



The Mysterious Case Of Disappearing Influenza

Ample historical data is available for cycles of influenza and its impact on overall death rates. Technocrats have successfully buried influenza data, and dishonestly rolled it into COVID-19 deaths. To say this is corrupt is an understatement because tens of thousands have died because of it.

Of course, regular influenza has not vanished. There are tests to determine whether a sick patient has a strain of influenza or COVID-19, but those tests are not being used or reported. Thus, every case is being wrongly reported as COVID-19. □ TN Editor

At the end of 2020 many statisticians, doctors and independent scientists noticed something amiss about this extraordinary year. The Office of National Statistics, Public Health England shows that the numbers for death from influenza and those from Covid-19 are askew.

Despite the media and government pandemic presentations, we need to step back and consider the larger picture.

Sometimes it is difficult to see the forest for the trees, but perhaps we have succumbed to seeing a single tree and ignoring the rest of the forest.

Is the fact that one virus has suddenly been given a name, Covid-19, (with wildly hyped media coverage) taken our focus off the overall reality of the annual flu season group of viruses? Has one name and media hype hijacked our lives?

With the 2019–2020 flu season, there have been a number of reports of Covid-19 illnesses in the UK and USA well before the end of 2020. Just today there was a report of Covid-19 illnesses in China as early as August, 2019. [1A]

Until the introduction of the PCR test for Covid-19 in late February, Covid-19 cases and deaths did not exist. This gives the impression that the virus appeared just then, while it was undoubtedly present much earlier as part of the flu season, from numerous anecdotal reports. Various reports indicate symptoms typical of Covid-19 in the U.S. as early as November–December, 2019 and likely even earlier.

With growing attention given to the virus and the increasing availability of PCR testing, we started receiving regular accounts of the number “cases” of the virus. Stepping back a bit and looking at general numbers and ignoring the contentious PCR accuracy regarding positive and negative cases, we see an overall pattern that is very similar to past flu seasons. Cases of flu-like illness generally start in October/November and last until March or April in the UK [1].

The observation can be made that this fairly well describes the 2019–2020 flu season, including Covid-19. The 2019–2020 Covid-19 death numbers appear as a spike because there was no PCR test until about the middle of the flu season, giving the impression that Covid-19 physically appeared late in the season. No, the test appeared late in the season. Despite the testing results, the UK government actually declared the pandemic over in March, but then, oddly, imposed a lockdown a week or two later.

The government declaration of the pandemic’s end can be considered

innocently valid and devoid of politics. The advent of lockdowns and more could then be considered political. [So often, when an event occurs, the first observations prove to be the most honest, while the spin and changes come later.]

Much confusion has been generated by different accounting systems regarding illnesses and deaths. There are disparities in the cause of death, whether with the virus or without, and with an over reliance on the PCR test. In addition, many Covid-19 cases were diagnosed solely from symptoms, ignoring the fact that such symptoms are often seen during the flu season.

The observation that some people lose their sense of smell and taste with Covid-19 clearly ignores that these effects occur in every flu season, but now people are told that this is diagnostic for Covid-19. [Dogs are animals and can have spots, but all spotted animals are not dogs.]

We have always taken these symptoms in stride and happily waited until our senses returned. Suddenly, these symptoms are unique and diagnostic of Covid-19. It simply defies reality. If they suddenly reported that you could get a flesh-eating disease from a hang-nail, we would suddenly start considering every incipient hang-nail as a life-threatening event, when, in fact, they are not.

No careful lines have been defined to tell whether deaths have been due to a single virus, multiple viruses, comorbidities (conditions already burdening an individual's health), or a virus with complications, such as pneumonia. Bacterial pneumonia often has a chance to take hold when one's lungs are compromised by a flu-type illness. [Note that subsequent pneumonia is not a comorbidity.] Curiously deaths from influenza in the US have recently dropped to about zero; more on this below. [2]

Making our understanding of illness and death in the UK and other regions more difficult are the inclusion of diagnoses determined solely by the PCR test and others solely by symptoms. It is very clear that the traditional symptoms of cold and influenza broadly overlap those of Covid-19, thus making definitive diagnoses very difficult. Add to this the purported rate of false positives from the PCR test (now +97% according

to the WHO) [3] and accounting of nonlethal “cases” becomes what they call “problematic.”

To really eliminate the many possible confusions and conditions that can be placed on death rates and possible death causes, it is useful to step back and look at the overall death rate, from all causes, for a country or state. The focus here is on the UK, but the US also provides some guidance. [4]

First, the concept of a pandemic needs to be addressed. A pandemic is the movement of a disease, bacterial or viral, that moves around the world and has a higher than normal damaging effect. Until recently this was described as a higher than normal mortality. The definition has been changed at WHO’s website such that the flu season is now a pandemic despite death rates being within a normal range. [5] (It is also curious that the definition of herd immunity originally included the benefits of natural and vaccinated immunity, but the definition now only includes vaccinated immunity. Very curious.)

