



Monkeypox: Lab Leak? Vaccine Injury? Or just a Coincidence?

Description

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Do you remember that old saying?

‘You wait one hundred years for a pandemic and then two come along at once.’

No? We didn’t think so.

Which means if you have at least one inquisitive bone in your body you are probably wondering why we’ve gone from being told to stay at home and isolate if we come into close contact with anyone who has allegedly tested positive for Covid-19, to being instructed to stay at home and isolate if we come into close contact with anyone who has allegedly tested positive for monkeypox?

Anyone who honestly believes that this is simply because we’ve gone from having a “dangerous” respiratory virus circulating around the world to having a “dangerous” zoonosis virus circulating around the world has quite frankly been watching too much BBC News and not done their homework.

The truth is there is nothing simple about it, and the reasons authorities with the help of the mainstream media have gone from spreading fear and propaganda around an alleged virus with a fatality rate of less than 0.2%, to spreading fear and propaganda around an alleged virus that has rarely been seen outside of Africa in 50 years are multi-faceted, sinister, and unbelievable without the context and evidence to support them.

If you believe in germ theory and the mainstream narrative on the existence and behaviour of viruses then you will likely question whether the Covid-19 virus was leaked from a lab, namely the Wuhan Institute of Virology. There is plenty of evidence out there to support this, including evidence that suggests the pharmaceutical giant Moderna had a major role to play in that.

So would it surprise you to know that there is now emerging evidence that if this circulating monkeypox virus even exists, it too was manipulated and leaked from a bio-lab?

If you don’t believe in germ theory and are of the opinion that viruses do not exist or behave as we are officially told then you have likely questioned the existence of the Covid-19 virus from the very start.

There is also plenty of evidence out there to support this from the highly questionable and unreliable PCR test, to the horrific way the elderly and vulnerable were denied medical treatment, starved and dehydrated, and given end of life medication and then falsely labelled as having died of Covid-19.

So would it surprise you to know that there is a huge amount of evidence that suggests the alleged circulating monkeypox disease is in fact a cover-up for the damage done to the natural immune system by Covid-19 vaccination? The evidence even suggests this same damage may have a role to play in the alleged hepatitis outbreak of unknown origin we're also being told is currently taking place in numerous countries.

What we believe is important to us individually, and those who believe in germ theory will disagree with those who do not and vice versa. To the point where factions develop among those who do not religiously watch BBC News and accept what they are told as Gospel. But these actions play into the hands of the authorities who are currently seeking ultimate power and control over the ordinary hardworking people.

Because whilst we're busy arguing amongst ourselves we're losing sight of the end game here, and that is the dystopian fourth industrial revolution. A "revolution" that involves the introduction of social credit systems and digital identities. A "revolution" that involves nations losing sovereignty and granting unprecedented powers to the World Health Organization. A "revolution" that involves you owning nothing and allegedly being happy about it.

So here we're going to provide evidence of what's really going on with this alleged monkeypox outbreak in the hope of promoting healthy discussion and the wish that you'll realise that whilst the who's, what's and why's are important, preventing the Dystopian end game is what matters most here.

Let's start with the obvious.

Is it just a coincidence that the Monkeypox and Hepatitis outbreaks are occurring at the same time the World Health Organization is looking to be granted unprecedented powers?

The proposed [International Treaty](#) on Pandemic Prevention and Preparedness builds on the growing reach of the International Health Regulations, in transferring more power to the World Health Organization (WHO) to declare emergencies and then require countries, under treaty obligations, to follow WHO instructions.

If successful in implementing it, the following consequences may be realised –

1. Countries (people) will lose sovereignty over major aspects of daily life to unelected international bureaucrats, who are subject to significant conflicts of interest from private individuals and industry.
2. These WHO bureaucrats will decide on the criteria for and timing of such take-overs.

3. The track record of the WHO in managing international outbreaks is poor. It is inherently dangerous to delegate control over complex issues that heavily impact the economy, society and public health to individuals in a distant location with no community or relevant national affiliations, and no direct stake in the outcomes.

4. Such centralization is contrary to the fundamental pillars of community-based, locally organised healthcare and antithetical to the principles of individual rights and autonomy upon which the WHO's constitution is based.

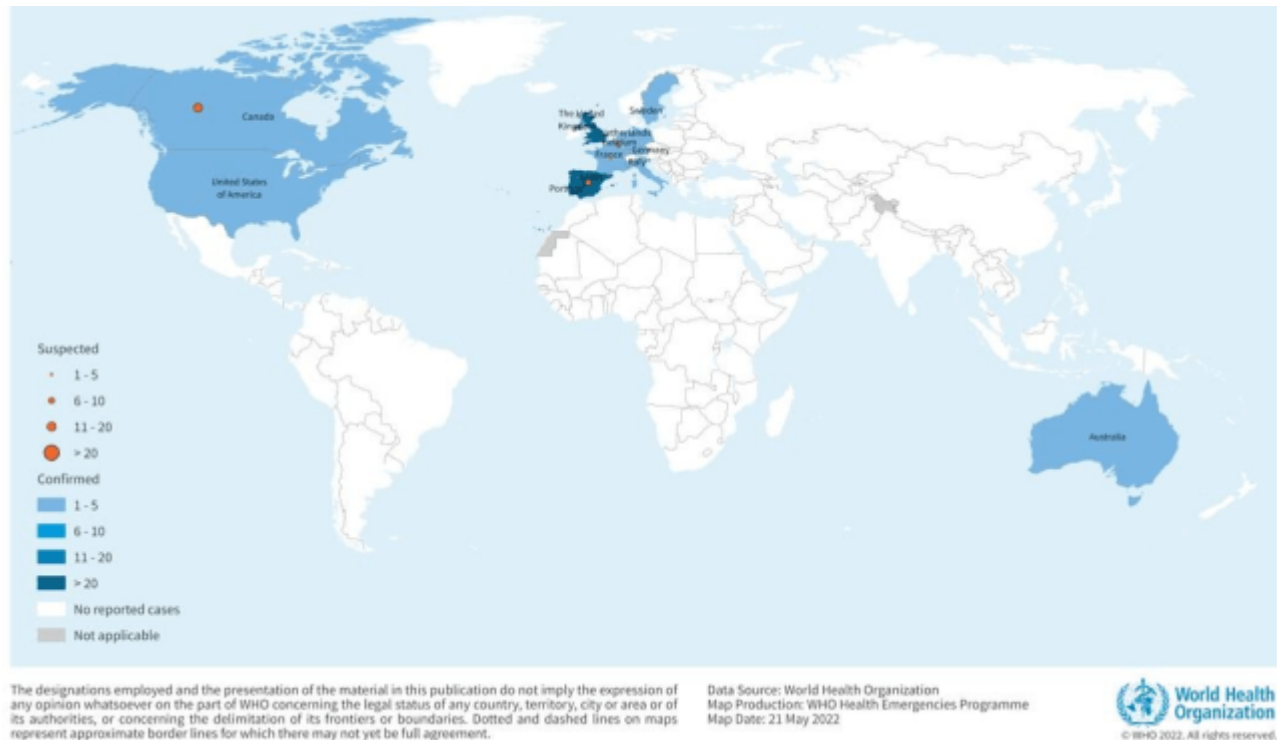
5. The increasing emphasis on pandemics instead of on the actual major causes of human illness and mortality is inappropriate, and the diversion of funds and activity will have hugely negative impacts on the overall population and individual health.

On the 3rd March 2022, the European Council adopted a decision to authorise the opening of negotiations for the treaty.

The intergovernmental negotiating body, tasked with drafting and negotiating this international instrument, will hold its next meeting by 1 August 2022, to discuss progress on a working draft. It will then deliver a progress report to the 76th World Health Assembly in 2023, with the aim to adopt the instrument by 2024.

Then in April, the World Health Organisation issued a global alert about a new form of severe acute Hepatitis (inflammation of the liver) with an unknown cause affecting previously healthy children in the UK, Spain and Ireland.

Then in May, we were told about the emergence of Monkeypox that is now allegedly rampant in the following countries –



This was one week before the planned World Health Assembly that began on 22nd May 2022. Where health ministers from 194 countries around the world met with the World Health Organization to discuss among other things, the proposed pandemic treaty.

Publicising both a hepatitis outbreak of unknown origin affecting children and a monkeypox outbreak just as we seem to be saying goodbye to Covid-19 is a great way to convince these health ministers to sign away their nation's sovereignty and grant unprecedented powers to the WHO, isn't it?

So if you believe in coincidences then that's fine, you can probably just add this to the list of ridiculous "coincidences" that have occurred over the past two years. But we don't, especially when we look at the Bill Gates connection.

Is it just a coincidence that the Monkeypox and Hepatitis outbreaks are occurring at the same time Bill Gates is advocating for the implementation of a GERM team?

The founder of Microsoft, Mr Bill Gates is the largest private funder of the UK's Medicine Regulator the MHRA, also happens to hold huge shares in Pfizer, BioNTech and Moderna, and just so happens to also be the largest private funder of the World Health Organization.

If you believe he does this because he wants to save mankind and eradicate disease then we have to wonder if you're also of the opinion that pigs can fly? You only need to look at the insane amount of power, and influence that has been granted to Mr Gates through doing this as well as the mind-blowing amount of money he has made through his shares in vaccines.

Throughout May 2022, just after the news of a hepatitis outbreak, and in the midst of the news of a monkeypox outbreak, Bill Gates was giving copious amounts of mainstream airtime to promote his new

book and idea of a GERM team to the world.

According to Gates the GERM team will monitor sovereign nations and decide when they need to suspend people's civil liberties, force them to wear masks and close borders. The global team will be made up of 3,000 disease experts under the World Health Organisation ("WHO") and will receive around \$1 billion per year in funding. And the GERM team's most important job is to engage in GERM games.

