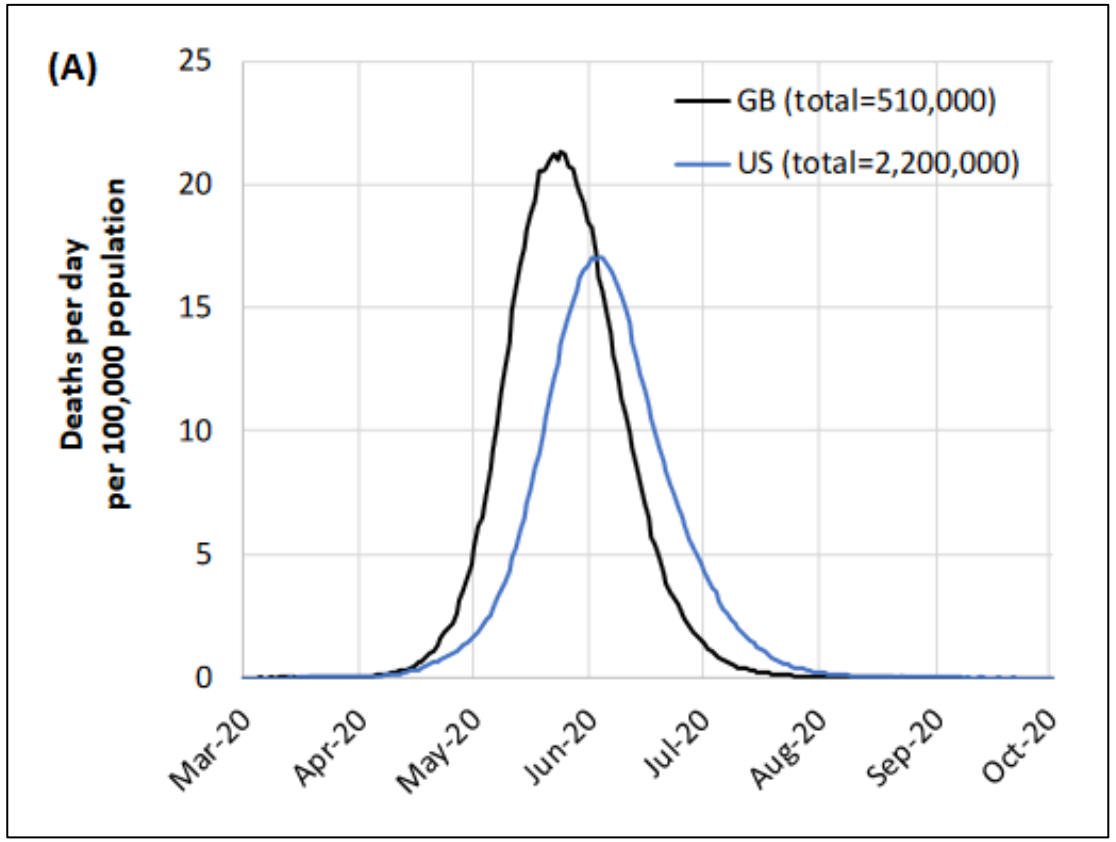

#EXIT THE WHO
PANDEMIC
TREATY
INTERNATIONAL
HEALTH REGULATIONS

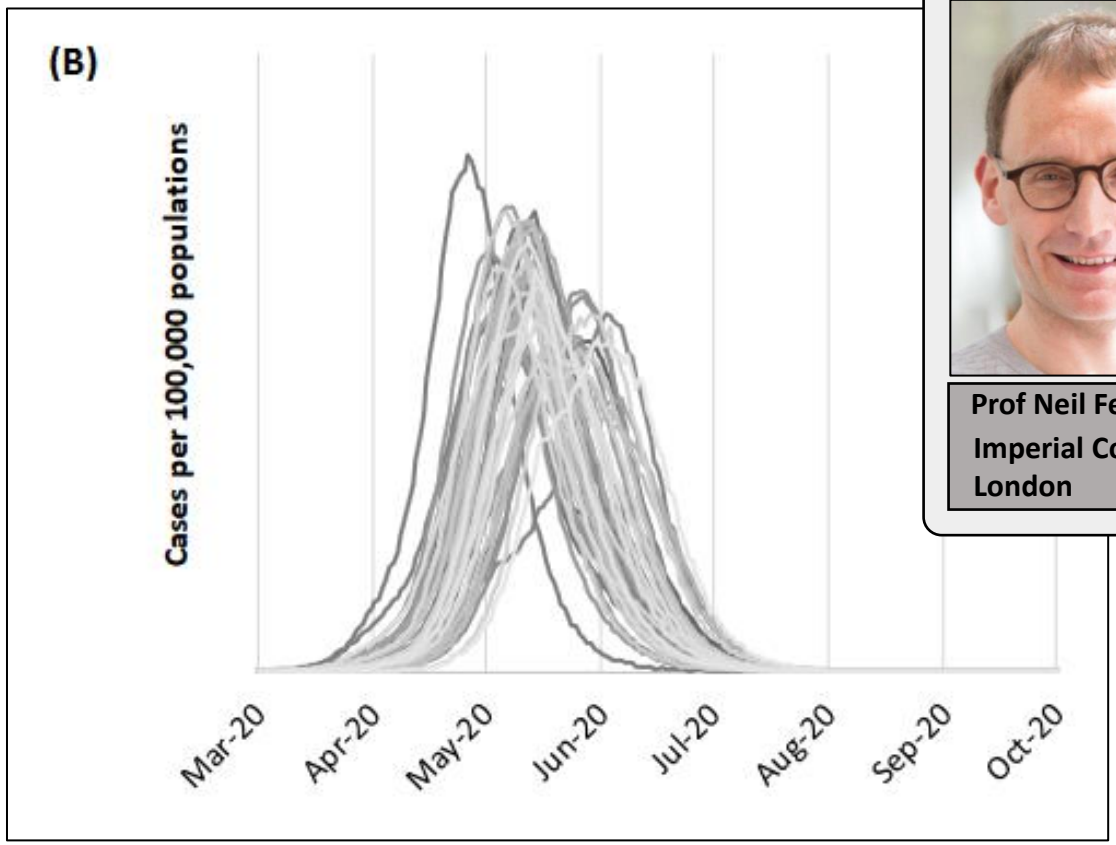
3

Covid Crimes

Fudging the Stats

Pandemic Transmission Model - Neil Ferguson and the WHO's Monstrous LIE





Prof Neil Ferguson
Imperial College, London

That Started it All

https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf

Neil Ferguson – A Monumental Fraud of Monstrous Proportions

Table: Performance of Imperial College Modelling in 4 Non-Lockdown Countries & the United States

Country (assumed Ro = 2.4)	*Imperial Model projected deaths – social distancing (lockdowns)*	*Imperial Model projected deaths -unmitigated spread*	*1 year actual deaths (3/26/21)*	*Overestimate, Lockdown scenario*	*Overestimate, Unmitigated scenario*	*Overestimate Percentage – Lockdowns*	*Overestimate Percentage – Unmitigated*
Sweden	30,434	66,393	13,496	16,938	52,897	126%	392%
Taiwan	93,712	179,828	10	93,702	179,818	937020%	1798180%
South Korea	141,198	301,352	1,716	139,482	299,636	8128%	17461%
Japan	469,064	1,055,426	8,967	460,097	1,046,459	5131%	11670%
United States	1,099,095	2,186,315	563,285	535,810	1,623,030	95%	288%

https://www.aier.org/article/the-failure-of-imperial-college-modeling-is-far-worse-than-we-knew/

Comorbidities

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.9 additional conditions or causes per death. The number of mentions for each condition or cause is shown for all deaths and by age groups.

Starting December 23, 2020, the data file will also include the number of deaths that mention the listed conditions. The new column, "COVID-19 Deaths" represents the number of deaths that mention one of the condition indicated on that specific row. "Number of Mentions" column represents the number of total conditions mentioned for each age group.

For data on the comorbidities and conditions mentioned in COVID-19 deaths, Click here to download.

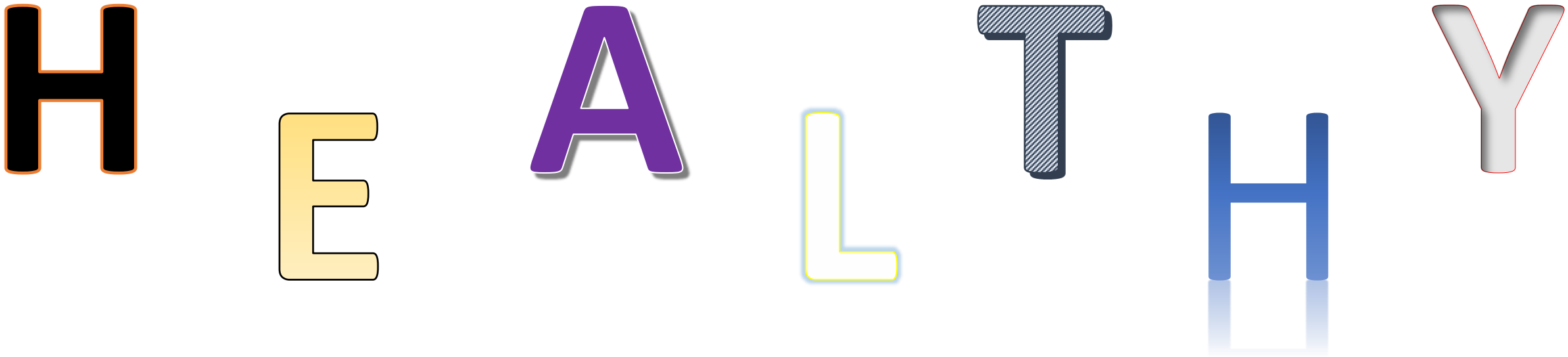
For 6% of the deaths, COVID-19 was the only cause mentioned

