



Mainstream Media Warns of ‘Tripledemic’ This Winter — What’s Really Behind the Hype?

Description

While influenza, RSV and COVID-19 can be problematic and dangerous for certain high-risk individuals, the overall risks associated with them are negligible for most — but “fear sells” and for Big Pharma, it sells more vaccines.

Story at a glance:

- According to mainstream media, hospitalizations for respiratory infections are on the rise and “experts” warn of a potential “tripledeemic” this winter, as COVID-19, seasonal influenza and respiratory syncytial virus (RSV) are all in circulation.
- The Centers for Disease Control and Prevention (CDC) reports a 1% increase in new admissions of patients with confirmed COVID-19. Maine — which has one of the nation’s highest COVID-19 jab rates — has the most COVID-19 hospitalizations. RSV cases are also unseasonably high.
- “Health experts” are now calling for voluntary indoor masking again, even though all the evidence garnered over the past three years confirms that face masks cannot prevent viral infection and spread.
- The first-ever RSV vaccines are now in the pipeline, directed at pregnant women, newborns and seniors. Some of them are based on mRNA technology.
- No vaccine for RSV has ever been successfully developed before, because the vaccines had a persistent tendency to cause worse disease, a phenomenon known as antibody-dependent enhancement (ADE).

According to mainstream media, hospitalizations for respiratory infections are on the rise and “experts” warn of a potential “tripledeemic” this winter, as people contract COVID-19, seasonal influenza and [respiratory syncytial virus \(RSV\)](#).

“The CDC [Centers for Disease Control and Prevention] reports a 1% increase in new admissions of patients with confirmed COVID-19 in the U.S.,” Yahoo! News reported at the end of October.

Far from being a pandemic of the unvaccinated, however, most [COVID-19](#) patients are now, in fact, fully jabbed. As noted by Yahoo! News (before urging everyone to stay up to date on their boosters):

“The state with the most COVID hospitalizations is Maine even though it has one of the country’s highest full vaccination rates, which means a person has received their primary series of vaccinations (whether that’s one or two doses) and two weeks have passed since their last dose.”

[RSV cases](#) are also unseasonably high. According to Dr. Margaret R. Moon, co-director of Johns Hopkins Children’s Center in Baltimore, the hospital “is experiencing a surge of patients due to an increase in cases of RSV, as well as other reasons, and many surrounding hospitals are facing the same.”

Scare tactics to sell you on RSV vaccine

Fear sells, they say, and that’s certainly the adage used by Big Pharma when it comes to vaccines. A perfect example of this was recently published by Vox. “New RSV Vaccines Are Coming. This Is Very, Very Good News,” the headline states.

Why good news? Because RSV is a “baddie responsible for much of the mayhem” now seen in hospitals. Vox publishes classic fear porn:

“RSV generally causes cold symptoms but can also lead to severe lung inflammation or infection in very young and very old people. And it’s started off cold season with a bang:

“As of October 22, babies under a year old were being hospitalized at rates six times higher than they were at the same point in 2019, and the overall hospitalization rate was seven times higher for people of all ages.

“Every year, hundreds of children die of RSV, and tens of thousands more are hospitalized ... RSV disease is one of the first pediatric illnesses that young pediatricians learn to fear, said [Amy] Edwards [a pediatric infectious disease specialist in Cleveland].

“Babies with the infection have terrible coughs and make wheezing noises as they struggle to move air through their swollen airways. ‘Once you’ve seen it, it’s like you never forget it,’ she said ...

“In the US, the infection leads to about 58,000 hospitalizations and 100 to 300 deaths among young children each year, making it the country’s top cause of hospitalization in infants.

“Although it’s a particularly risky infection for babies born prematurely and for those with lung problems or heart abnormalities, about 40% of American infants who died of RSV over the past few decades were otherwise healthy.

“However bad RSV is in the United States, it’s worse globally. Every year, it causes an estimated 120,000 infant deaths worldwide ... There is currently no approved antiviral treatment for RSV in either adults or children, and the one preventive option that currently exists is far from perfect ...

“Babies need something better — something affordable that can protect all infants, not just the highest-risk ones, from this seasonal scourge. Adults, too, need something to protect them from a virus that

reliably causes an immense amount of disease — ideally, something that's as good as a flu shot, or better.”

“Something as good as a flu shot.” Really?

The 2017/2018 [seasonal influenza vaccine's](#) adjusted overall effectiveness for the U.S. was just 36% against influenza A and influenza B virus infection, and between 2005 and 2015, the [flu vaccine's](#) adjusted [overall effectiveness](#) was less than 50% more than half the time — with a low of only 10% in the 2004-05 season.

Other than the COVID-19 jab, it's difficult to find another example of where a commercial product can fail to work more than half the time and still be recommended and even mandated.

Not to worry, though, because according to Vox, “RSV vaccines are super effective.”

Where have we heard that before?

Expect insane COVID measures to resume

As predicted, “health experts” are starting to call for voluntary indoor masking again, even though all the evidence garnered over the past three years confirms what we already knew in 2020, which is that face masks do nothing to stop viral infections.