In Gates' new book, *'How to prevent the Next Pandemic'*, he described the GERM team:

"I call it the GERM—Global Epidemic Response and Mobilisation—team, and the job of its people should be to wake up every day asking themselves the same questions: "Is the world ready for the next outbreak? What can we do to be better prepared?" They should be fully paid, regularly drilled, and prepared to mount a coordinated response to the next threat of a pandemic. The GERM team should have the ability to declare a pandemic and work with national governments and the World Bank to raise money for the response very quickly."

You might have noticed one obvious activity that's missing from GERM's job description: treating patients. That's by design.

But GERM's response to an active outbreak is only one part of their work, Gates wrote on his blog, "the team's most important job is helping to run outbreak response exercises that test whether the world is ready for the next major outbreak. Militaries regularly run war games to evaluate their readiness—we should do the same with disease threats."

As we said before, if you believe in coincidences that's fine. But we don't. So what's really going on here and how are authorities able to claim there is a monkeypox outbreak?

Exhibit A – The alleged Monkeypox Virus has been manipulated and deliberately released from a Biolab

Monkeypox illness usually begins with a fever before a rash develops one to five days later, often beginning on the face then spreading to other parts of the body. The rash changes and goes through different stages before finally forming a scab which later falls off. An individual is contagious until all the scabs have fallen off and there is intact skin underneath.

The disease has always been extremely rare and was first identified in humans in 1970 in the Democratic Republic of the Congo in a 9-year-old boy. Since then, human cases of monkeypox have been reported in 11 African countries. It wasn't until 2003 that the first monkeypox outbreak outside of Africa was recorded, and this was in the United States, and it has never been recorded in multiple countries at the same time.

Until now.

A new study published by Portugal's National Institute of Health has uncovered evidence that the virus responsible for the Monkeypox outbreak allegedly sweeping across Europe, America and Australia,

has been heavily manipulated in a lab by scientists, and further evidence suggests it has been released intentionally.

The study was published May 23rd 2022 and can be accessed in full [here](#).

Multi-country outbreak of Monkeypox virus: genetic divergence and first signs of microevolution

Monkeypox | Genome Reports



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May 23

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[Source](#)

Scientists from the NIH collected clinical specimens from 9 monkeypox patients between May 15th and May 17th 2022 and analysed them.

The scientists concluded that the multi-country outbreak of monkeypox that we're now allegedly witnessing is most likely the result of a single origin because all sequenced viruses released so far tightly cluster together.

They also concluded that the virus belongs to the West African clade of monkeypox viruses. However, they found it is most closely related to monkeypox viruses that were exported from Nigeria to several countries in 2018 and 2019, namely the UK, Israel and Singapore.

But while the virus closely resembles those exported from Nigeria in 18/19, it is still vastly different with over 50 single nucleotide polymorphisms (SNPs), which are genetic variations.

- **The multi-country outbreak most likely has a single origin**, with all sequenced viruses released so far* tightly clustering together (Figure 1).
- **Confirmation of the phylogenetic placement unveiled by the first draft sequence** [Isidro et al, 185](#) : the outbreak virus belongs to the West African clade and is most closely related to viruses (based on available genome data) associated with the exportation of monkeypox virus from Nigeria to several countries in 2018 and 2019, namely the United Kingdom, Israel and Singapore (1, 2).
- **Still, the outbreak virus diverges a mean of 50 SNPs from those 2018-2019 viruses** (46 SNPs from the closest reference MPXV_UK_P2, MT903344.1) ([📄 Table 1_2022-05-23.zip](#) (15.0 KB)), which is **far more than one would expect considering the estimated substitution rate for Orthopoxviruses** (3).

[Source](#)

Richard Neher, a computational evolutionary biologist at the University of Basel has publicly claimed in the mainstream media that –

“Based on normal evolutionary timelines, scientists would expect a virus like monkeypox to pick up that many mutations over perhaps 50 years, not four. That is somewhat remarkable.”

So we allegedly have a circulating monkeypox virus in several first-world countries at the same time for the first time in history, and this alleged virus has over 50 mutations that have occurred in the space of 4 years instead of the 50 years it should have taken.

Are we really to believe that if this virus exists that it has occurred naturally? The whole thing reeks of viral manipulation in a biolab.

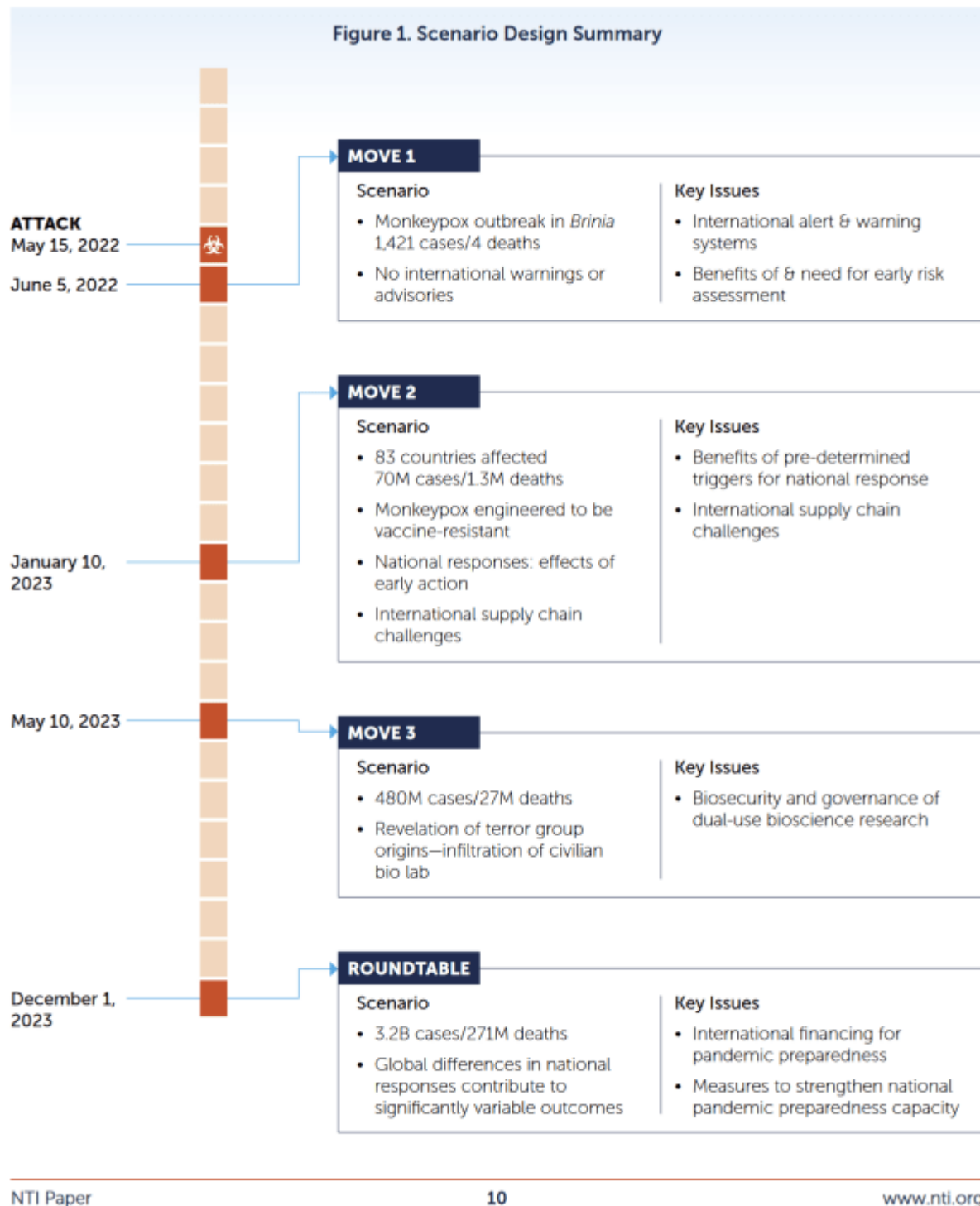
The question is whether it has been accidentally released or released intentionally? The fact the WHO and Bill Gates are seeking more power alongside the fact a Munich Security Conference simulation held in March 2021 was based around a scenario of a monkeypox outbreak occurring in May 2022 suggests the latter.

Exhibit B – The Munich Security Conference

Back in March 2021, the Nuclear Threat Initiative (NTI) partnered with the Munich Security Conference to conduct [a tabletop exercise](#) on reducing high-consequence biological threats.

The [exercise](#) examined gaps in national and international biosecurity and pandemic preparedness architectures—exploring opportunities to improve prevention and response capabilities for high-consequence biological events.

Here’s the [scenario](#) that they conducted:



[Source – Page 10](#)

Are we really to believe it's just a coincidence that we're now witnessing an actual monkeypox outbreak, with the first cases being reported to the World Health Organisation on May 13th 2022?

If you believe in germ theory then it looks like you have your answer as to how authorities have managed to create a monkeypox outbreak. Evidence suggests it has been designed in a lab and intentionally released.

But what about those of you who don't believe in germ theory. What exactly could the authorities be doing to get away with claiming there is a monkeypox outbreak across most first-world countries?

Exhibit C – Monkeypox is very similar to Shingles

Human monkeypox is a zoonosis thought to usually occur sporadically in the tropical rainforest of western and central Africa. But the exact incidence and geographical distribution are actually unknown because many cases are not recognised.

The reason?

Monkeypox is commonly mistaken for chickenpox / shingles.