Table 3. Conditions contributing to deaths involving coronavirus disease 2019 (COVID-19), by age group, United States. Week ending 2/1/2020 to 12/26/2020.*

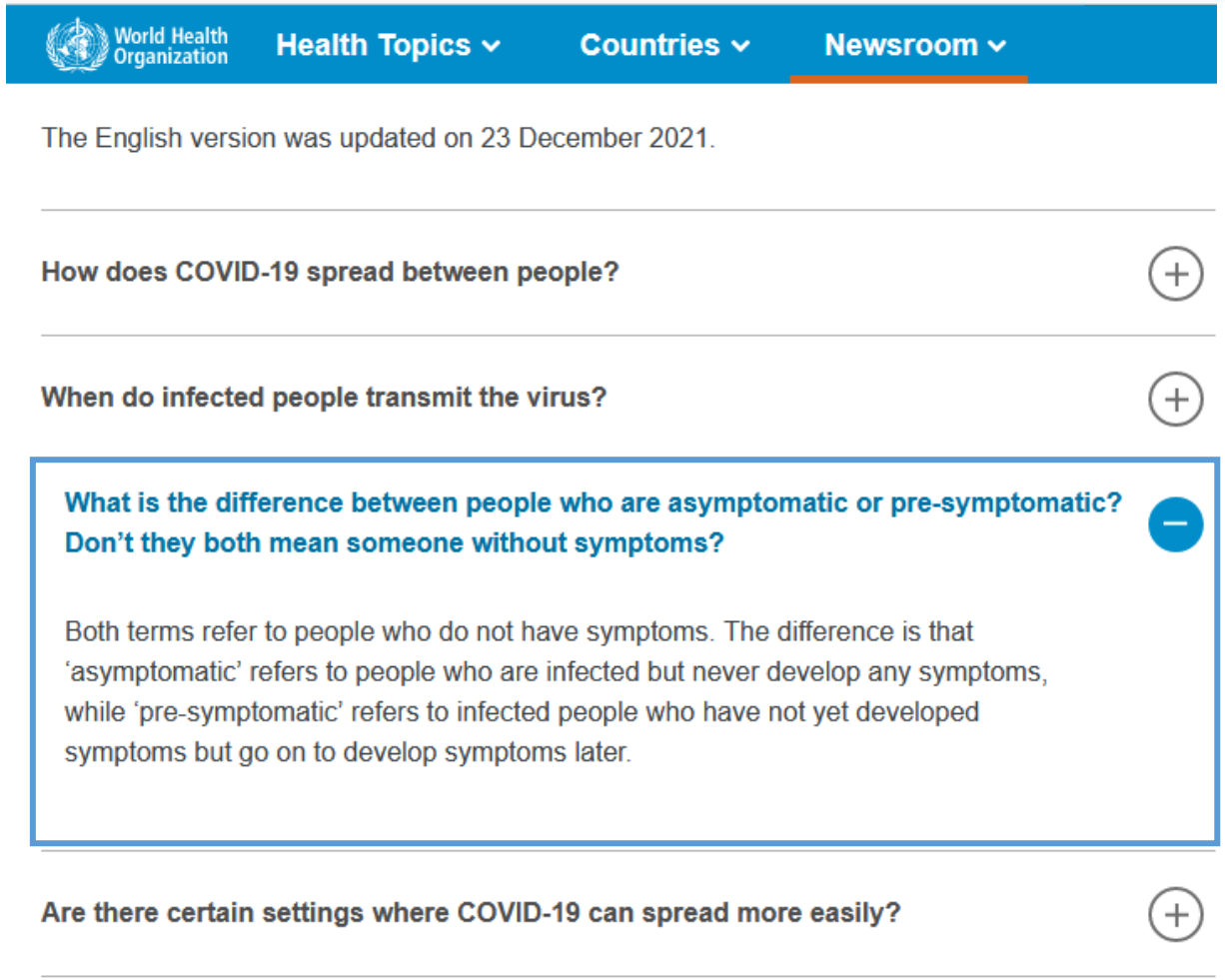
Updated December 30, 2020

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q#Comorbidities

The Crime of the…



The fEAR Porn. The LIES. The More LIES. THe cON



Asymptomatic = Sick Syndrome

https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-how-is-it-transmitted

The Rap Sheet expands…

World Health Organization

The Mask Fiasco

Jun, 5, 2020

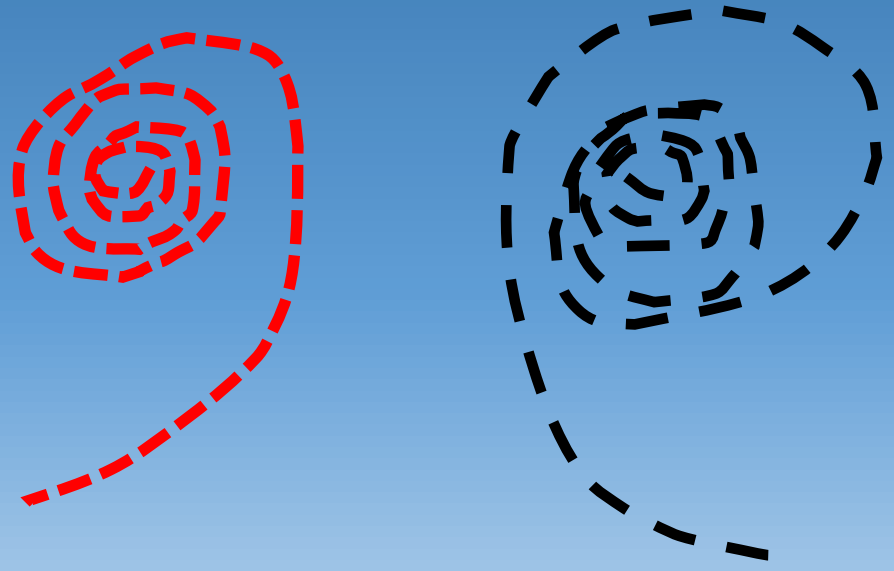
“The WHO has also updated their guidelines, for use of masks by the general public, …, in light of evolving evidence, WHO advises governments to encourage the general public to wear masks….”

January, 22, 2021

“There is no scientific medical reason for any healthy person to wear a mask outside of a hospital. If you have no respiratory symptoms, such as, fever, cough or runny nose, you do not need to wear a medical mask.”

World Health Organization

The Banality of …



….Not Saving Lives as Treatment

WHO has fallen victim to neoliberal globalization

Sent: Monday, January 22, 2007 4:29 PM
Subject: Open letter to Dr Chan

"Academic institutions . . . have become businesses in their own right, seeking to commercialize for themselves research discoveries rather than preserve their independent scholarly status"

Alison Katz,
IndependentWHO

http://www.next-up.org/pdf/AlisonKatzOpenLetterMargaretChanWHO.pdf


THE LANCET
The NEW ENGLAND JOURNAL of MEDICINE
World Health Organization
Supporting
SCIENCE AS FRAUD
World Council For Health South Africa

LancetNEJMGate: Fraudulent Study Retracted

Articles

Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

Mandeep R Mehra, Sapan S Desai, Frank Ruschitzka, Amit N Patel

RETRACTED

Summary

Background Hydroxychloroquine or chloroquine, often in combination with a second-generation m[illegible]ide, are [illegible] widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although [illegible]erall[illegible]fe whe[illegible] used for approved indications such as autoimmune disease or malaria, the safety and ben[illegible] [illegible]treatment regimens are poorly evaluated in COVID-19.

Methods We did a multinational registry analysis of the use of hydroxychloroquine [illegible]oquine wi[illegible]thout a macrolide for treatment of COVID-19. The registry comprised data from 671 hosp[illegible]s in [illegible]ineens. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory [illegible]g for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagn[illegible] included in [illegible]f four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychlor[illegible]ne alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed [illegible] control gr[illegible]. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis o[illegible]le they w[illegible]on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outc[illegible] of in[illegible] were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias [illegible]ined o[illegible]d ventricular tachycardia or ventricular fibrillation).

Findings 96 032 patients (mean age 53·8 years, 46·3[illegible] women[illegible]) with COVID-19 were hospitalised during the study period and met the inclusion criteria. Of the[illegible] patie[illegible] were in the treatment groups (1868 received chloroquine, 3783 received chloroquine with[illegible]macro[illegible]e, 3016[illegible]eived hydroxychloroquine, and 6221 received hydroxychloroquine with a macrolide) and [illegible] pa[illegible] the control group. 10 698 (11·1%) patients died in hospital. After controlling for multiple [illegible]fou[illegible], sex, race or ethnicity, body mass index, underlying cardiovascular disease and its risk fac[illegible] diabete[illegible]derlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), w[illegible]mpared wi[illegible]rtality in the control group (9·3%), hydroxychloroquine (18·0%; hazard ratio 1·335, 95%[illegible]·2[illegible]457), hydr[illegible]ychloroquine with a macrolide (23·8%; 1·447, 1·368–1·531), chloroquine (16·4%; 1·365, [illegible]18–1·531), [illegible]chloroquine with a macrolide (22·2%; 1·368, 1·273–1·469) were each independently associated [illegible]an increased r[illegible]f in-hospital mortality. Compared with the control group (0·3%), hydroxychloroquine (0[illegible], 2·38[illegible]·935–2·900), hydroxychloroquine with a macrolide (8·1%; 5·106, 4·106–5·983), chloroquine (4·3%; [illegible], 2·[illegible]–4·596), and chloroquine with a macrolide (6·5%; 4·011, 3·344–4·812) were independently associat[illegible]an increased risk of de-novo ventricular arrhythmia during hospitalisation.

Interpretat[illegible]we [illegible]unable[illegible]firm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macro[illegible] on in[illegible]spital outcomes for COVID-19. Each of these drug regimens was associated with decreased in-hospit[illegible]reased frequency of ventricular arrhythmias when used for treatment of COVID-19.