Flu season viruses move around the world every year, largely deriving from farms in Southeast Asia where flu-type viruses are exchanged and hybridized between fish, pigs, and chickens and eventually transmitted to farmers, thus starting the next round of viruses for the annual newly-defined “pandemic.” From teaching Environmental Science, I learned that there has been an effort to break this chain of virus evolution by encouraging farmers to specialize in only one major livestock, thus decreasing viral exchanges between these species. This virus hybridization (mixing) is the source of the H#N# marker recombinations that vaccine labs try to detect early for each new flu season and then attempt to offer appropriate vaccines.

The flu season in the tropics is actually all year round and, because of the humidity, virus transmission is low but constant. However, in the more temperate regions, transmission blossoms when Fall arrives and people start spending more time indoors, in a relatively closed environment, and closer to each other.

It is a bit counter intuitive that humidity (which goes with warm

temperatures) decreases transmission rates. It is a good deal in the tropics, sunlight on clear days kills viruses and humidity is always on the job. Small water droplets containing virus, from speaking, coughing, sneezing, and even breathing, tend to gain weight under humid conditions and fall to the ground more quickly than under dry conditions.

Flu season in the Southern hemisphere appears to mirror the Northern hemisphere, but flu viruses are likely introduced to the south by air travel during their summer and, thus, possibly starts and dilutes their six-month later flu season over a longer period.

For all of this, it is very difficult to see the forest for the tree (Covid-19, highlighted by the PCR test), but one statistic that sums up and ignores all the various causes of death and various biases in categories is the overall death rate of a country or state [4], such as the UK, which is a well-defined population with good reporting capabilities. [6]

There are some interesting aspects to death rates. Again, from Env. Sci. teaching, when a heat wave hits a city, as happened in Paris a number of years ago, the death rate rises as people succumb to the physiological burden of heat. However, after the heat wave is gone, the death rate tends to dip below normal for a time. This indicates that the heat wave took people who were already very frail and likely to die in the near future, in a couple of weeks or months, the old “one foot in the grave,” which is not an inaccurate description in many cases..

With cold snaps, there is also a spike in the death rate, but after it is over, there is no dip in the death rate, as it goes back to normal. This is because cold does not discriminate and kills all ages. Heat tends to impose a physiological burden on those already heavily burdened, but cold is a much simpler core temperature problem that is a critical problem for all ages.

That said, is there anything we can learn by comparing the death rates from the last year of “the Covid” and previous years? Focusing mainly on the UK as a single, well-defined population and putting aside all reporting bias and possible cause of death confusions, what do the overall death rates tell us?

It has been speculated, not unreasonable, that many more people died from Covid-19 at home, fearful, unwilling, unable to go to hospital, and thus not counted in the Covid death total. However, overall deaths in the UK in the last year would also include those who died at home. Overall deaths effectively eliminates all biased death factors and includes deaths not immediately reported.

The excess total deaths for the UK show a well-defined peak in the 2nd quarter of 2020, from mid-March to mid-May. Looking at the age breakdown, it is clear that those over 45 and particularly over 65 were most susceptible to whatever virus or viruses of the flu season were making people ill. The rest of the year showed a low (normal) death rate that was low until Fall, when the new flu season arrived, which showed then a broader peak more similar to a flu season. [1]

It is a realism that every year more people have aged or developed infirmities that make them susceptible to a flu-like illness and/or complications. The fact that there is an annual peak does not indicate unusual illness or mortality; it's the flu season that we have had for many years.

We need to resist the temptation to think that we are seeing something new in our world. By the same token, with a focus on flu-type infections and the elderly, it is easy to conclude just from the effective hyping of such deaths that many people are dying.

Elderly with complications die from complications all year round, just more in the flu season and this is very usual. It is curious that suddenly the public has been sensitized to the elderly death rate, as if it was a new thing. Suddenly, a virus is singling out the elderly, while, in fact, the elderly are always at risk, while the risk to other age groups varies from season to season.

It is also clear that the overall death rate in 2020 was exceeded by the five years of 1999-2003. [2] I need to define the death rate here, as it is based on the deaths per thousand people, which eliminates the fact that populations were lower in earlier years. It's a given that larger population might have a higher death total from a given disease, but not

a higher death rate. Diseases work on the susceptible individuals of a population and, thus, it is a proportion of the population that becomes ill or dies. [6]

That said, how does the death rate in the UK for 2020 compare to previous years? It is clear that the death rate in the UK for 2020 was not exceptional compared to previous years [4]. How can that be? If you have Covid-19 as well as influenza killing people, what is going on? An observation has been made that, for some mysterious reason, influenza, as of April in the US, dropped to zero and continues at zero in the latest flu season. [6]

In light of the apparent missing influenza, claims have been made that masking, distancing, and lockdowns were completely effective against influenza, but then there is no talk about its failure in stopping Covid-19, which is a virus of the same size and transmission mode.

Then, we are told that Covid is still around because people are not masking and such properly, which means influenza should also still be around in the US. Since these are infectious viruses, how can these restrictions be effective against one virus and not the other? It does not make sense.