According to a scientific study published in 1988, between 19981-1986, 977 persons with skin eruption not clinically diagnosed as human monkeypox were laboratory tested in Zaire (*now known as the Democratic Republic of Congo*).

The results were as follows –

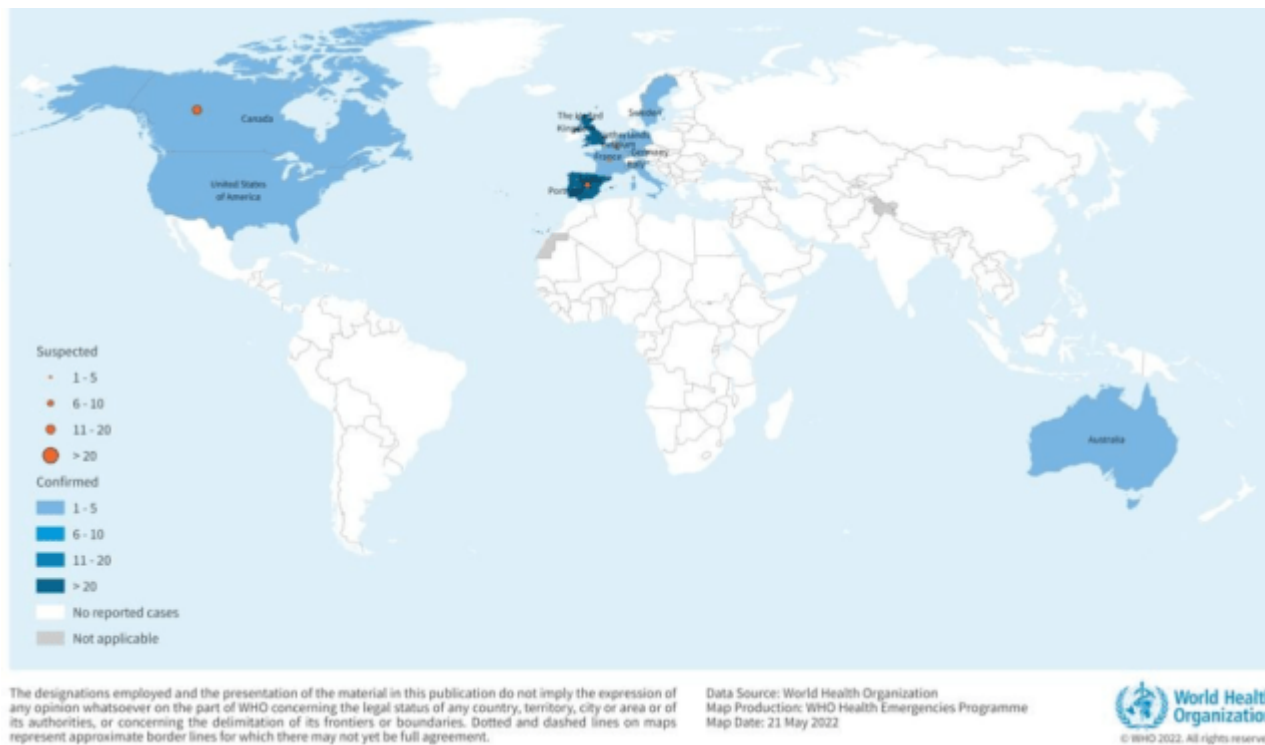
‘3.3% of human monkeypox cases were found among 730 patients diagnosed as cases of chickenpox, 7.3% among cases diagnosed as “atypical chickenpox” and 6.1% among cases with skin rash for which clinical diagnosis could not be established.

The diagnostic difficulties were mainly based on clinical features characteristic of chickenpox: regional pleomorphism (in 46% of misdiagnosed cases), indefinite body-distribution of skin eruptions (49%), and centripetal distribution of skin lesions (17%). Lymph-node enlargement was observed in 76% of misdiagnosed patients. In the absence of smallpox, the main clinical diagnostic problem is the differentiation of human monkeypox from chickenpox.’

Exhibit D – The Pfizer Jab Distribution and Monkeypox Outbreak Coincidence

The alleged monkeypox disease is extremely rare, has rarely been seen outside of Africa, and has never been recorded in multiple countries outside of Africa at the same time, until now.

Here's a reminder of where the World Health Organisation have identified cases of Monkeypox since early May 2022 –



And here's a map showing main distributions of the Pfizer Covid-19 injection –



**MAP 1: Map showing main distributions of Pfizer Vaccine.
Approved in 85 countries.**

Exhibit E – The Herpes Connection

Evidence suggests we're not witnessing an outbreak of monkeypox across first-world countries at all. Instead, we're witnessing the consequences of the damage that has been caused to immune systems by the Covid-19 injections in the very same first-world countries, and authorities are rushing to cover it up.

Herpes Simplex Virus (HSV) is a common cause of ulcerative skin disease in both immune-compromised and immune-competent individuals. Most individuals infected with HSV have either no symptoms or mild symptoms that go unnoticed.

When symptoms do appear, they initially present with tingling and/or redness, followed by blister-like lesions that rapidly merge into open, weeping sores. The sores are often quite painful and can be accompanied by a fever and swollen lymph glands.

Just like monkeypox.

In immune-compromised people, as in those with Acquired Immunodeficiency Syndrome, the frequency and symptoms of HSV outbreaks can sometimes be severe, spreading from the mouth or genitals to deeper tissues in the lungs or brain. As such, HSV has been classified as an "AIDS-defining condition" if lasting longer than a month or presenting in the lungs, bronchi or oesophagus.

Did you know herpes is listed as an adverse event of special interest (AESI) by Pfizer in relation to their Covid-19 injection?

Exhibit F – The Confidential Pfizer Documents

he [US Food and Drug Administration](#) (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on [December 11th, 2020](#).

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

One of the documents contained in the court-ordered data dump is '[reissue_5.3.6 postmarketing experience.pdf](#)'. Page 21 of the confidential document contains data on adverse events of special interest, with one of these specifically being herpes viral infections.

Other AESIs <i>Search criteria: Herpes viral infections (HLT) (Primary Path) OR PTs Adverse event following immunisation; Inflammation; Manufacturing laboratory analytical testing issue; Manufacturing materials issue; Manufacturing production issue; MERS-CoV test; MERS-CoV test negative; MERS-CoV test positive; Middle East respiratory syndrome; Multiple organ dysfunction syndrome; Occupational exposure to communicable disease; Patient</i>	<ul style="list-style-type: none"> Number of cases: 8152 (19.4% of the total PM dataset), of which 4977 were medically confirmed and 3175 non-medically confirmed; Country of incidence (> 20 occurrences): UK (2715), US (2421), Italy (710), Mexico (223), Portugal (210), Germany (207), France (186), Spain (183), Sweden (133), Denmark (127), Poland (120), Greece (95), Israel (79), Czech Republic (76), Romania (57), Hungary (53), Finland (52), Norway (51), Latvia (49), Austria (47), Croatia (42), Belgium (41), Canada (39), Ireland (34), Serbia (28), Iceland (25), Netherlands (22). The remaining 127 cases were from 21 different countries; Subjects' gender (n=7829): female (5969), male (1860); Subjects' age group (n=7479): Adult (6330), Elderly (1125), Adolescent, Child (9 each), Infant (6);
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FDA-CBER-2021-5683-0000074

BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESIs Evaluation for BNT162b2

AESIs ^a Category	Post-Marketing Cases Evaluation ^b Total Number of Cases (N=42086)
<i>isolation; Product availability issue; Product distribution issue; Product supply issue; Pyrexia; Quarantine; SARS-CoV-1 test; SARS-CoV-1 test negative; SARS-CoV-1 test positive</i>	<ul style="list-style-type: none"> Number of relevant events: 8241, of which 3674 serious, 4568 non-serious; Most frequently reported relevant PTs (≥6 occurrences) included: Pyrexia (7666), Herpes zoster (259), Inflammation (132), Oral herpes (80), Multiple organ dysfunction syndrome (18), Herpes virus infection (17), Herpes simplex (13), Ophthalmic herpes zoster (10), Herpes ophthalmic and Herpes zoster reactivation (6 each); Relevant event onset latency (n =6836): Range from <24 hours to 61 days, median 1 day; Relevant events outcome: fatal (96), resolved/resolving (5008), resolved with sequelae (84), not resolved (1429) and unknown (1685). <p>Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue</p>

According to the document by the end of February 2021, just 2 months after the Pfizer vaccine was granted emergency use authorisation in both the USA and UK, Pfizer has received 8,152 reports relating to herpes infection, and 18 of these had already led to multiple organ dysfunction syndrome.

Multiple organ dysfunction syndrome (MODS) is a systemic, dysfunctional inflammatory response that requires long intensive care unit (ICU) stay. It is characterized with a high mortality rate depending on the number of organs involved. It can be caused by herpes infection as [this scientific study](#) proved back in 2012 –

[Case Rep Crit Care](#). 2012; 2012: 359360.

PMCID: PMC4010054

Published online 2012 Sep 6. doi: [10.1155/2012/359360](#)

PMID: [24826337](#)

Fatal Multiorgan Failure Associated with Disseminated Herpes Simplex Virus-1 Infection: A Case Report

[Michael Glas](#), ^{1,*} [Sigrun Smola](#), ² [Thorsten Pfuhl](#), ² [Juliane Pokorny](#), ³ [Rainer M. Bohle](#), ³ [Arno Bucker](#), ⁴ [Jörn Kamradt](#), ⁵ and [Thomas Volk](#) ¹

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Abstract

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Herpes simplex virus type 1 (HSV-1) infections cause typical dermal and mucosal lesions in children and adults. Also complications to the peripheral and central nervous system, pneumonia or hepatitis are well known. However, dissemination to viscera in adults is rare and predominantly observed in immunocompromised patients. Here we describe the case of a 70-year-old male admitted with macrohematuria and signs of acute infection and finally deceasing in a septic shock with multi organ failure 17 days after admission to intensive care unit. No bacterial or fungal infection could be detected during his stay, but only two days before death the patient showed signs of rectal, orolabial and genital herpes infection. The presence of HSV-1 was detected in swabs taken from the lesions, oropharyngeal fluid as well as in plasma. Post-mortem polymerase chain reaction analyses confirmed a disseminated infection with HSV-1 involving various organs and tissues but excluding the central nervous system. Autopsy revealed a predominantly retroperitoneal diffuse large B-cell lymphoma as the suspected origin of immunosuppression underlying herpes simplex dissemination.