Funding Willia[illegible]ey Distinguished Chair in Advanced Cardiovascular Medicine at Brigham and Women's Hospital.

See Online/Comment
https://doi.org/10.1016/S0140-6736(20)31180-6

This online publication has been corrected. The corrected version first appeared at thelancet.com on May 29, 2020

Brigham and Women's Hospital Heart and Vascular Centre and Harvard Medical School, Boston, MA, USA (Prof M R Mehra MD); Surgisphere Corporation, Chicago, IL, USA (S S Desai MD); University Heart Centre, University Hospital Zurich, Zurich, Switzerland (Prof F Ruschitzka MD); Department of Biomedical Engineering, University of Utah, Salt Lake City, UT, USA (A N Patel MD); and HCA Research Institute, Nashville, TN, USA (A N Patel)

Correspondence to: Prof Mandeep R Mehra, Brigham and Women's Hospital Heart and Vascular Center and Harvard Medical School, Boston, MA 02115, USA
mmehra@bwh.harvard.edu

Findings

We were unable to confirm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macrolide, on in-hospital outcomes for COVID-19. Each of these drug regimens was associated with decreased in-hospital survival and an increased frequency of ventricular arrhythmias when used for treatment of COVID-19.

*The Lancet study based on data analysis of **96,032 patients** hospitalized with COVID-19 between Dec 20, 2019, and April 14, 2020 from **671 hospitals** Worldwide. The database was fabricated and the findings was based on completely fake figures and test trials.*

The Study which killed the Hydroxychloroquine cure was essentially a colossal:

Fraud

https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31180-6.pdf

World Council For Health South Africa

LancetNEJMGate: Fraudulent Study Retracted

Lancet. 2020 Jun 3
doi: 10.1016/S0140-6736(20)31290-3 [Epub ahead of print]
PMCID: PMC7269709
PMID: 32504543

Expression of concern: Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

The Lancet Editors

Important scientific questions have been raised about data reported in the paper by Mandeep Mehra et al—Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis[1]—published in *The Lancet* on May 22, 2020. Although an independent audit of the provenance and validity of the data has been commissioned by the authors not affiliated with Surgisphere and is ongoing, with results expected very shortly, we are issuing an Expression of Concern to alert readers to the fact that serious scientific questions have been brought to our attention. We will update this notice as soon as we have further information.

Reference

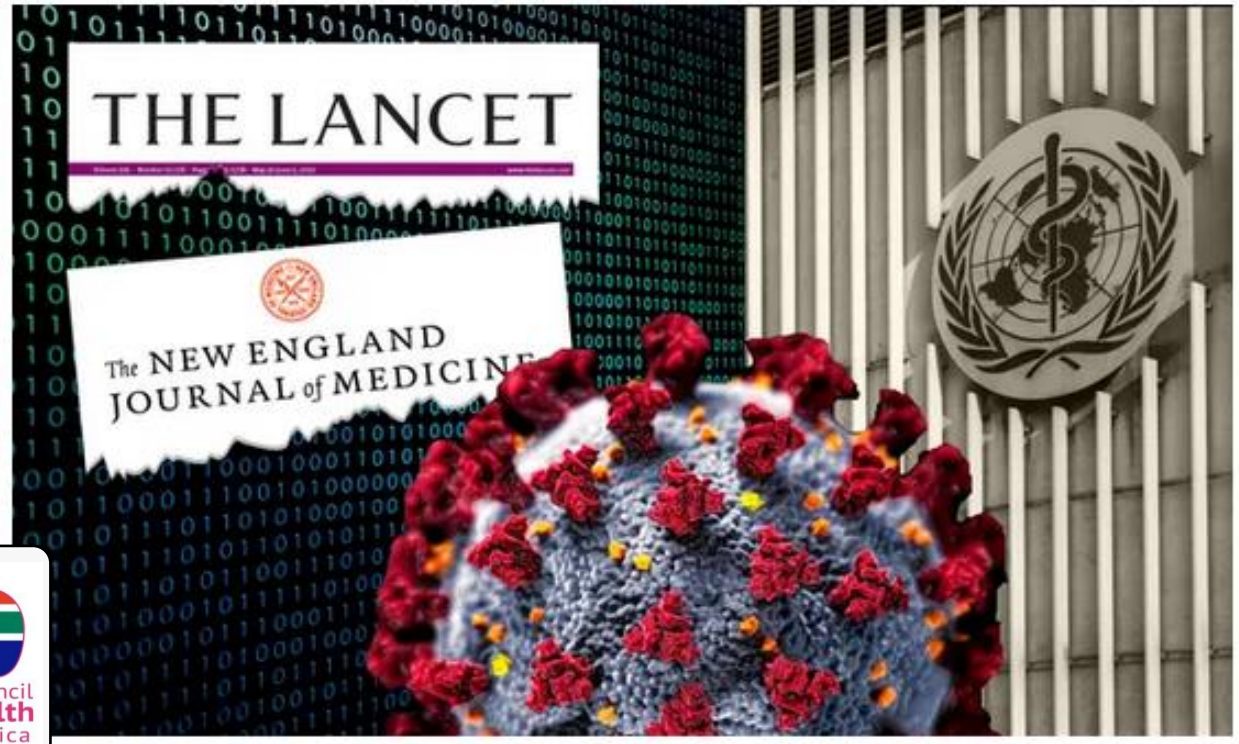
1. Mehra MR, Desai SS, Ruschitzka F, Patel AN. Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis. *Lancet.* 2020 doi: 10.1016/S0140-6736(20)31180-6. published online May 22. [PMC free article] [PubMed] [CrossRef] [Google Scholar] Retracted

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7269709/

https://www.thegatewaypundit.com/2020/06/exclusive-lancet-study-hydroxychloroquine-complete-fraud-authors-linked-pharmaceutical-industry-people-died-lies/

Surgisphere: governments and WHO changed Covid-19 policy based on suspect data from tiny US company

Surgisphere, whose employees appear to include a sci-fi writer and adult content model, provided database behind Lancet and New England Journal of Medicine hydroxychloroquine studies



A tiny US company, Surgisphere, is behind flawed data which led to governments and the world health

The Guardian

The Lancet Study's entire purpose was therefore to lie about Hydroxychloroquine in order to promote more expensive pharmaceutical alternatives.

World Council For Health South Africa

LancetNEJMWHOGate: WHO responds

World Health Organization

WHO pauses Hydroxychloroquine Arm of Covid-19 Clinical Trial – After Lancet Study finds higher Mortality Rate among patients taking the drug

"In light of a paper published last week in the Lancet that showed people taking hydroxychloroquine were at higher risk of death and heart problems, there would be "a temporary pause" on the hydroxychloroquine arm of its global clinical trial.

Tedros Adhanom Ghebreyesus
WHO Director-General

https://www.newindianexpress.com/world/2020/may/25/who-study-into-experimental-covid-19-treatments-pauses-testing-on-trumps-drug-hydroxychloroquine-2147914.html

Hydroxychloroquine and Role as COVID-19 prophylaxis

World Health Organization

Health Topics | Countries | Newsroom | Emergencies | Data | About Us

Home / Newsroom / Detail / WHO discontinues hydroxychloroquine and lopinavir/ritonavir treatment arms for COVID-19

WHO discontinues hydroxychloroquine and lopinavir/ritonavir treatment arms for COVID-19

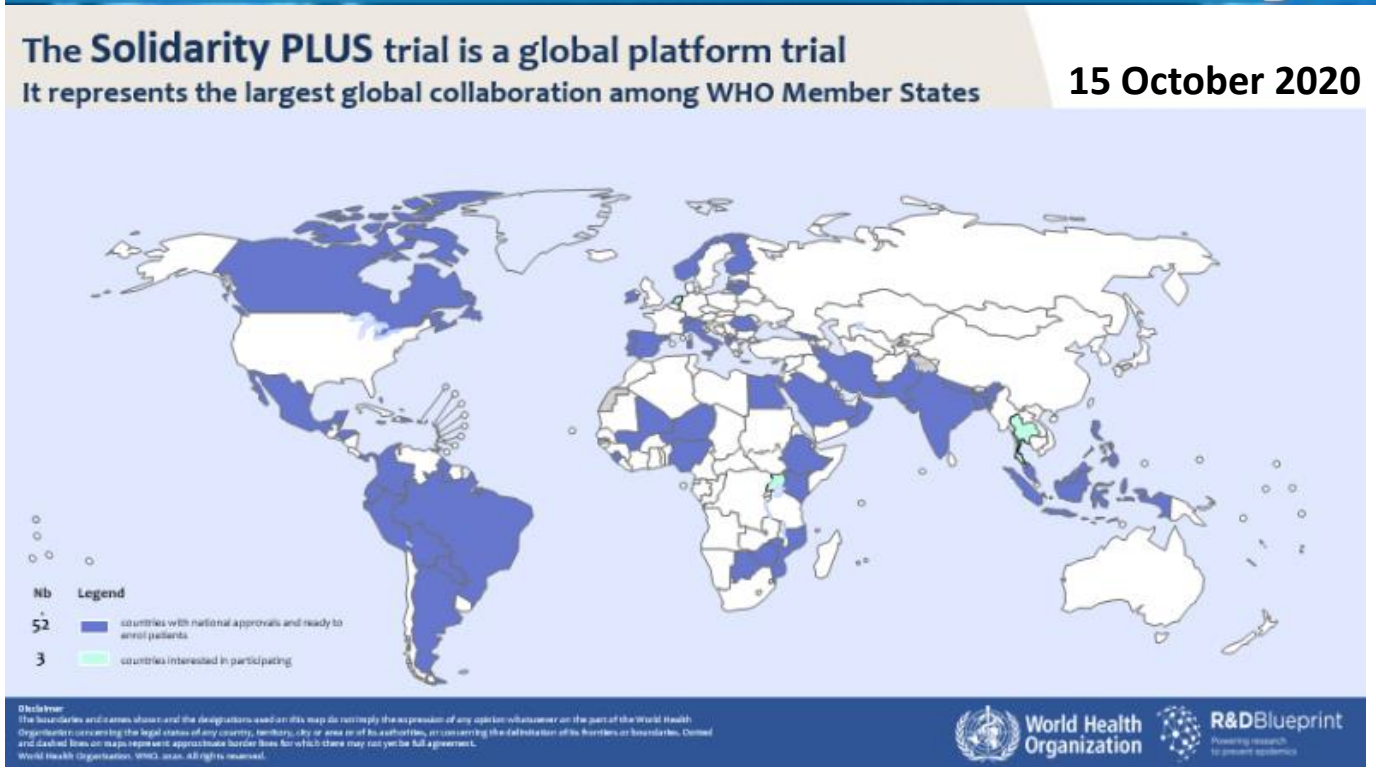
4 July 2020 | News release

"Hydroxychloroquine does not result in the reduction of mortality of hospitalized COVID-19 patients," the WHO reported (Solidarity Trial)

