader is encouraged to explore it more and come to their own conclusions. In any case the CDC's and the WHO's messaging that the mitigation measures likely are the reason seems very ingenuous.

Final Thoughts

One of the things one hears over and over regarding all things Covid is to trust the science or believe in the science. It is said as if certain people own the science. It is used to claim moral superiority over those who disagree with the mainstream narrative. Just because some authority claims or insinuates that the science is settled, doesn't make it so. Science is a human endeavor; it exists - it is not something to be believed in or not believed in. Science is full of nuance and data (especially sound bites of data) never shows the whole picture.

It's clear that the CDC and the WHO make political decisions and have agendas. While there may be many smart and degreed people in those organizations one cannot assume that their knowledge is used for the benefit of and focused on the welfare of the public.

Finally, it is extremely important for people to understand that you don't have to be a scientist or infectious disease "expert" to appraise and judge things for yourself. It is a grave mistake to yield your agency to experts.

Relevant Links

WHO Deletes Naturally Acquired Immunity from Its Website

COVID-19 cases in Arizona dropped 75% after mask mandates began, report says

- Article published October 9, 2020, the same day the CDC published their bogus report. It's a fluff piece taking the CDC at their word.

WHO (finally) admits PCR tests create false positives

"R nought" and herd immunity

Virology Skepticism Links

Videos

Sam Bailey Videos' Show Notes

The End of Germ Theory

Toxicology vs Virology – Rockefeller Institute and the Criminal Polio Fraud

Will I Be Struck Off?

Dr. Sam Bailey - The Truth About Virus Isolation / Bioweapon BS

Reiner Fuellmich's Coronaviruses - Sam Bailey

PDFs

- Virology Debunked

The End of Germ Theory - PDFs of Sources for the Video (video linked to above)

Covid-19 Fraud and War on Humanity, November 11, 2021 - Dr Mark Bailey and Dr John Bevan-Smith

Settling The Virus Debate - Tom Cowan, Andrew Kaufman, et al

Dismantling the Virus Theory - Dr. Stefan Lanka, 2015

COVID-19 - The virus does not exist - it is confirmed! - Saeed A. Qureshi, Ph.D, January, 2021

FOIs Reveal That Health/Science Institutions Around the World (220 and Counting!) Have No Record of Sars-Cov-2 Isolation/Purification, Anywhere, Ever - Christine Massey

Explore No-Virus Articles, PDFs, Videos, Websites – Extensive Sources

- Poisons not Viruses

20 Things You Don't Know About Polio, The History of Polio - Jason Christoff

Pesticides and Polio: A Critique of Scientific Literature

The Poison Cause of Poliomyelitis and Obstructions to its Investigation

The SARS Epidemic- Are Viruses Taking the Rap for Industrial Poisons?

Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic, August, 2008 - John F. Brundage, G. Dennis Shanks