[Source](#)

The confidential Pfizer documents also list another condition that has extreme similarities to monkeypox: autoimmune blistering disease.

The condition is hidden within the 9 pages long list of adverse events of special interest at the end of Pfizer's [reissue_5.3.6 postmarketing experience.pdf](#) document.

BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID-19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial

Source

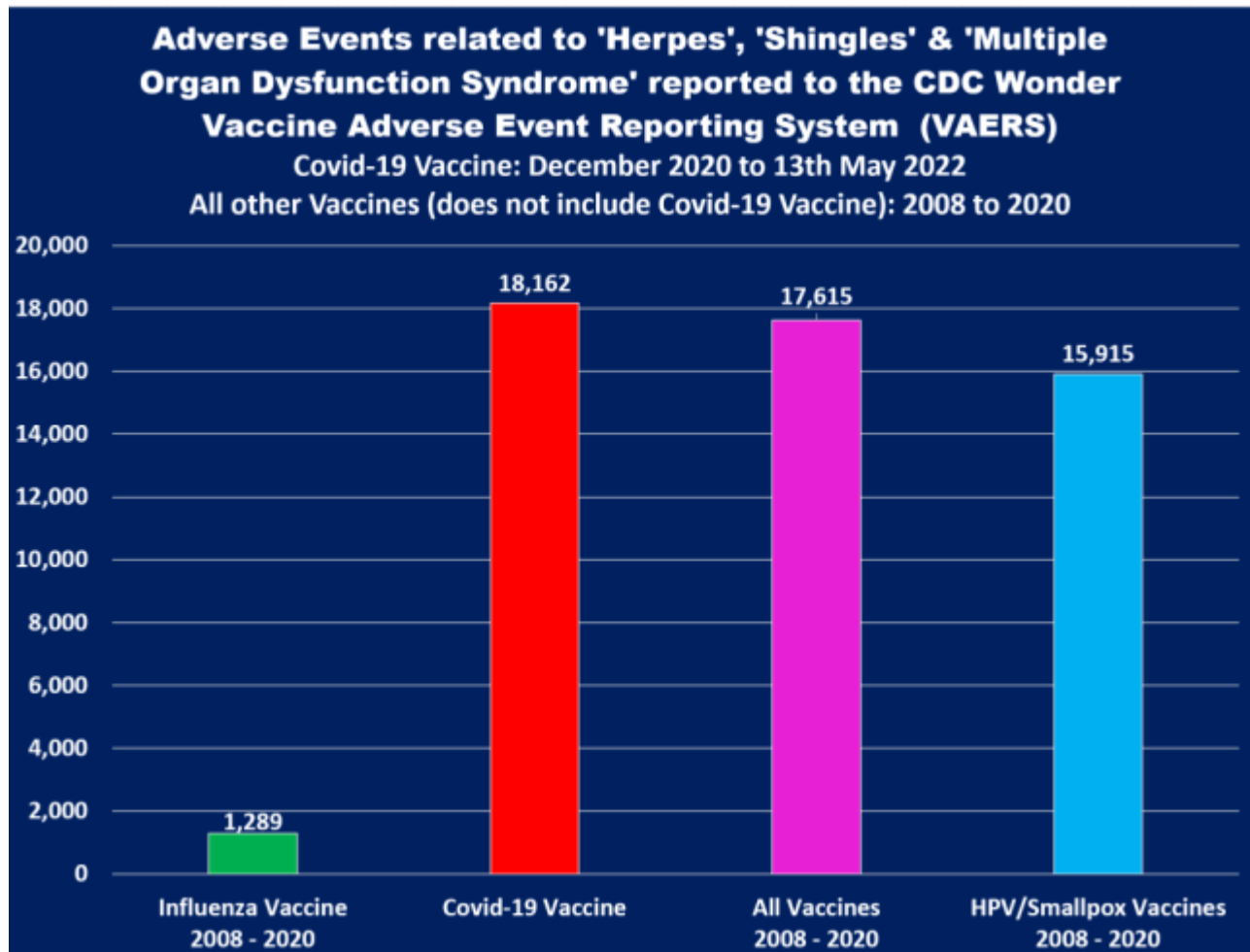
Autoimmune blistering disease causes blisters on the skin and mucous membranes throughout the body. It can affect the mouth, nose, throat, eyes, and genitals. It is not fully understood but [“experts” believe that it is triggered](#) when a person who has a genetic tendency to get this condition comes into contact with an environmental trigger. This might be a chemical or a medicine. Such as the Pfizer Covid-19 injection?

So now we know that Pfizer listed several conditions with extremely similar symptoms to monkeypox as ‘adverse events of special interest to their Covid-19 injection, it would be very helpful to know if those same conditions have actually occurred regularly in the real-world. Thankfully, the U.S. Centers for Disease Control has a very useful tool that allows us to find out.

Exhibit G – Adverse Events Reported in the U.S.A

The Vaccine Adverse Event Reporting System (VAERS) hosted by the Centers for Disease Control (CDC) contains historical data on adverse reactions reported against every vaccine that has been administered in the United States of America and it can be accessed [here](#).

The following chart shows adverse events reported to VAERS related to herpes, shingles and multiple organ dysfunction syndrome. It shows the number of adverse events reported against the FluVaccines, all vaccines combined (*excluding Covid-19 injections*) and the HPV/Smallpox vaccines between 2008 and 2020. As well as the number of adverse events reported against the Covid-19 injections up to 13th May 2022.

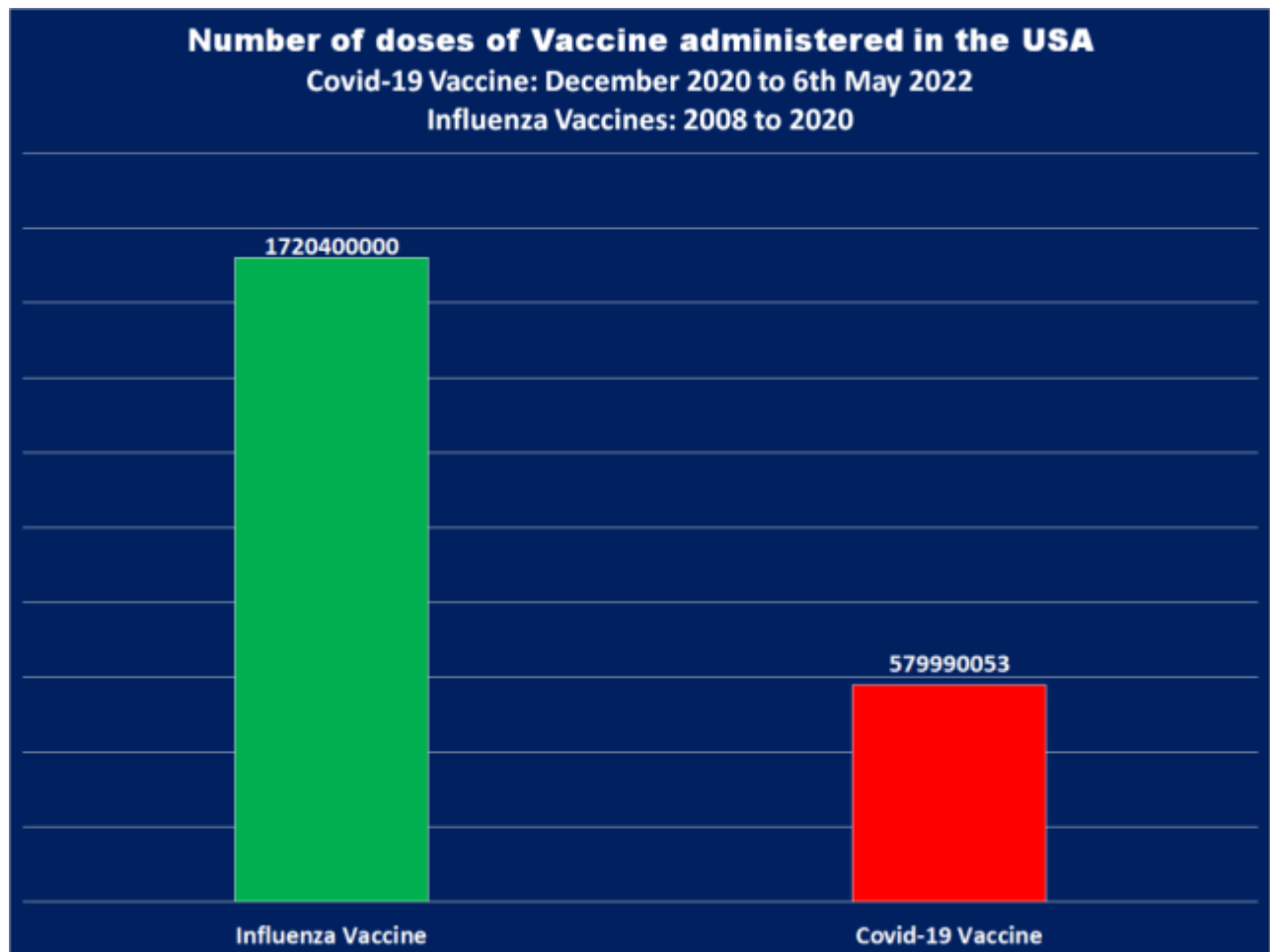


As you can see the Covid-19 injections have caused the most herpes related infections, and this is within 17 months. When comparing these to the number of flareups reported against the HPV/Smallpox vaccines in 13 years, these numbers are extremely concerning.