World Health Organization

Is in on the Fraud

WHO COVID-19 Solidarity Therapeutics Trial



15 October 2020

Interim results from the Solidarity Therapeutics Trial, coordinated by the World Health Organization, indicate that remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon regimens appeared to have little or no effect on 28-day mortality or the in-hospital course of COVID-19 among 14 200 hospitalized patients.

Trial 14 200 hospitalized patients, 52 countries, 200 hospitals, 2000 researchers

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments
https://www.who.int/news/item/15-10-2020-solidarity-therapeutics-trial-produces-conclusive-evidence-on-the-effectiveness-of-repurposed-drugs-for-covid-19-in-record-time

Drugs to prevent Covid-19

Living Guide

24th March 2023

World Health Organization

Table: Characteristics and outcomes of the RCTs evaluating hydroxychloroquine

Outcome	Intervention	Impact of Hydroxychloroquine
Mortality	3 per 1000	Little or no effect on mortality
Admission to Hospital	1 per 1000	Little or no effect on hospital admission
Laboratory-confirmed SARS-CoV-2 infection	59 per 1000	Little or no effect on preventing infection
Adverse events leading to discontinuation	28 per 1000	A small increase in adverse effects leading to discontinuation

Recommendations

The panel felt that further research was unlikely to uncover a subgroup of patients that benefit from hydroxychloroquine, therefore recommends against the use of hydroxychloroquine as a prophylaxis

WHO Therapeutics Steering Committee

https://apps.who.int/iris/bitstream/handle/10665/366530/WHO-2019-nCoV-prophylaxes-2023.1-eng.pdf

And then of course there was the…

Ivermectin

fiasco…

together • COVID-19 trial : Dr Andrew Hill – Conflicts of Interest

unicef · FIND Because diagnosis matters · University of Liverpool · ITPC International Treatment Preparedness Coalition · Wellcome · World Health Organization · Clinton Health Access Initiative · medicines patent pool · psi · Unitaid Innovation in Global Health · PATH · The Aurum Institute · The Global Fund

$50 million

Bill & Melinda Gates foundation

Advisor to Bill and Melinda Gates Foundation

$40 million

University of Liverpool

Centre of Excellence for Long-acting Therapeutics (CELT)

World Health Organization

Consultant

Dr. Andrew Hill

Vanguard · BlackRock · The People's Vaccine · Biogen · Rainwater Charitable Foundation · Lilly · abbvie · Tau Consortium · curePSP Unlocking the Secrets of Brain Disease · Janssen Pharmaceutical Companies of Johnson & Johnson

University of Liverpool

Senior Visiting Research Fellow
Dept Pharmacology

TIDES A Force for Social Good · Open Society Institute · World Health Organization · Ford Foundation · Johnson & Johnson · Bill & Melinda Gates foundation · HIV Collaborative Fund · Department for International Development · ITPC International Treatment Preparedness Coalition · make medicines affordable END UNFAIR MONOPOLIES · PEPFAR · MAINline Drugs & Health · The People's Vaccine · USAID From the American People

tibotec
Division of Janssen-Cilag GmbH

Consultant

Clinton Health Access Initiative

Advisor

Roche · GlaxoWellcome

Previous employment
Developer of antivirals

Oxford University Press

Editor

Journal of Antimicrobial Chemotherapy

Funders

USAID From the American People

National Institutes of Health

University of the Witwatersrand WITS RHI

World Council For Health South Africa

together • COVID-19 trial : Dr Andrew Hill – Conflicts of Interest

During the interview, Dr Hill admits that his funder, UNITAID influenced his conclusions to the aforementioned paper.

Four days before publication, Hill's sponsor Unitaid gave the University of Liverpool, Hill's employer $40 million.

Controversial Journal Article

Meta-analysis of randomized trials of Ivermectin to treat SARS-CoV-2 infection

Hill, A et.al. *Research Square, 19 Jan 2021*

Results

Ivermectin was associated with reduced inflammation, faster viral clearance. Ivermectin showed significantly shorter duration of hospitalization, and in moderate or severe infection, there was a 75% reduction in deaths, with favourable clinical recovery and reduced hospitalization.

Conclusions

Not yet a sufficiently robust evidence base to justify the use or regulatory approval of ivermectin. However…clear need for additional, higher-quality and larger-scale clinical trials, warranted to investigate the use of ivermectin further.

Funder

Unitaid
Innovation in Global Health

https://www.oraclefilms.com/alettertoandrewhill https://worldcouncilforhealth.org/multimedia/dear-andy-dr-tess-lawrie/ https://www.researchsquare.com/article/rs-148845/v1

together • COVID-19 clinical trials trial : Dr Andrew Hill – Conflicts of Interest

World Tribune
WINDOW ON THE REAL WORLD

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LIFE | COMMENTARY | VIDEOS | FUNNIES | SWAMP WATCH | TECH WATCH | MARKET WATCH | MEDIA

Researcher Andrew Hill's conflict: A $40 million Gates Foundation grant vs a half million human lives

https://www.worldtribune.com/researcher-andrew-hills-conflict-a-40-million-gates-foundation-grant-vs-a-half-million-human-lives/

together • COVID-19 clinical trials : Dr Andrew Hill/Prof Andrew Owen – Conflicts of Interest

Funders

Janssen (Pharmaceutical Companies of Johnson & Johnson) · Pfizer · GSK GlaxoSmithKline · Roche · Bristol-Myers Squibb · ViiV Healthcare · AstraZeneca · tibotec (Division of Janssen-Cilag GmbH) · Merck · Boehringer Ingelheim · Abbott

Professor Andrew Owen

Editor of Andrew Hill paper on Ivermectin

Remdesivir

GILEAD

Consultant

World Health Organization

Scientific Advisor
COVID-19 Guideline Development Group

Unitaid
Innovation in Global Health

£2.2 million

Wellcome · UKRI Medical Research Council · GSK · agile Coronavirus Drug Testing Initiative · LSTM Liverpool School of Tropical Medicine · VIR · Desmond Tutu Health Foundation · RIDGEBACKBIO

Nitazoxanide

AGILE Clinical Team

University of Liverpool

Professor of Pharmacology & Therapeutics

Bill & Melinda Gates foundation

Scientific Advisor

TAG Treatment Action Group · Clinton Health Access Initiative · medicines patent pool · LONGEVITY CELT · Johns Hopkins University · UNMC University of Nebraska Medical Center

Principal Investigator

£3million

Funding Partners

Clinton Health Access Initiative · UKRI Engineering and Physical Sciences Research Council · NIH National Institutes of Health · medicines patent pool · DNDi Drugs for Neglected Diseases initiative · European Commission · University of the Witwatersrand WITS RHI · Ezintsha · FIND Because diagnosis matters

Co-Director Centre of Excellence in Long-acting Therapeutics (CELT)

Tandem Nano Ltd

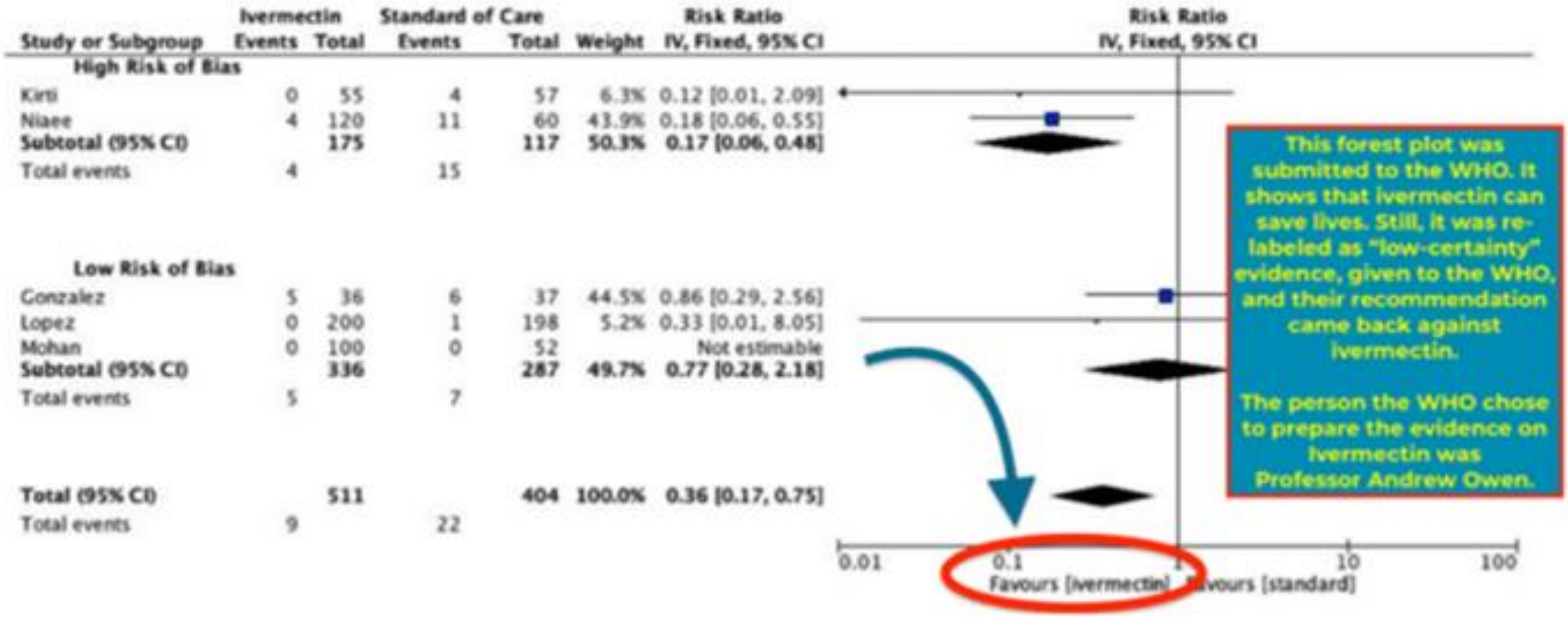
Solid Drug Nanoparticle technology VIR-7831 and VIR-7832, novel therapies COVID owned by GSK / VIR