And, as before, in the absence of actual scientific evidence, the narrative focuses instead on virtue.

Masking up is said to be a way to protect everyone, so just “do your part” and wear it, even though, in reality, it protects no one.

The same goes for vaccination. Both the flu vaccine and the COVID-19 shots are proven ineffective, yet the recommendation to get them continues.

And this season, you're expected to get both!

First-ever RSV vaccines expected in 2023

The fact that RSV is now being highlighted as a severe risk is understandable in light of the fact that the first-ever RSV vaccines are now in the pipeline. According to CNN, four different RSV shots are “nearing review by the U.S. Food and Drug Administration (FDA)” and more than a dozen others are in trials.

This includes a “long-acting injection” specifically for babies, to be given “right after birth” to protect them from RSV “for as long as six months.”

If that's not a perfect example of how media tries to change the perception of the basic meaning of a term, I don't know what is. Six months is hardly long-acting!

Historically, most vaccines have at least offered antibody-only “protection” for years, not months. Please recognize all vaccines fail to use cellular immunity to protect you, which is far more important than humoral antibody protection.

This extremely short duration of antibody-only protection appears to be a hallmark of mRNA technology however, and indeed, at least some of these new RSV shots are mRNA based.

Moderna has announced it is working on an mRNA jab for RSV, which is scheduled for release in 2023.

They’re also working on a combination mRNA jab for COVID-19, RSV and the flu. (Ultimately, Moderna wants to create an annual mRNA shot that covers all of the top 10 viruses that result in hospitalizations each year.)

Janssen is also working on an RSV shot using an adenovirus vector, the same technology used in its COVID-19 shot, while Pfizer and GlaxoSmithKline (GSK) are testing “protein subunit” RSV vaccines for pregnant women and seniors.

According to Forbes, Pfizer announced Nov. 1, that it is ready to seek FDA authorization for its RSV vaccine.

In clinical trials this shot was given to [pregnant mothers](#) and the efficacy was measured not by whether it prevented RSV, but by severity of the infection in hospitalized babies during their first months of life.

Why no RSV vaccine ever made it to market

No vaccine for RSV has ever been successfully developed before. Why?

Because the vaccines had a persistent tendency to cause worse disease, a phenomenon known as antibody-dependent enhancement (ADE).

As explained by CNN:

“The hunt for an effective way to protect against RSV stalled for decades after two children died in a disastrous vaccine trial in the 1960s.

“That study tested a vaccine made with an RSV virus that had been chemically treated to render it inert and mixed with an ingredient called alum, to wake up the immune system and help it respond. It was tested at clinical trial sites in the US between 1966 and 1968.

“At first, everything looked good. The vaccine was tested in animals, who tolerated it well and then given to children, who also appeared to respond well.

“‘Unfortunately, that fall, when RSV season started, many of the children that were vaccinated required hospitalization and got more severe RSV disease than what would have normally occurred,’ said Steven Varga, a professor of microbiology and immunology at the University of Iowa, who has been studying RSV for more than 20 years and is developing a nanoparticle vaccine against the virus.

“A study published on the trial found that 80% of the vaccinated children who caught RSV later

required hospitalization, compared with only 5% of the children who got a placebo. Two of the babies who had participated in the trial died.

“The outcomes of the trial were a seismic shock to vaccine science. Efforts to develop new vaccines and treatments against RSV halted as researchers tried to untangle what went so wrong ... ‘It is in fact, in many ways, why we have some of the things that we have in place today to monitor vaccine safety,’ Varga said.”

Is anyone monitoring vaccine safety?

The sad irony here is that while we do have vaccine safety monitoring tools in place, the data are not being properly evaluated and used in the decision-making process.

So, no, we do NOT have a functioning vaccine safety monitoring in the U.S.

If the FDA and CDC were actually monitoring safety, using the tools at their disposal as intended, the COVID-19 shots would have been withdrawn within months of their release.

They are, by any measure, the most dangerous and lethal injections ever released in history. Yet the FDA and CDC have ignored all safety signals and recently added the COVID-19 jab to the childhood vaccination schedule.

If there's no safety monitoring for the COVID-19 jab, there's no reason to expect safety monitoring for any other new vaccine or mRNA shot.

What's more, there's no reason to assume researchers have actually figured out how to make an RSV shot that doesn't cause ADE or immune imprinting, both of which pervert your immune response to subsequent exposures of the pathogen “immunized” against so you actually get sicker than if you had never been jabbed.

Public health technocrats foolishly believe mRNA technology will circumvent the problem encountered previously, but considering we're now seeing signs of ADE and immune imprinting — or original antigenic sin — in those who got the COVID-19 jab, there's no precedent to assume such a thing.

It's important to realize that the COVID-19 pandemic has radically altered the authorization and approval processes for medical interventions. Everything is now on the fast track, which opens the floodgates for quick profits.

Instead of requiring trials that span a decade or more, mRNA shots are being rolled out after mere months of testing, and much of the safety is assumed based on the alleged safety of the COVID-19 shots.

“Alleged safety” are the key words here, as more than 1.4 million adverse event reports following the COVID-19 jab have been logged in the Vaccine Adverse Events Reporting System ([VAERS](#)), including well over 31,600 deaths.