Many will argue that this could be completely unrelated and is just down to so many Covid-19 injections being administered. But same people who argue this also won't provide any evidence to back it up. So we will.

According to ['Our World in Data'](#), as of 6th May 2022, a total of 579.9 million Covid-19 injections had been administered across the USA.

There were over 3 times more flu jabs administered between 2008 and 2020 than Covid-19 injections administered in the USA since December 2020.



[Flu Jab Source Data](#)

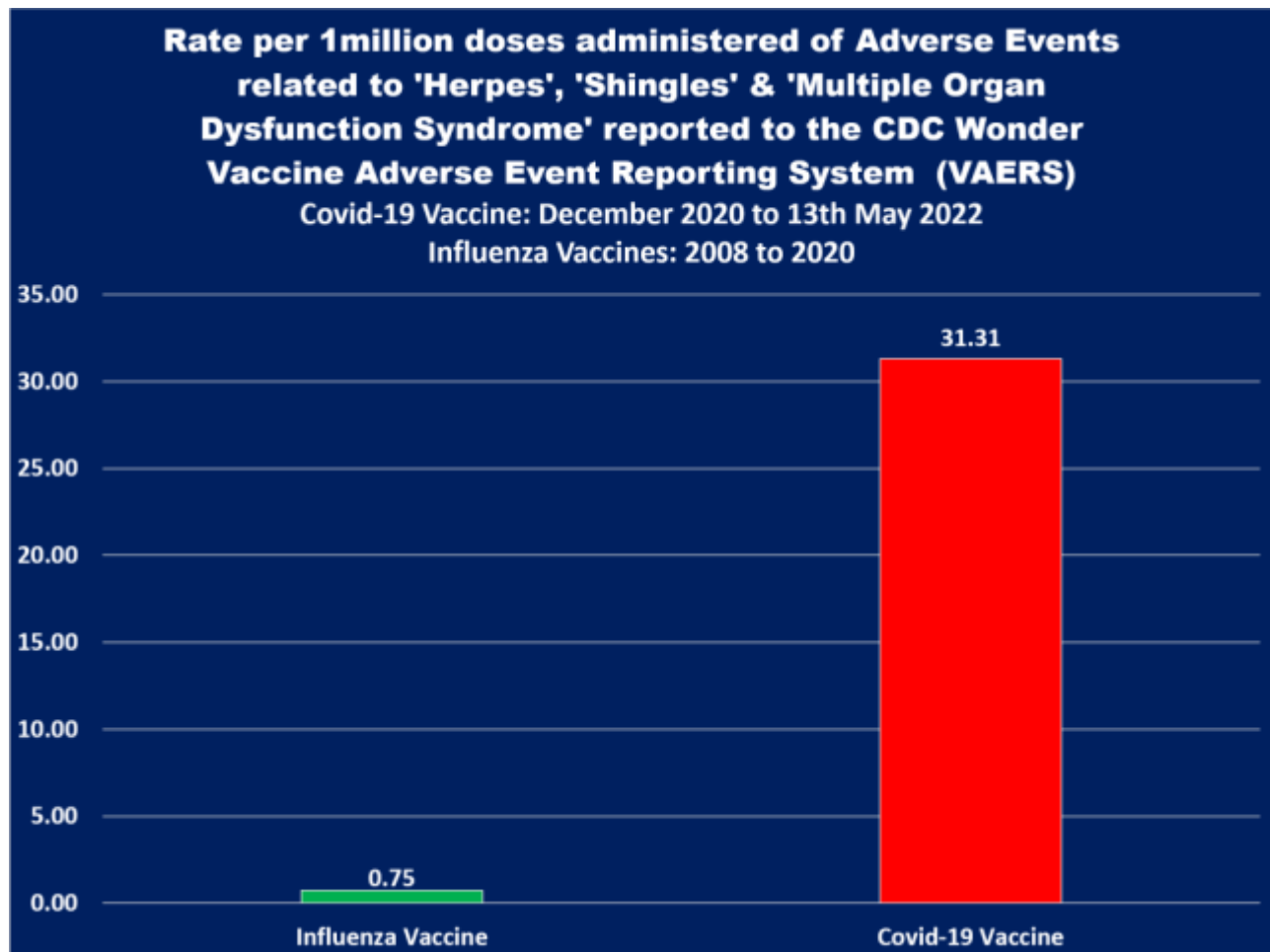
[Covid Jab Source Data](#)

Now that we know these figures we can use them to work out the rate of adverse events related to herpes etc. per 1 million doses administered. We just have to perform the following calculation –

Number of doses administered / 1 million = Y

Number of Adverse Events / Y = Rate of adverse events per 1 million doses

The following chart reveals the answer to that calculation –



The rate of herpes-related infections reported as adverse reactions to the Flu jabs is 0.75 adverse events per 1 million doses administered. But the rate of herpes-related infections reported as adverse reactions to the Covid-19 injections is 31.31 adverse events per 1 million doses administered.

That's a 4,075% difference, and indicative of a very serious problem. But what mechanism of Covid-19 vaccination is causing this to happen?

The answer lies in the fact that the Covid-19 injections may cause recipients to develop Acquired Immunodeficiency Syndrome.

Exhibit H – The AIDS connection

It's a common misconception that Acquired Immunodeficiency Syndrome (AIDS) is only caused by the HIV virus. This simply isn't true.

Acquired (or secondary) immunodeficiency is one of the major causes of infections in adults. These immunodeficiency disorders affect your [immune system](#) partially or as a whole, making your body an easy target for several diseases and infections. ([Source](#))

When immunodeficiency disorders affect your immune system, your body can no longer fight bacteria and diseases. ([Source](#))

Several factors in the environment can cause secondary immunodeficiency disorders. ?([Source](#))

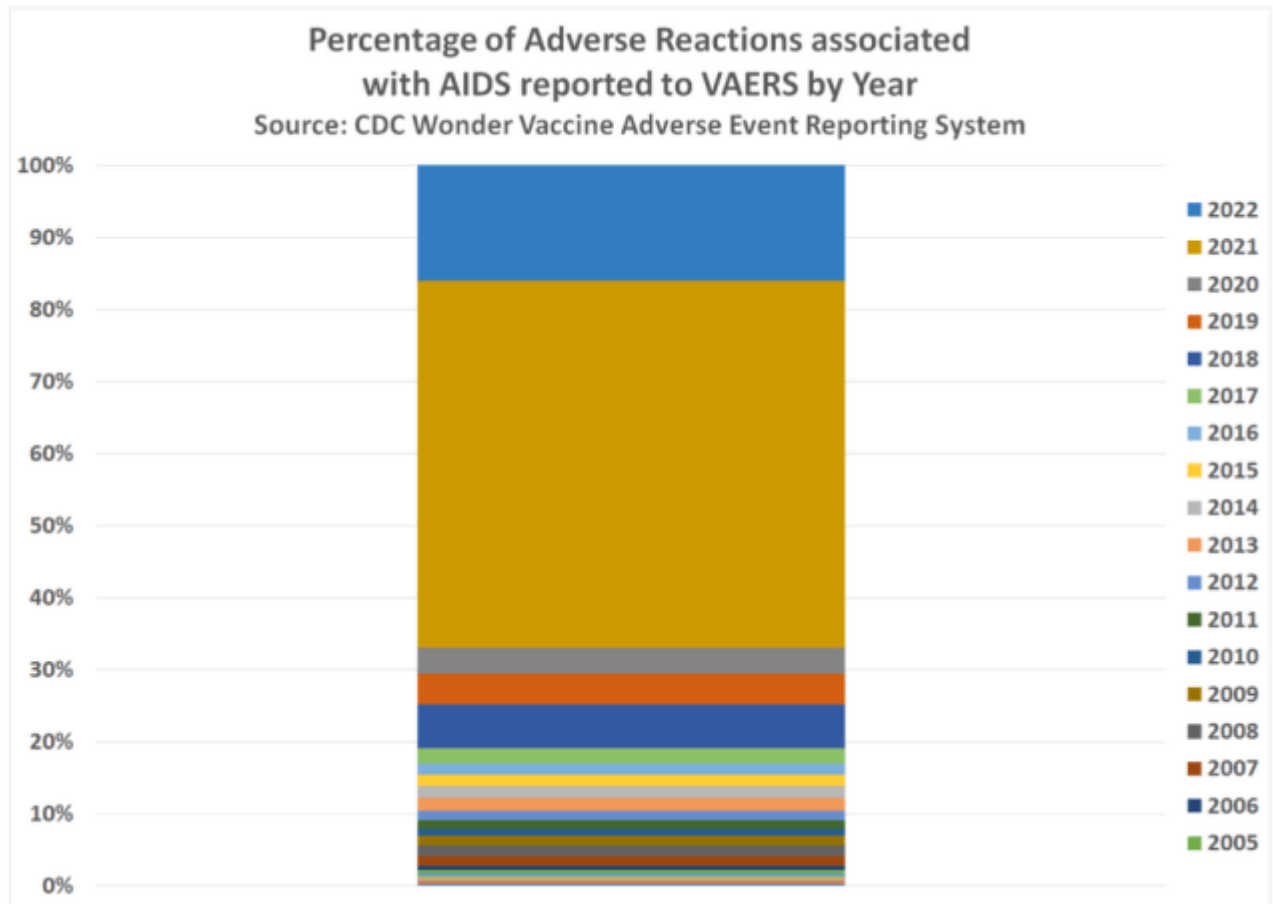
Some common ones are:

- Radiation or chemotherapy, which can lead to a secondary immunodeficiency disorder known as neutropenia
- Infections due to human immunodeficiency virus (HIV) can result in acquired immune deficiency syndrome (AIDS)
- Leukaemia, a cancer that begins in the cells of the bone marrow that can lead to hypogammaglobulinemia—a type of secondary immunodeficiency
- Malnutrition, which affects up to 50% of populations in underdeveloped countries and leaves people vulnerable to respiratory infections and diarrhoea

But some of the less common causes include **Drugs or medications**. ([Source](#))

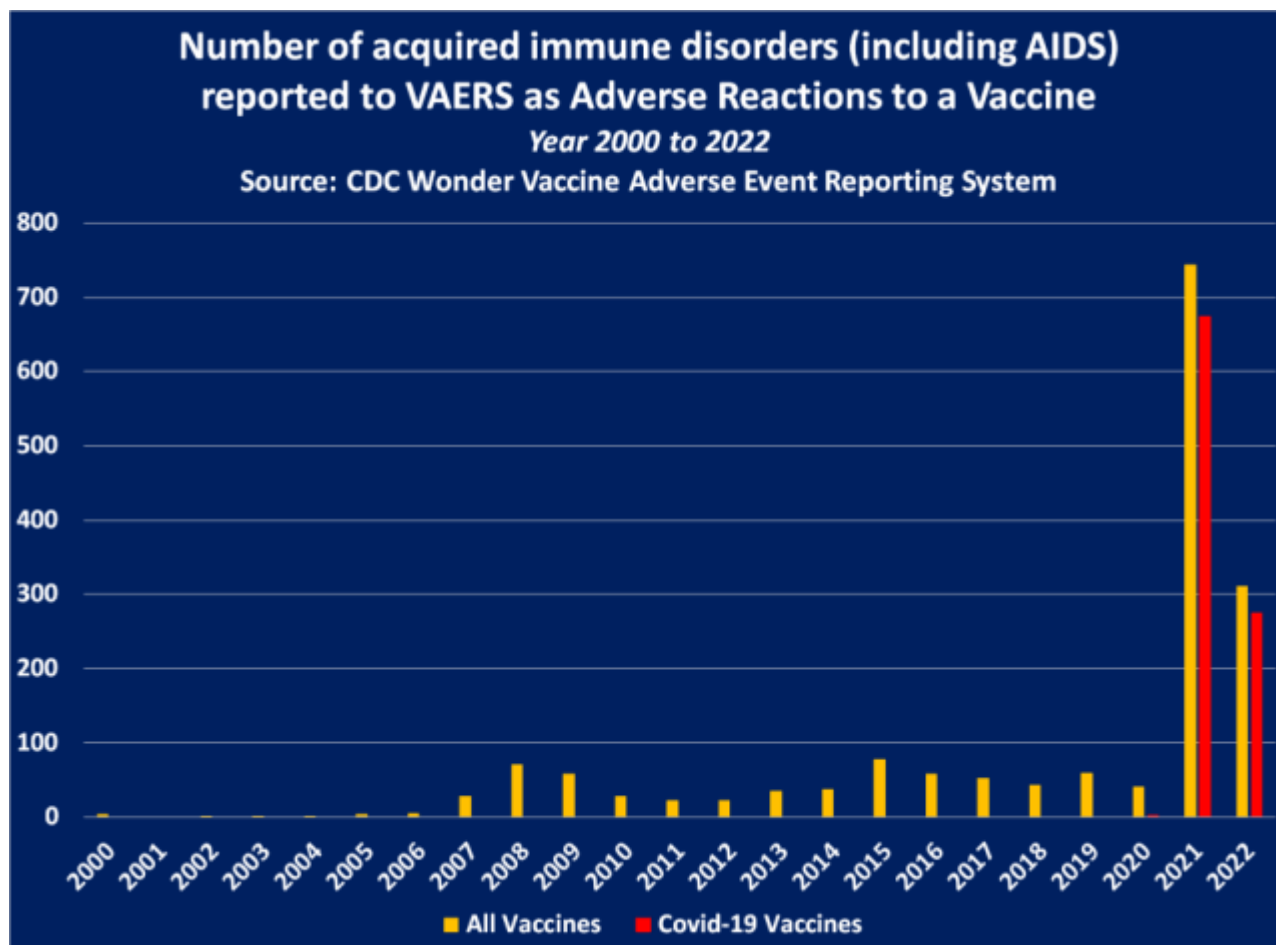
So it's perfectly possible for a medication or drug to cause acquired immunodeficiency syndrome, and official Government data strongly suggests the Covid-19 injections should be added to the list.

The following chart shows the percentage of all of the above AIDS-associated adverse reactions reported to VAERS to all vaccines by year –



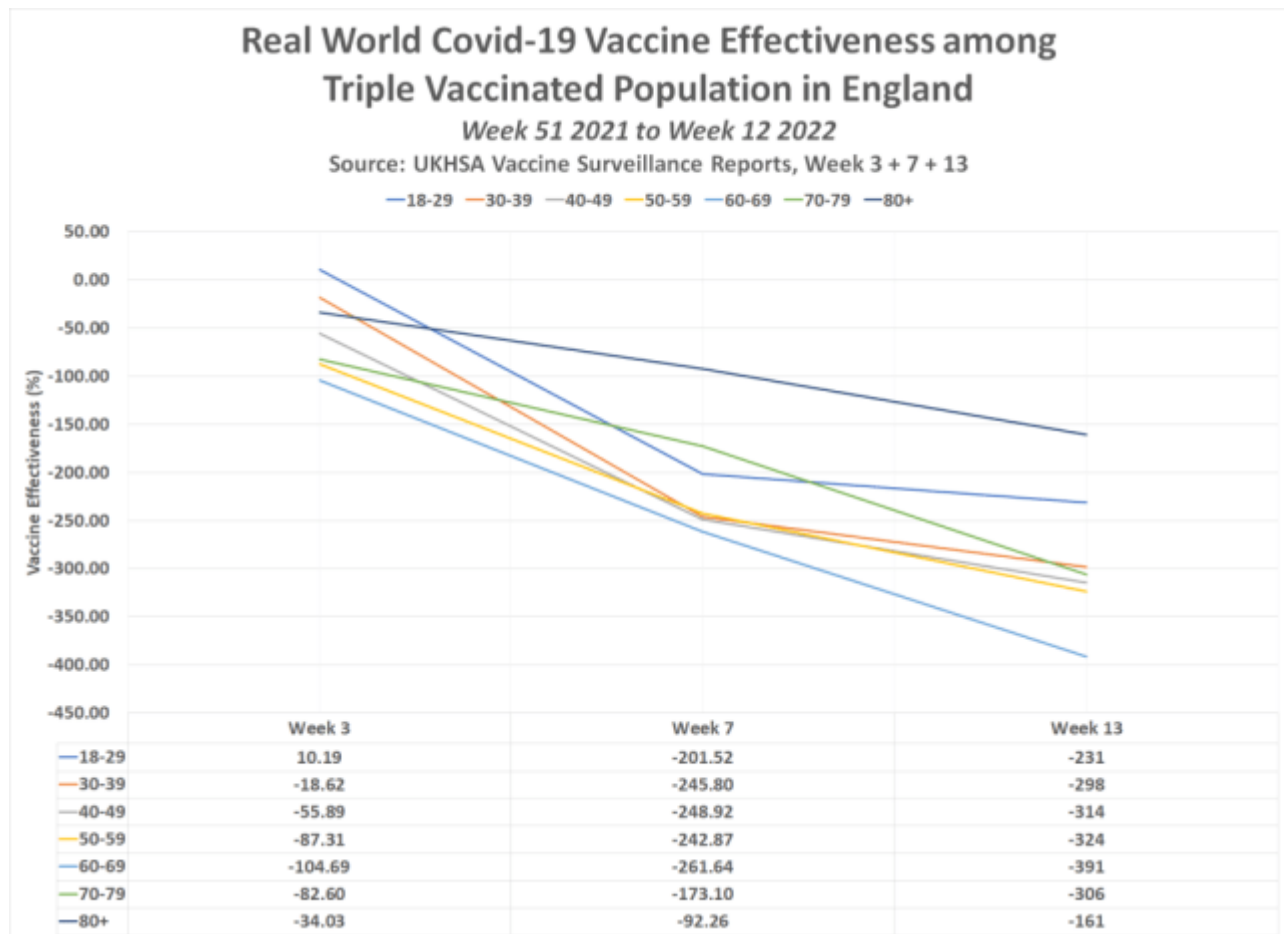
Fifty-one-percent of all adverse reactions associated with AIDS reported since the year 2000 were reported in 2021, and a further 16% have been reported in 2022 so far.

The following chart shows the number of acquired immune disorders, including AIDS, that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –



The total number of acquired immune disorders reported as adverse reactions in 2021 represents a 1145% increase on the yearly average all the way back to the year 2000.