Director & CSO & shareholder

RIDGEBACKBIO · MERCK

Lead Molnupiravir Trial

together • COVID-19 clinical trials : Dr Andrew Hill/Prof Andrew Owen – Conflicts of Interest



https://rairfoundation.com/deadly-cover-up-who-buried-the-research-proving-ivermectin-saves-covid-patients-lives/

World Crime Organization….Not Saving Lives as Treatment

World Health Organization

Health Topics | Countries | Newsroom | Emergencies

Home / Newsroom / Feature stories / Detail / WHO advises that ivermectin only be used to treat COVID-19 within clinical trials

WHO advises that ivermectin only be used to treat COVID-19 within clinical trials

31 March 2021

The current evidence on the use of ivermectin to treat COVID-19 patients is inconclusive. Until more data is available, WHO recommends that the drug only be used within clinical trials.

This recommendation, which applies to patients with COVID-19 of any disease severity, is now part of WHO's guidelines on COVID-19 treatments.

Ivermectin is a broad spectrum anti-parasitic agent, included in WHO essential medicines list for several parasitic diseases. It is used in the treatment of onchocerciasis (river blindness), strongyloidiasis and other diseases caused by soil transmitted helminthiasis. It is also used to treat scabies.

https://www.who.int/news-room/feature-stories/detail/who-advises-that-ivermectin-only-be-used-to-treat-covid-19-within-clinical-trials

World Health Organization

MERCK

VigiAccess™

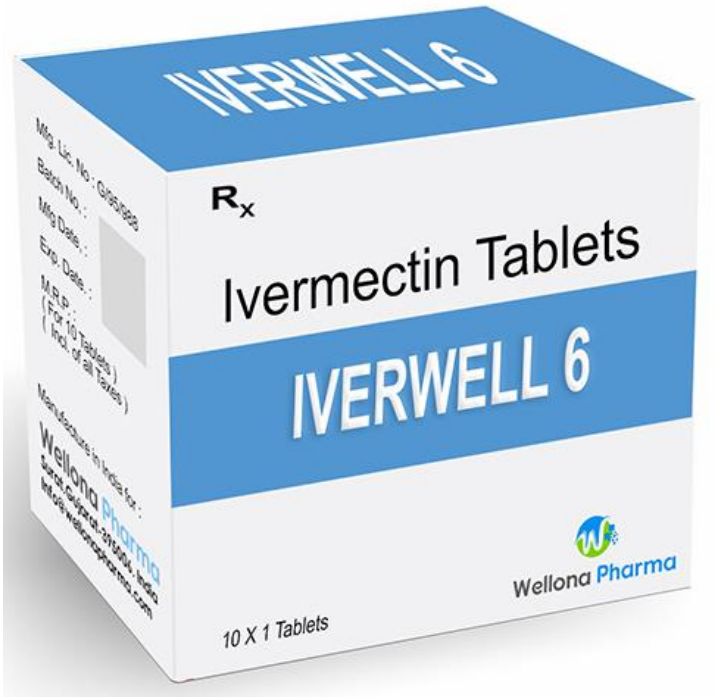
Uppsala Monitoring Centre

WHO Collaborating Centre for International Drug Monitoring

Medicine	Year started reporting	Deaths	Adverse events
Ivermectin	1992	16	4 669
Remdesivir	2020	417	5 297
Tocilizumab	2005	764	47 086
COVID-19 vaccines	2021	8 532	1 490 915
Tetanus vaccine	1968	32	14 697

SAHPRA bans IVERMECTIN

South African Health Products Regulatory Authority



22 DEC IVERMECTIN IS NOT INDICATED NOR APPROVED BY SAHPRA FOR USE IN HUMANS

Posted at 15:51h in News & Updates · Share

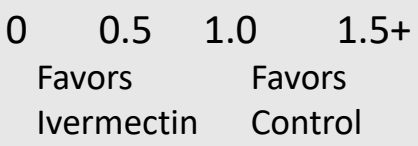
Ivermectin has made headlines recently as a so-called "miracle cure" for COVID-19. However, SAHPRA's stance is unambiguous. This drug is not approved by SAHPRA and any attempt to import this drug into the country will be perceived as being unlawful.

Ivermectin is not indicated nor approved by SAHPRA for use in humans. There is no confirmatory data on Ivermectin available as yet for its use in the management of Covd-19 infections. In terms of safety and efficacy there is no evidence to support the use of ivermectin and we do not have any clinical trial evidence to justify its use.

https://www.sahpra.org.za/wp-content/uploads/2020/12/22-December-2020-Ivermectin.pdf

Ivermectin for COVID-19: real-time meta analysis of 99 studies

	Improv -ement	No. Studies	No. Patients	Relative Risk
All Studies	62%	99	137,255	
Primary Outcome	52%	99	137,686	
Mortality	49%	51	122,827	
Ventilation	29%	18	33,157	
ICU Admission	38%	13	24,089	
Hospitalisation	34%	29	44,784	
Recovery	43%	35	7,837	
Cases	81%	16	13,696	
Viral Clearance	42%	30	4,157	
RCTs	55%	46	11,855	
Peer-reviewed	61%	83	125,940	
Prophylaxis	85%	17	19,764	
Early Treatment	62%	37	57,715	
Late Treatment	41%	45	59,776	
------- after exclusions				



Analysis

Oct 2023

- **Statistically significant lower risk is seen for mortality, ventilation, ICU admission, hospitalization, recovery, cases, and viral clearance.** 60 studies from 54 independent teams in 24 different countries show statistically significant improvements.
- Meta analysis using the most serious outcome shows **62% [51-70%] and 85% [77-90%] lower risk for early treatment and prophylaxis**, with similar results for higher quality studies, primary outcomes, peer-reviewed studies, and for RCTs.
- Results are very robust — in worst case exclusion sensitivity analysis 62 of 99 studies must be excluded to avoid finding statistically significant efficacy.
- Pharmacokinetics show significant inter-individual variability Guzzo. Efficacy may vary depending on the manufacturer Williams.
- Over 20 countries adopted ivermectin for COVID-19. The evidence base is much larger and has much lower conflict of interest than typically used to approve drugs.

IVERMECTIN FOR COVID-19

55 TRIALS, 445 SCIENTISTS, 17,730 PATIENTS

28 RANDOMIZED CONTROLLED TRIALS

85% IMPROVEMENT IN **14 PROPHYLAXIS** TRIALS RR 0.15 [0.09-0.25]

79% IMPROVEMENT IN **21 EARLY TREATMENT** TRIALS RR 0.21 [0.11-0.38]

47% IMPROVEMENT IN **20 LATE TREATMENT** TRIALS RR 0.53 [0.40-0.71]

74% IMPROVEMENT IN **20 MORTALITY** RESULTS RR 0.26 [0.15-0.44]

66% IMPROVEMENT IN **28 RANDOMIZED CONTROLLED TRIALS** RR 0.34 [0.24-0.50]

SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 05/13/21. IVMMETA.COM

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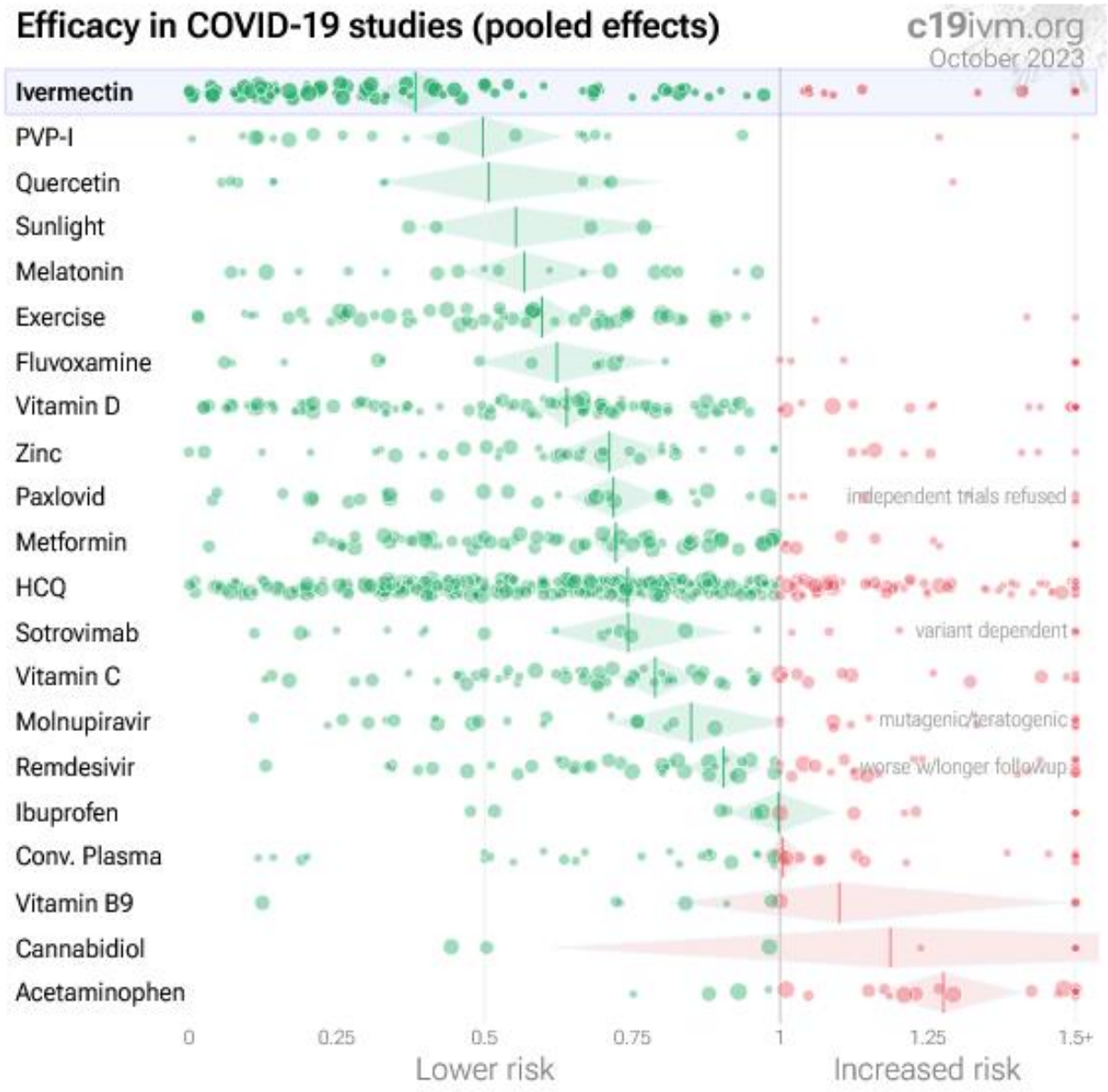
https://c19ivermectin.com/isummary.png

Ivermectin for COVID-19: real-time meta analysis of 99 studies



https://c19ivm.org/meta.html

LOCKDOWN CRIMES

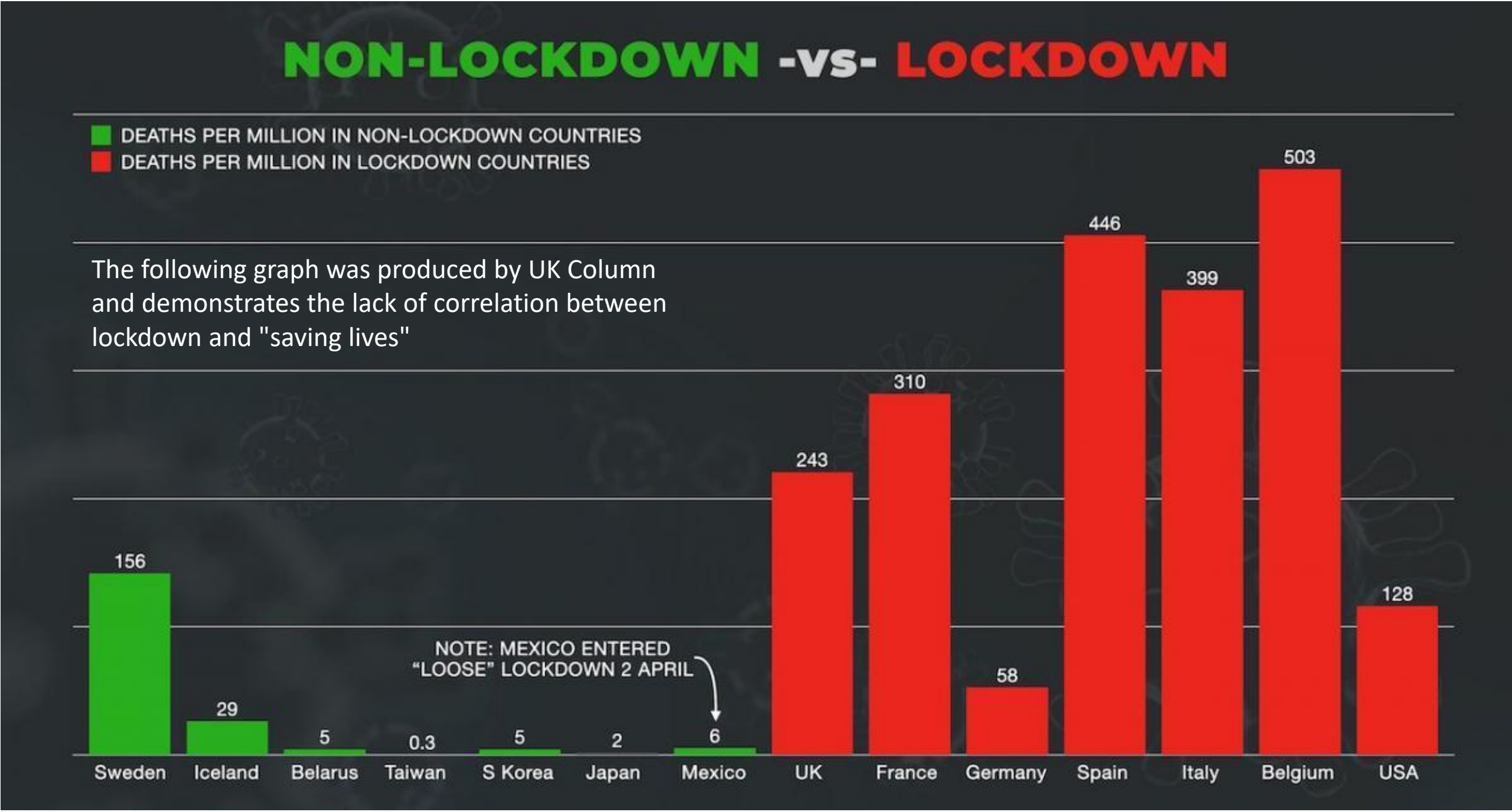
The World Health Organization Endorses Lockdowns Forever

May, 16, 2021

By Jeffrey Tucker

https://www.realclearmarkets.com/articles/2021/05/14/the_world_health_organization_endorses_lockdowns_forever_777027.html

NON-LOCKDOWN -vs- LOCKDOWN



https://www.ukcolumn.org/article/who-controls-british-government-response-covid19-part-one

2019 Non-Pharmaceutical Interventions (NPI) for pandemic countermeasures

Measures	Guidelines and Actions	Evidence	Recommendations
Isolation	Voluntary isolation at home of sick individuals	Very low	At all times
Quarantine of exposed individuals	Home quarantine of exposed individuals to reduce transmission is not recommended because there is no obvious rationale for this measure	Very low (variable effectiveness)	Not recommended in any circumstances
Entry and exit screening	Entry and exit screening for infection in travellers is not recommended, because of the lack of sensitivity of these Measures. Nor recommended	Very low (lack of effectiveness in reducing influenza transmission)	
Border closures	Border closure is generally not recommended	Very low	
Contact tracing	Not recommended in general because there is no obvious rationale for it	Very low (unknown)	
Internal travel restrictions	Conditionally recommended	Very low	Only under extraordinary circumstances
Workplace measures and closures	Teleworking from home, staggering shifts	Very low	
School measures and closures	Increasing desk spacing, reducing mixing between classes	Very low (variable effectiveness)	
Avoiding crowding	Increase the distance and reduce the density among populations	Very low (unknown)	
Face masks	No evidence that this is effective in reducing transmission	Moderate	

GLOBAL INFLUENZA PROGRAMME

2019

Non-pharmaceutical public health measures for mitigating the risk and impact of **epidemic** and **pandemic** influenza

https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1

We shall never forget!!!

We shall never forget!!!

We shall never forget!!!

We shall never forget!!!

We shall never forget!!!

We shall never forget!!!

We shall never forget!!!


MARCH 30
"…now we have to go back into families find those people who are sick and remove them and isolate them…"
Dr Michael J. Ryan
Executive Director of the World Health Organization's Health Emergencies Programme
SUMMIT NEWS
W.H.O. OFFICIAL: MAY HAVE TO REMOVE FAMILY MEMBERS
TUCKER CARLSON tonight
#Tucker
Media briefing on COVID-19