According to the FDA and CDC, NONE of these deaths are attributable to the shots, which is a statistical impossibility.

Fearmongering is a tool to foster obedience

The biosecurity crisis needs to continue indefinitely because it's the primary justification behind The Great Reset. That's why, over the past three years, the goalpost for "public safety" has been moved further and further away as we've gone along.

At regular intervals, there's been another Chicken Little warning that the sky is still falling and that we must not let down our guard.

As fall and winter set in, we'll see another wave of doom and gloom being predicted for anyone refusing to wear a mask and get all the shots. At some stage, you must realize that the more you give in and obey, the more you have to give in and obey.

There really is no end to what they can and will take from you, and holding on to the belief that your government would never [fill in the blank] is becoming more dangerous by the day.

It's also important to realize that your government isn't the ultimate power. Our government officials take orders too, from what is often referred to as the deep state.

It's not a government at all, but a global, hidden power structure that is accountable to no one, while influencing and manipulating everyone to bring about a new world order.

In years past, this shadowy cabal of power brokers were referred to under the term the New World Order, or NWO.

In 2020, the World Economic Forum came out on the public stage and announced [The Great Reset](#), which is nothing but the NWO rebranded.

In the video below, investigative journalist Harry Vox talks about disease outbreaks, quarantines and curfews being essential tools in the ruling class' toolkit, and how these tools were planned to be used to usher in the next phase of control.

The interview, which took place in 2014, sounds more than a little prophetic today, as these three indispensable tools for totalitarian control have been part of our reality for three years.

In it, Vox also refers to "Scenarios for the Future of Technology and International Development," a document by the Rockefeller Foundation, in which they laid out a "Lockstep" scenario, which details the global response to a fictional pandemic.

They've already told you what the end game is

While the name and origin of the virus differ, the scenario laid out in "Scenarios for the Future of Technology and International Development" closely matches what we've gone through in the era of COVID-19, especially its deadly effect on economies.

The scenario predicted international mobility coming to a screeching halt, debilitating industries, tourism and global supply chains. “Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers,” the document reads.

In the Rockefeller narrative, China is hailed for its rapid imposition of universal quarantines of all citizens which proved effective for curbing the spread of the virus. It’s important to note that universal quarantining — lockdowns of healthy people — has never ever been used in infectious disease control before, and there’s a reason for that.

We already knew it doesn’t work.

Many other nations where leaders “flexed their authority” and imposed severe restrictions on their citizens — “from the mandatory wearing of face masks to body-temperature checks at the entries of communal spaces like train stations and supermarkets” — also fared well, in this Rockefeller scenario.

Listen to the disbelief in the interviewer’s voice when he asks if Vox actually believes that such a thing could happen, that we would have to stand in line to get our temperature checked before entering a building.

Well, every single one of us has now had to do this, so we know it’s possible.

And if that’s possible, why not the rest of the Lockstep plan, which tells us that: “Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified.”

Fool me once, shame on you, fool me twice ...

We can no longer afford to disbelieve the lengths to which the globalist elites, the unelected deep state, can and will go to seize total control.

They’ve already told us what the ultimate plan is — to use bioterrorism to take control of the world’s resources, wealth and people.

All we need to do is to believe it, and realize that the only thing giving them the power to impose their will is our fear. As long as we choose fear and demand our government keep us safe, they have every chance of winning.

Hopefully, a clear majority of people will have learned this lesson by now, and won’t fall for the same tricks a second time.

Will they be using the same playbook this winter?

You bet.

Already, we’re seeing the call to virtue. They’re telling us mask-wearing and vaccination are voluntary but recommended, “to protect others.”

That's how it all started in 2020, and look where we ended up.

Do you really want to go through all of that again? If not, just say "no" from the start.

Say no to masks. Say no to social distancing. Say no to canceling the holidays. Say no to lockdowns. Say no to flu vaccines and COVID-19 shots. Just say "NO" to their fearmongering and live your life.

[Fear is a tool used to control you](#), but that only works if you buy into it.

Ditch the fear and just take control of your health

While influenza, RSV and COVID-19 can be problematic and dangerous for certain high-risk individuals, the overall risks associated with them are negligible for most.

Just think back on your life — how many times have you had a cold or flu? Are you still here? How many people do you know who died from a cold or flu?

At this point, the vast majority of people have also had COVID-19, and are here to attest to its nonlethality.

Unfortunately, those who have gotten several COVID-19 shots are now in the high-risk category and may in fact experience more severe infection. For the unjabbed, the latest variants pose exceptionally low risk.

Keeping your immune system strong is the best way to protect yourself against all infections, and there are many effective ways to do that, including the following.

For more details, follow the hyperlinks provided.

NAC, meanwhile, is a precursor to reduced glutathione, which appears to play a crucial role in COVID-19 specifically.

Benefits of NAC include inhibiting expression of proinflammatory cytokines, improving T cell response and inhibiting the hypercoagulation that can result in stroke and/or blood clots that impair the ability to exchange oxygen in the lungs.

By Dr. Joseph Mercola

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