It is also easy to find that US states with strict mandates have the same rates of PCR-positive cases as those who do not. The conjecture can be made that influenza cases are largely reported as Covid-19, based either on a positive PCR test result or on symptoms alone.

In the US, it is clear that there has been a monetary incentive for diagnosing the disease and encouraging hospitalizations. The cessation of other medical procedures and tests during this period clearly is going to lead to increased overall deaths. The fact that there appears to be no excess deaths despite this, indicates that the C-19 virus itself was not as lethal as they claim.

Overall, the death rate in the UK is not out of line with the normal death rates from other years and clearly not close to the highest in the last 22 years. [1] It is difficult to consider influenza deaths when there appears to be a bias toward categorizing influenza and other causes as Covid-19

deaths.

Every year and, for that matter, all year long, there is a population of health-critical individuals who may be overwhelmed by a flu-like illness and open to pneumonia complications. The questionable Covid-19 PCR test appears to be keeping the presence of Covid-19 alive, possibly detecting viruses of the current flu season.

The WHO is now admitting that that this test can be 97% false positives or more, with higher processing cycle numbers. [3] The argument could be made that we have an epidemic of testing.

A little exploration of the Office of National Statistics, Public Health England shows that the numbers for death from influenza and those from Covid-19 are askew. [7] They show 4649 cases mentioning influenza and only 380 with influenza only. This means 92% of these cases had other complicating conditions. However, the same week they report 6057 cases mentioning Covid-19 and 5387 mentioned only Covid-19, with 89% being Covid-19 only.

This defies logic. What happened to pneumonia? It is well-known that flu-like illnesses open one up to pneumonia but, according to the above numbers, 89% of deaths from this virus were ONLY from this virus. That does not correlate with the many reports of illnesses with complications and does not at all correlate with the US CDC's report that only 6% of their Covid-19 related deaths were from Covid-19 only, which means 94% had comorbidities or complications, such as pneumonia.

This is pretty much the exact opposite of UK statistics. [8] However, the CDC is not that far off from the UK's own death numbers, showing a small fraction of defined Covid-19 deaths, showing 13,844 deaths from Covid and 50,000 with Covid. [9]

One could ask what happened to influenza. There appears to be a strong tendency to list illnesses as Covid-19 to make the situation appear more dire and possibly more profitable. In the US, there is a financial incentive to diagnose Covid-19 and encourage hospitalizations.

A sad fact is that unethical medical personnel can talk people into

feeling sicker than they really are, particularly when they are primed by fears of a deadly virus. From multiple points of view, looking at the lack of a proper virus isolation and description, the highly variable Covid-19 symptoms, and the fact that a variety of viruses comprise the flu season, I believe that this undescribed virus is most likely not present anymore, but there is no way to show that it is or not because the only “evidence” is the poorly designed PCR test. It is very hard to prove a negative.

[1A] “More evidence of ‘suspicious activity’ at the Wuhan Institute of Virology emerges”

[https://www.skynews.com.au/details/_6225724386001]

[1] Euromomo, Graphs and Maps

[<https://www.euromomo.eu/graphs-and-maps/>]

[2] “REPORT: Surge in COVID Coincides w/ Suspiciously Mild Flu Season”

[<https://headlineusa.com/surge-covid-suspicious-flu-season/>]

[3] “COVID-19: A Very Different Truth”

[<https://thenaturaldoctor.org/article/covid-19-a-very-different-truth/>]

[4] “Beware Those Excess COVID-19 Death Analyses”

<<https://principia-scientific.com/beware-those-excess-covid-19-death-analyses/>>

[5] “WHO exposed: How health body changed pandemic criteria to push agenda”

[<https://www.express.co.uk/news/world/1281081/who-world-health-organisation-coronavirus-latest-swine-flu-covid-19-europe-politics-spt>]

[6] “Neither US Nor UK Have ANY Excess Deaths From COVID19” [

[<https://principia-scientific.com/?s=neither>]

[7] Weekly deaths for January 1-8, 2021

[<https://www.ons.gov.uk>]

[8] “How Many Americans Has Covid-19 Really Killed?”

[<https://principia-scientific.com/?s=How+Many+Americans+Has+Covid-19+Really+Killed%3F>]

[9] “Breaking: UK Govt’s OWN NUMBERS Expose Their COVID19 Fraud!”

[<https://principia-scientific.com/breaking-uk-govts-own-numbers-exposes-their-covid19-fraud/>]

About the author: Banson Wilcot PhD holds degrees in Marine Biology and Biochemistry, with a focus on dermatology and lipid biochemistry, and taught university courses for 12 years. Dr. Wilcot has been professionally editing and critiquing foreign-source research papers for publication and grant applications for 16 years (1000+ items). Being a generalist, he has edited papers ranging from coal-fire dynamics, nanotechnology, material science, electrochemistry, all areas of biochemistry and molecular biology, and organic applications as well as oceanography/marine biology and many marine research topics.

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