Then there are the …

VACCINES

THE SCALE OF THE COVID-19 INJECTION

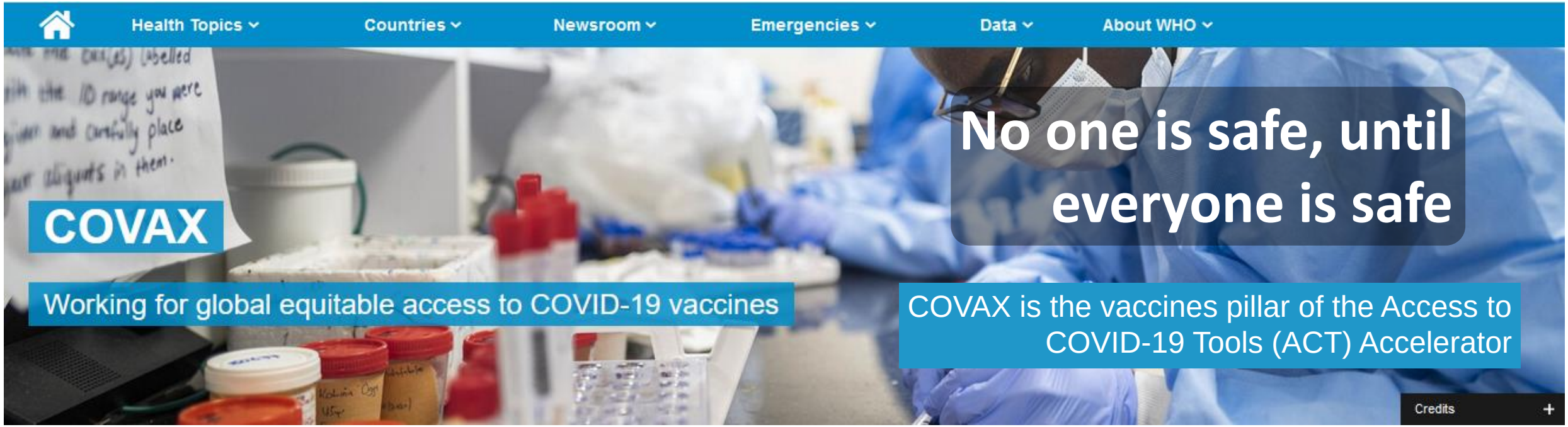
EFFICACY LIE

	What they told you it did	What it actually does
	THE MARKETING LIE	**THE LANCET STUDY**
Jab Type	**Relative Risk Reduction**	**Absolute Risk Reduction from Jab**
Pfizer/BioNtech	95.03%	0.84%
Moderna (NIH)	94.08%	1.24%
Janssen	66.62%	1.19%
AstraZeneca/Oxford	66.84%	1.28%

Source: **www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext**
For more information please visit: **doctors4covidethics.org**

World Health Organization

The Perpetual LIE



BILL & MELINDA GATES foundation	Total Value Commitment
Access to COVID-19 Tools (ACT) Accelerator	$226 million
GAVI COVAX AMC	$156 million
Coalition for Epidemic Preparedness Innovations CEPI)	$275 million
World Health Organisation	$751 million
UNICEF	$150 million

COVAX

CEPI Gavi The Vaccine Alliance unicef World Health Organization

Gates Foundation funding/investment in Covid Vaccine Candidates: Conflicts of Interest

Company	Covid Vaccine Candidate	Type	Value Investment (US$)
Pfizer/BioNTech	BNT162b2 mRNA	To develop mRNA-based vaccines for infectious diseases	$27,500,000 (July 2022) $100,000,000 (May 2022) $4,918,943 (BioNTech 2020) $17,252,854 (2016)
AstraZeneca	ChAdOx1 nCov-19	Develop COVID-19 DNA vaccine	$750 million (2020)(20)
ModernaTX, Inc.	mRNA-1273 (BMGF non-exclusive license)	To develop mRNA-based vaccines for infectious diseases	$100 million (future projects upto 2022) $1,051,128 (2019) $19,984,859 (2016)
Novavax	NVX-CoV2373	Purified protein antigen Vaccine development	$15 million (2020) $388 million (2020)(CEPI) $89 million
CureVac	CVnCoV	mRNA coronavirus vaccine	$52 million (27)
Icosavax Inc.	IVX-411	Develop COVID-19 vaccine	$10 million (2020)
Inovio Pharmaceuticals	INO-4800	Develop COVID-19 DNA vaccine	$5 million (2020)
Vir Biotechnology, Inc.		HIV vaccine development	$10,000,000 (2022) $10,034,896 (2021)
Merck	Molnupiravir	Antiviral drug	$120 million (2021)

Comirnaty: A Large, Long-Term Sustainable Business for Pfizer

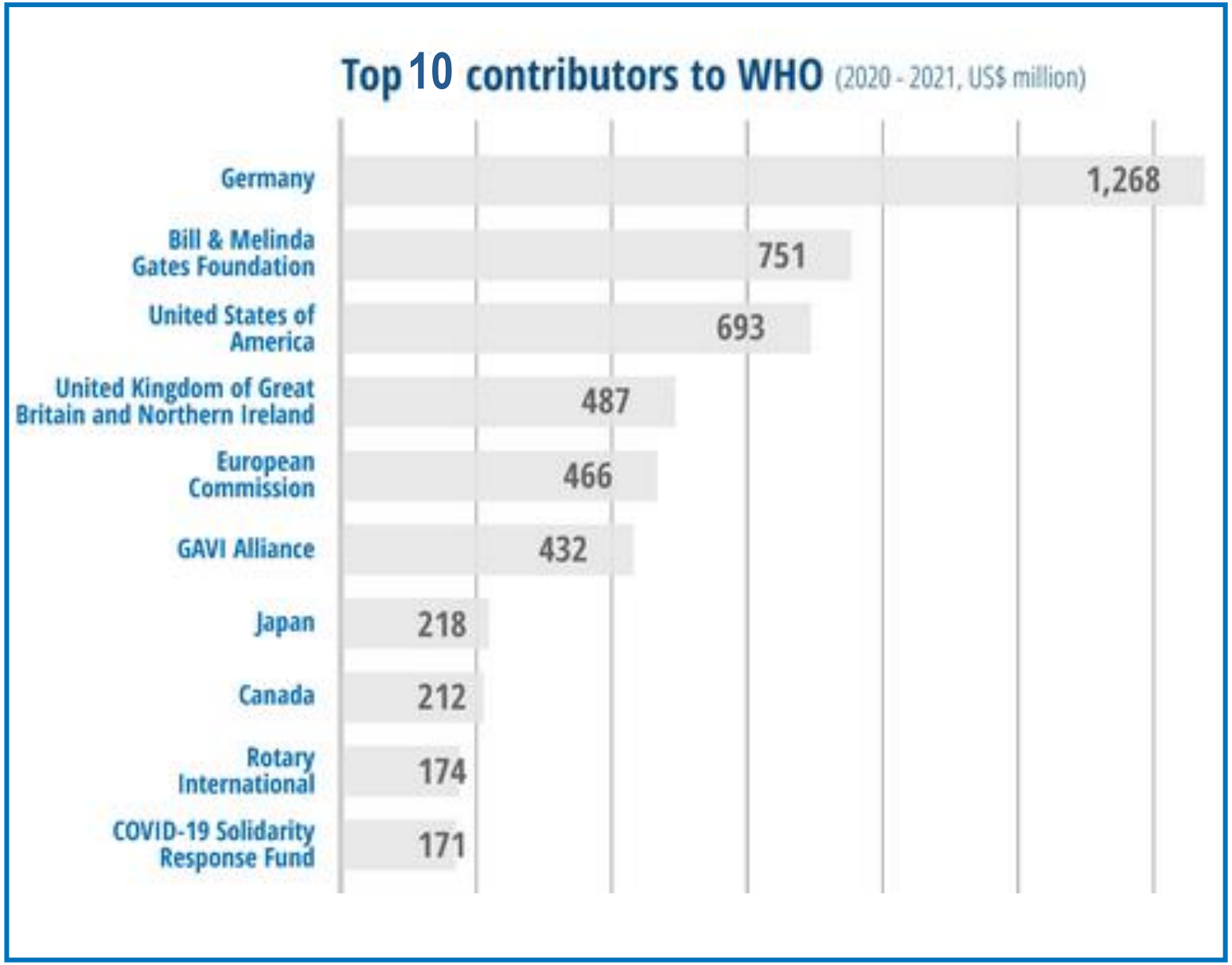
In Pandemic or Endemic market, Pfizer is well positioned to continue to be a clear market leader

Pfizer Expectations	2022 Pandemic	2023 Hybrid	2024 and Beyond Endemic
PFE Contracts*	$31B revenue/1.9B doses	>500m doses to date	N/A
Procurement	100% Government	Significant Government Contracts; Private in some markets	Primarily Commercial Expected
Re-Vaccination	Booster/annual revaccination	Annual re-vaccination for broad population; adherence > flu	
Pediatric Vaccination	Primary vaccination and re-vaccination for eligible pediatric population		
Omicron Variant	**A variant vaccine could result in additional 2022 demand**		

*Based on contracts signed as of mid-November 2021

Pfizer

WHO: Influence of the Gates Foundation

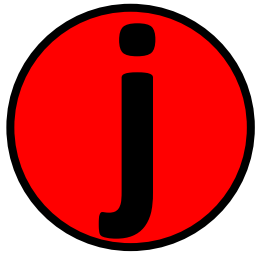


World Health Organization

Total Contributions (2020-2021)

Country/ Foundation	Total Contribution	Percentage
Germany	$1268 million	21.7%
Gates Foundation/ Gavi	**$1183 million**	**20.3%**
USA	$693 million	11.9%
Total	$5840.4 million	

https://www.who.int/about/funding/contributors



Adverse Events…

…Following Immunization

(AEFI)

WHO & Pfizer Crimes & Corruption

World Health Organization | Health Topics | Countries | Newsroom

Common side effects of COVID-19 vaccines

Like any vaccine, COVID-19 vaccines can cause side effects, most of which are mild or moderate and go away within a few days on their own. As shown in the results of clinical trials, more serious or long-lasting side effects are possible. Vaccines are continually monitored to detect adverse events.

Reported side effects of COVID-19 vaccines have mostly been mild to moderate and have lasted no longer thana few days. Typical side effects include pain at the injection site, fever, fatigue, headache, muscle pain, chills and diarrhoea. The chances of any of these side effects occurring after vaccination differ according to the specific vaccine.

COVID-19 vaccines protect against the SARS-CoV-2 virus only, so it's still important to keep yourself healthy and well.