The following chart shows the Covid-19 vaccine effectiveness among the triple vaccinated population in England according to data found in the UK Health Security Agency's [Week 3](#), [Week 7](#) and [Week 13](#) COVID-19 Vaccine Surveillance reports of 2022 –



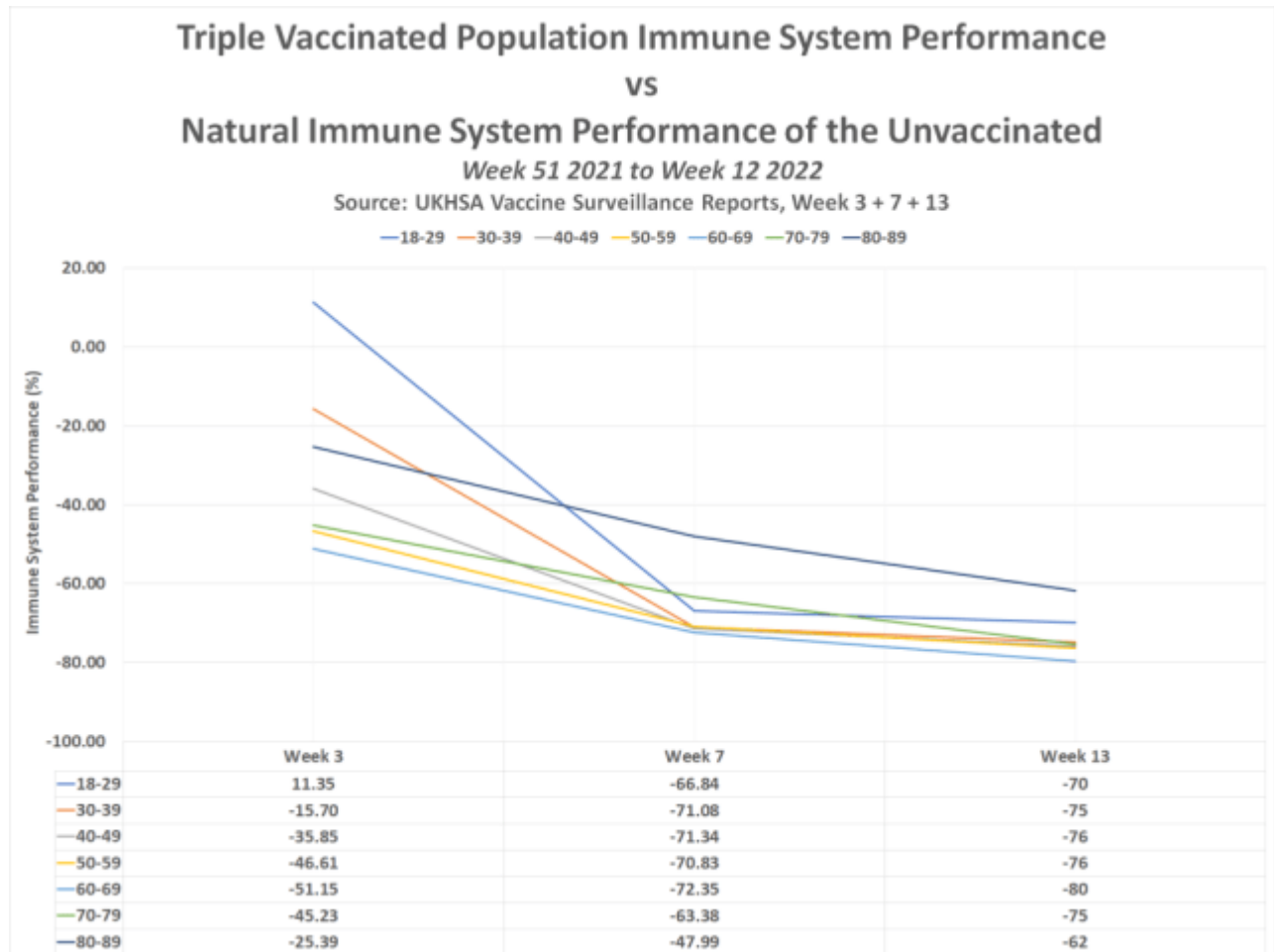
As you can see from the above, by the beginning of 2022, things were significantly worse than they were in October in terms of effectiveness; and disastrously worse by the end of March.

Data shows that vaccine effectiveness fell month on month, with the lowest effectiveness recorded among 60-69-year-olds at a shocking minus-391%. This age group also experienced the sharpest decline, falling from minus-104.69% in week 3.

But one of the more concerning declines in vaccine effectiveness has been recorded among 18-29-year-olds, falling to minus-231% by Week 12 of 2022 from +10.19% in Week 3.

A negative vaccine effectiveness indicates immune system damage because vaccine effectiveness isn't really a measure of the effectiveness of a vaccine. It is a measure of a vaccine recipient's immune system performance compared to the immune system performance of an unvaccinated person.

The following chart shows the immune system performance of the triple vaccinated population in England by age group in the same four week periods, compared to the natural immune system of the unvaccinated population –

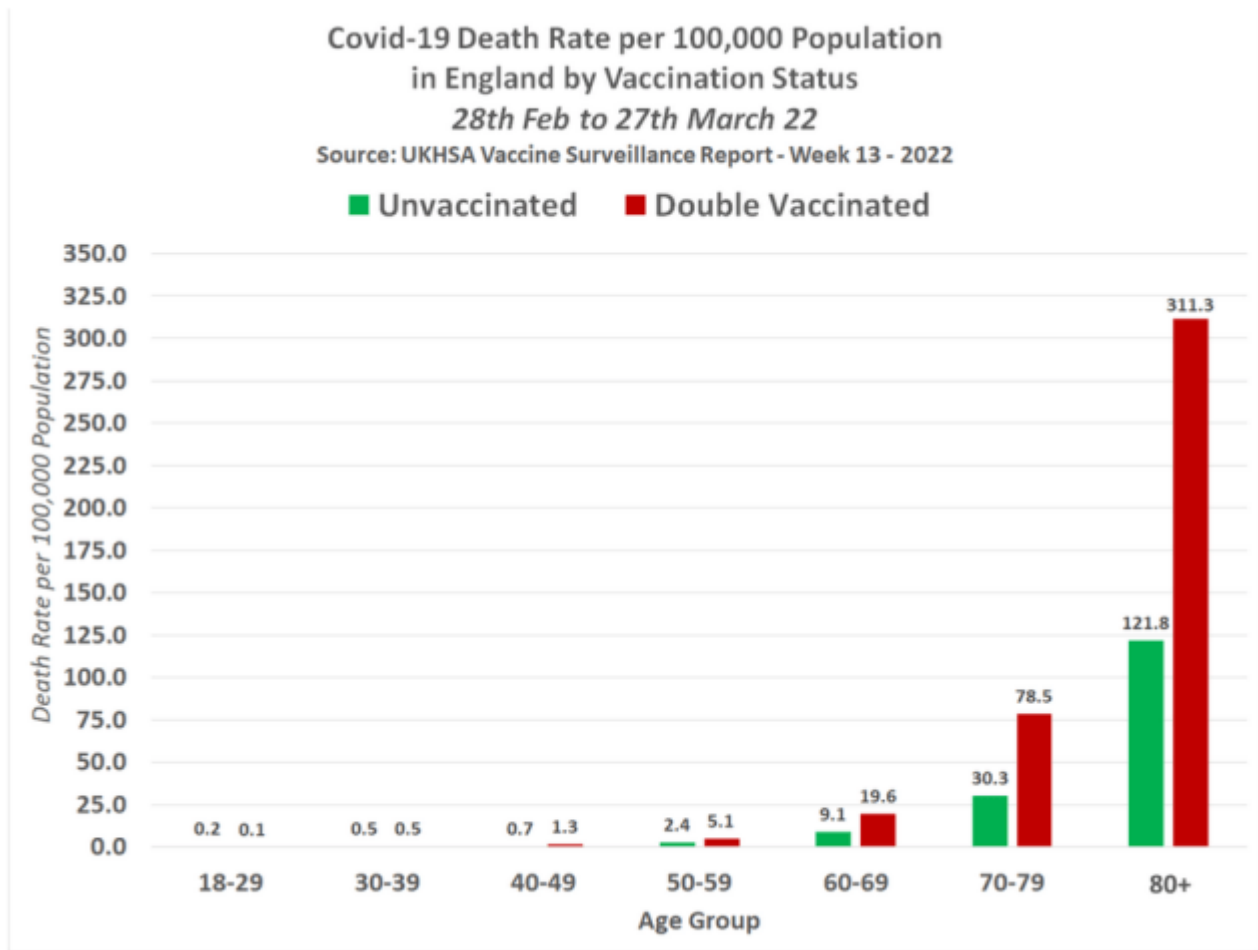


By the end of March 2022, the lowest immune system performance was among 60-69-year-olds at a shocking minus-80%, but all triple vaccinated people aged 30 to 59 were not far behind, with an immune system performance ranging from minus-75% to minus-76%.

Even the 18 to 29-year-olds were within this region at minus-70%, falling from an immune system performance of +11.35% between week 51 and week 2, meaning they had suffered the fastest decline in immune system performance.

This has also translated into deaths.

The following chart shows the Covid-19 death rates per 100,000 by vaccination status across England in March 2022 based on [data published by the UKHSA](#) –



The evidence strongly suggests the Covid-19 injections cause recipients to develop acquired immunodeficiency syndrome.

This is in turn leading to flare-ups of herpes infections resulting in conditions such as shingles, auto-immune blistering disease and multiple organ dysfunction syndrome.

The confidential Pfizer documents suggest this, the Centres for Disease Control VAERS database suggests this, Government data published around the world suggests this, and [this scientific study](#) published in October 2021 suggests this –



Herpes zoster after COVID vaccination

C.S. van Dam ¹, I. Lede ², J. Schaar ³, M. Al-Dulaimy ¹, R. Rösken ⁴, M. Smits ⁵

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Highlights

- COVID-19 can present as a skin manifestation, including varicella-zoster reactivation
- The development of herpes zoster after vaccination with tozinameran is described in two adults
- A possible cause is a transient lymphocytopenia that occurs after vaccination
- An evaluation of the relationship between COVID-19 (vaccines) and herpes zoster is needed

Source

So it's possible authorities may be using monkeypox to either cover up these severe adverse consequences of Covid-19 vaccination, or they are using the adverse consequences to create propaganda and fear over another alleged virus to advance their agenda.