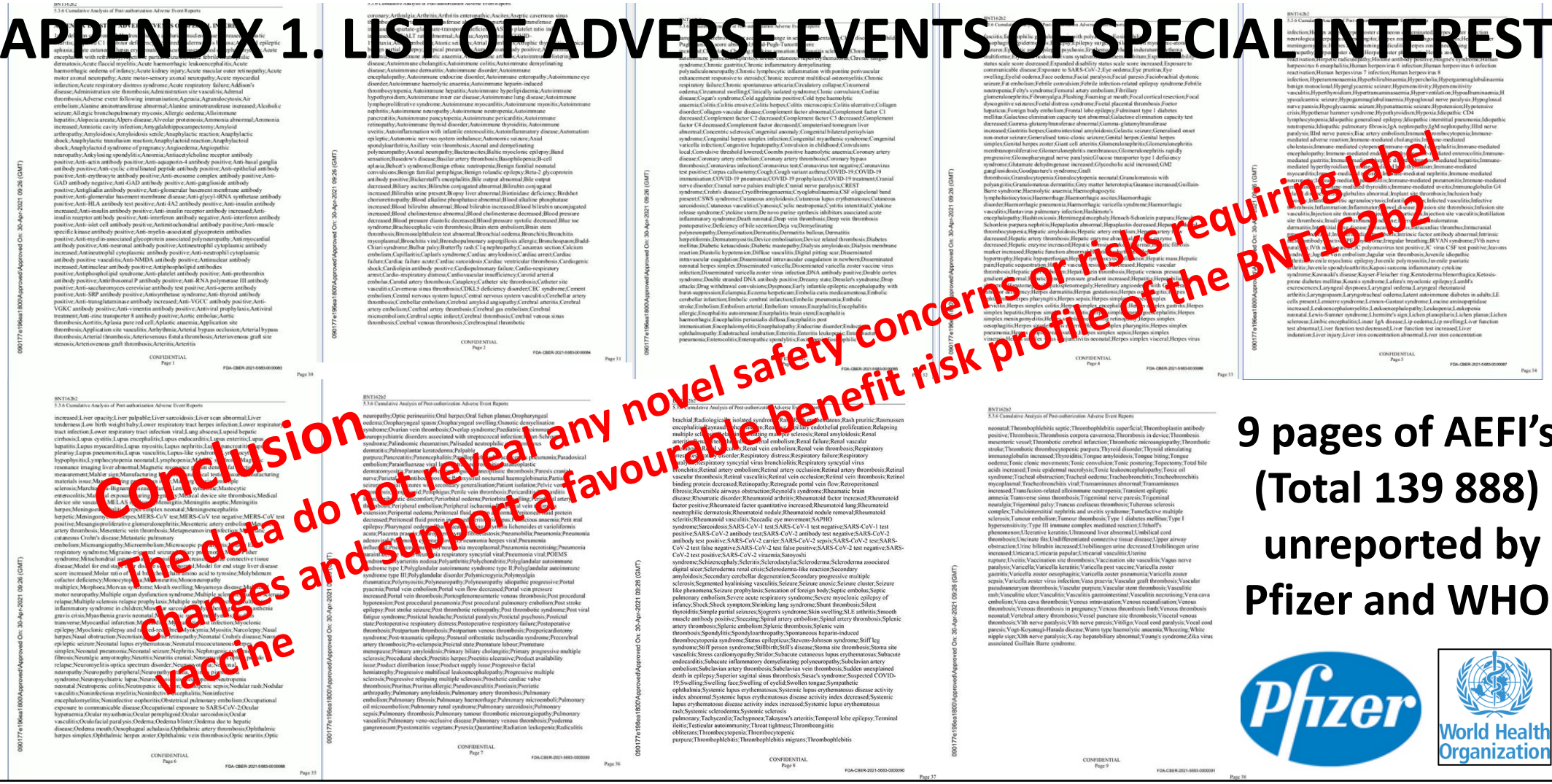
https://www.who.int/news-room/feature-stories/detail/side-effects-of-covid-19-vaccines

WHO & Pfizer Crimes & Corruption

BNT162b2 REF: FDA-CBER-2021-5683-0000054

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST



Conclusion
The data do not reveal any novel safety concerns or risks requiring label changes and support a favourable benefit risk profile of the BNT162b2 vaccine

9 pages of AEFI's (Total 139 888) unreported by Pfizer and WHO

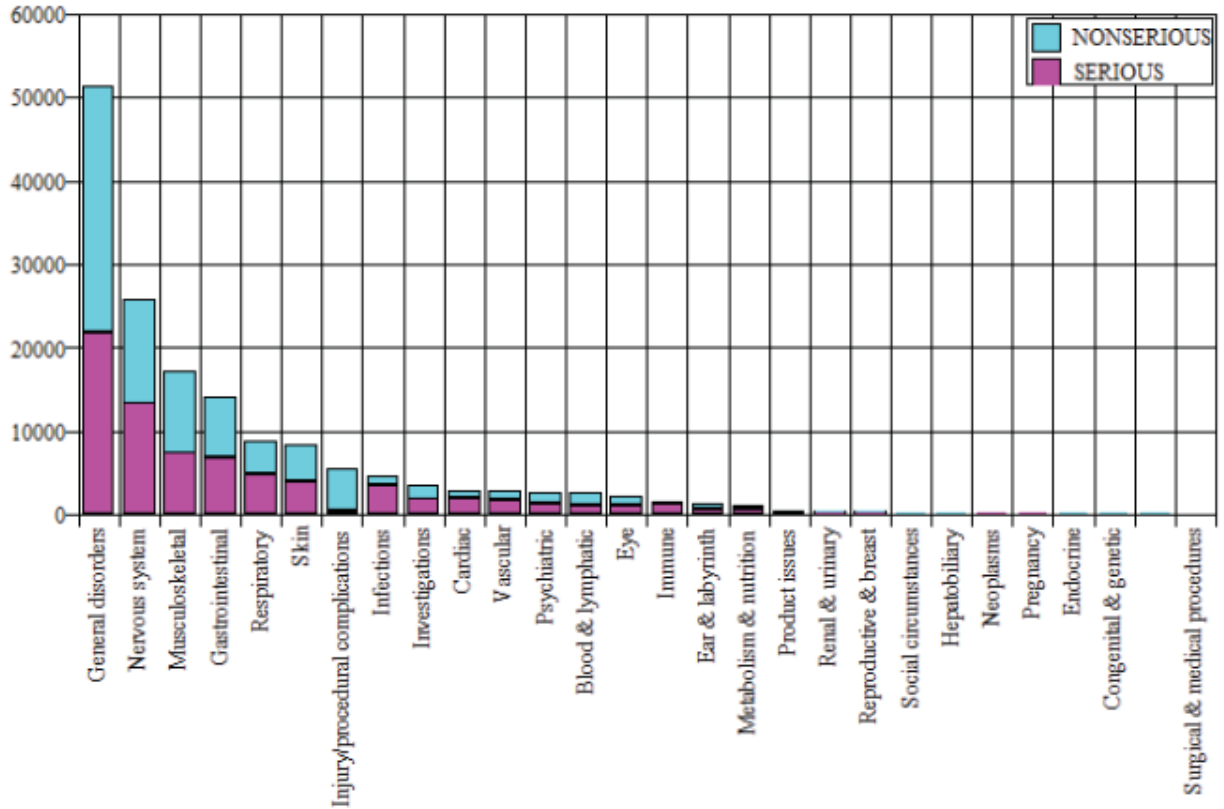
https://archive.org/details/cumulative-analysis-of-post-authorization-adverse-event-reports-of-pf-07302048-bnt162b2

WHO & Pfizer Crimes & Corruption

BNT162b2 REF: FDA-CBER-2021-5683-0000054

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness



Adverse Events Following Immunization (AEFI's) reported

The System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory (Covid-19 - 1927, 4.6%), thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693)

Total: 139 888 AEFI's

Approx 82 000 Serious AEFI's (58%)

Limited Listed AEFI's

Sudden unexplained death in epilepsy

Myocarditis post infection

Myocardial infarction

Pericarditis

Pericarditis lupus

Guillain-Barre syndrome

COVID-19 pneumonia

https://archive.org/details/cumulative-analysis-of-post-authorization-adverse-event-reports-of-pf-07302048-bnt162b2

Pfizer & WHO Crimes & Corruption

BNT162b2 REF: FDA-CBER-2021-5683-0000054

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)	Serious Red Flags Outcomes	
Gender:	Female	29914		
	Male	9182		
	No Data	2990	Excluded	7%
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876		
Case outcome:	Recovered/Recovering	19582		
	Recovered with sequelae	520		
	Not recovered at the time of report	11361		
	Fatal	1223	Deaths	3%
	Unknown	9400	Excluded	22%

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

https://archive.org/details/cumulative-analysis-of-post-authorization-adverse-event-reports-of-pf-07302048-bnt162b2

New Pfizer data dump. Read it for yourself. 1 child was born alive out of 270. 238 out due to "reasons unknown" Safe and effective.

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 6 Description of Missing Information

Topic	Description
Missing Information	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Use in Pregnancy and lactation	• Number of cases: 413[a] (0.98% of the total PM dataset); 84 serious and 329 non-serious; • Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11); Italy (9), Portugal (8), Mexico (6), Estonia, Hungary and Ireland, (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries. Pregnancy cases: 274 cases including: • 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins). • Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted). • 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2). • 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases). • 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester.

The WHO – Covid Vaccine Adverse Event

World Health Organization

WHO COVID-19 Research Database

العربية | 中文 (中国) | english | français | Русский | español | português

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Covid-19 vaccination can induce multiple sclerosis via cross-reactive CD4+ T cells recognizing SARS-CoV-2 spike protein and myelin peptides

Qiu, Y.; Batruch, M.; Naghavian, R.; Jelcic, I.; Vlad, B.; Hilty, M.; Ineichen, B.; Wang, J.; Sospedra, M.; Martin, R..

Multiple Sclerosis Journal ; 28(3 Supplement):776, 2022.

Article in English | EMBASE | ID: covidwho-2138820

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https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/pt/covidwho-2138820?lang=en