Exhibit I – The End Game

Imagine a world where everything is analysed. [China initiated the concept of its Social Credit System in 2014, and it was planned to go nationwide in 2020](#)

. In the system, everyone is given a score ranging from 350 to 950 based on their monitored behaviour. Everyone starts with 1000 points. This score increases or decreases with people's actions or behaviours.

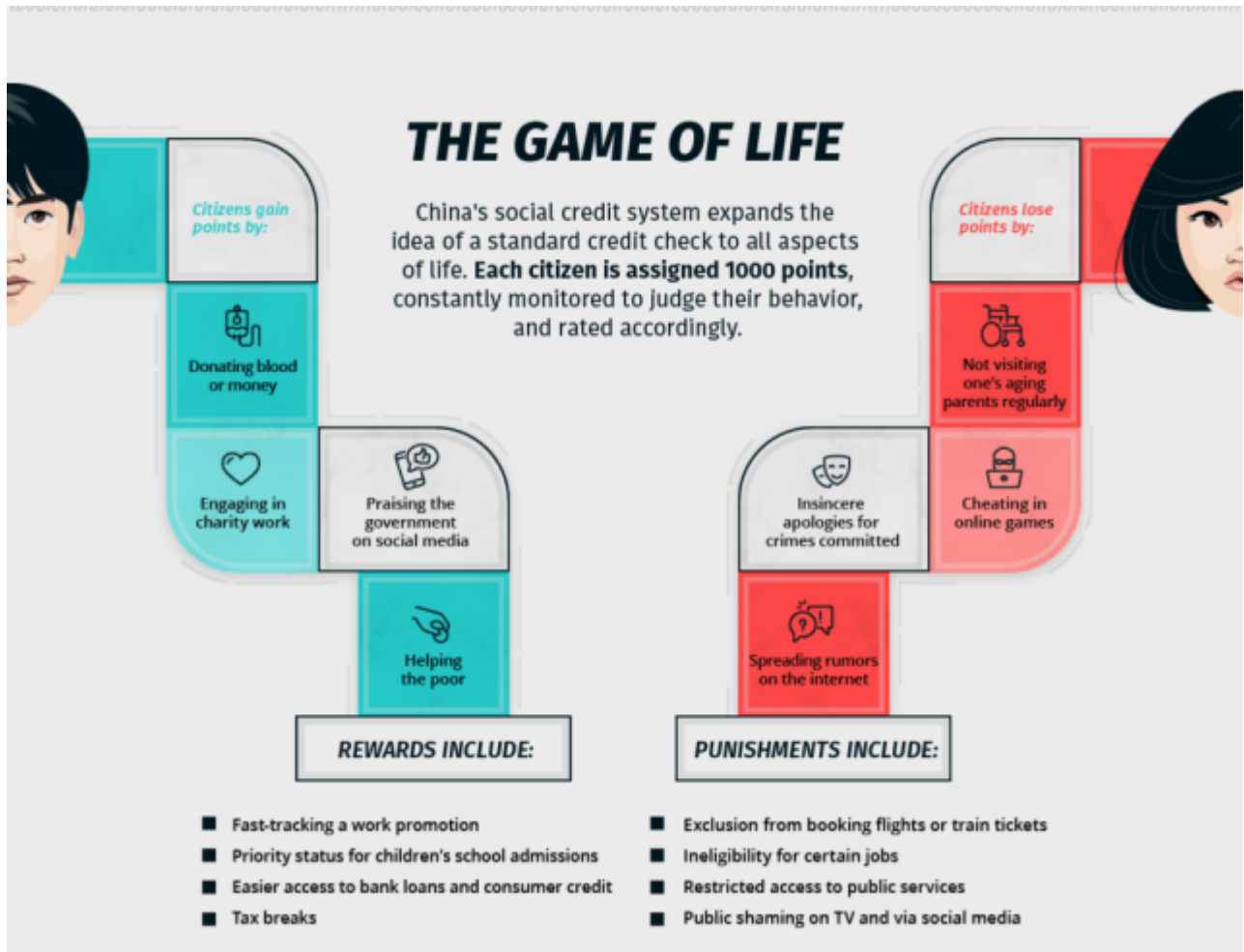
The system can be used for individual people, but also for companies and government organisations. The private sector, including the burgeoning tech world in China, has its own non-governmental scoring systems that they implement.

The Western world is well accustomed to credit checks: data brokers such as Experian trace the timely manner in which we pay our debts, giving us a score that's used by lenders and mortgage providers.

We also already have social-style scores, and anyone who has shopped online with eBay has a rating on shipping times and communication, while Uber drivers and passengers both rate each other; if your score falls too far, you're out of luck.

China's social credit system expands that idea to all aspects of life, judging citizens' behaviour and trustworthiness. Caught jaywalking, don't pay a court bill, play your music too loud on the train — you could lose certain rights, such as booking a flight or train ticket.

But this system isn't going to remain unique to China because there is a coordinated effort worldwide to introduce a Digital Identity and Social Credit System.



Since the turn of the year, numerous countries have announced plans to expand online censorship, introduce what are in effect social credit systems, and implement digital identities whilst floating the idea of introducing national digital currencies.

Here's a list of articles relating to just a few examples –

- [UK Government to launch Social Credit System in 2022](#)
- [Vienna Is Also Becoming a Testing Ground for A Chinese-Style Social Credit System](#)
- [Italy Announces Rollout of Dystopian Social Credit System; Compliant Citizens Will Be Rewarded For “Good Behaviour”](#)
- [Governments worldwide are working in Lockstep to bring in Digital I.D. & Social Credit System as EU agrees to expand online censorship with ‘Digital Services Act’](#)
- [Dangers of the incoming Digital ID system](#)
- [If you want to know the sort of society authorities are trying to create for you and your children to live in then just look at China](#)
- [Social Engineering Through Financial Institutions: Dutch Bank Links Customers’ Expenditure with CO2 Emissions](#)
- [Within Days of Macron’s Re-Election France Rolls Out Digital ID](#)
- [UK Government plans to launch new Digital ID Technology in April 22 as part of Dystopian Nationwide Digital Identity Push](#)

This very system is required to fully implement ‘[The Great Reset](#)’, the brainchild of World Economic Forum (WEF) founder Klaus Schwab.

You’ve most likely by now heard your nation’s elected (or unelected) leader, constantly use the slogan “Build Back Better”. The slogan was originally used by the WEF as part of its aims for a post-COVID recovery. This proves the influence the World Economic Forum has when it has managed to get the leader of every Western nation to repeat and adopt the party line.

In 2019 the WEF published a blog, *How keeping score can end the era of short-termism*, authored by none other than their Founder and Executive Chairman – Klaus Schwab.

[Schwab states](#): “But they [urgent matters such as global recession and the US-China trade war] should not deflect attention from even more pressing long-term challenges: achieving the United Nations Sustainable Development Goals (SDGs) by 2030; delivering on the Paris climate agreement over the next 30 years; and reforming our global economic system to make it fit for the next 50 years and beyond.

“All of this assumes an end to the economic short-termism that underpins policymaking today. For that, we should develop scorecards to track our performance on these long-term priorities. To that end, I have three suggestions. First, we need to rethink GDP as our “key performance indicator” in economic policymaking. Second, we should embrace independent tracking tools for assessing progress under the Paris agreement and the SDGs. Third, we must implement “stakeholder capitalism” by introducing an environmental, social, and governance (ESG) scorecard for businesses.”

In effect, we are in the middle of a global coup where authorities will finally have ultimate control and know anything and everything about us. Through digital currency, they will be able to know what we buy and control what we are allowed to buy. Through digital identity, they will be able to hold data on everything about us in one easy to access location. And through a social credit system, they will be able to control our behaviours through rewards and punishment.

We are witnessing the implementation of a technocratic dictatorship.

What do you believe?

If you religiously watch BBC News then we don't hold much hope that we have swayed you to realise that we're not coincidentally witnessing the emergence of several pandemics in the space of a few years at the same time the World Health Organisation wants unprecedented powers and World Leaders alongside the World Economic Forum want to implement 'The Great Reset'.

But if you don't religiously watch BBC News and have an inquisitive mind then we hope that we have at least offered you food for thought about what you are being officially being told.

We've tried to condense the information to be as short as possible so that you didn't lose interest, but we can assure you there is plenty more supporting evidence out there, including various articles on The Expose.

If you believe in Germ theory then the fact this alleged monkeypox virus has 50 years' worth of mutations occurring in the space of 4 years, must have you questioning whether this alleged disease is naturally occurring or whether it has been manipulated in a lab?

But if you don't believe in Germ theory then you must be pondering whether monkeypox is being used to hide the monumental damage done to the natural immune system by the Covid-19 injections?

That doesn't mean to say only one of the above scenarios is what is at play here. It's possible we could be seeing both scenarios occurring, but of course, you would need to buy into Germ theory to believe this is the case.

But whatever your thoughts are on the matter, we hope you can discuss and debate them with other readers and present your own evidence to support those thoughts. And just remember that whilst the who's, what's and why's are important, preventing the Dystopian end game is what matters most here.

Category

1. Crime-Justice-Terrorism-Corruption
2. Disasters-Crisis-Depopulation-Genocide
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. NWO-Deep State-Dictatorship-Tyrrany

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