

[You Ready To Revolt Yet America?](#)

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2020-12-28 09:52 by [Karl Denninger](#)
in [Covid-19](#) , 58 [references](#)

Peacefully, I hope, but absolutely with exactly zero quarter given to *anyone* who tries to stop you.

Yes, this means *throwing maskholes out of your businesses*. It means *refusing* to sell goods and services to government goons and health department workers - and their families. It means *telling businesses to take down the signs* and "hall monitors" or you're going elsewhere *and you will target them and their employees for personal and financial destruction*. It means telling **everyone** who works for **any** part of the medical monster -- hospitals, clinics, doctors, nurses, nursing home employees and everyone else: **Cut the bull****, right now and forevermore or you're going to be the social pariahs -- yourselves, your spouses and your children. You will be the people who we cross the street to avoid, who we deliberately drive through puddles when you're on the sidewalk to splash and who get the finger instead of a smile and a handshake everywhere we see you.**

Why?

Because *damn near everything* you've been told about Covid-19 was a lie **and these people are the liars who killed not just small businesses and jobs but literally killed your elderly mother.**

Let's go down the list.

- **We need ventilators!** Actually, they don't work for Covid-19 and we knew it in February. The data from Wuhan said they failed 95% of the time; that is, 95 times out of 100 *if you were put on a ventilator with Covid-19 you died*. So why use them at all? **Answer: The hospital workers were scared so they killed your mother to avoid their risk of getting the virus.** That's *manslaughter* by the way. These evil *****s need to be in prison, not *dancing in the halls* and being called "heroes."
- **We must test!** Except... we now know that somewhere between 66-75% (and maybe more) of the alleged positives *are false*. The labs won't report the "Ct" numbers **and the states won't make them to do so, nor will the FDA which, I remind you, gave EUAs to the labs and could revoke them if they refused.** Even *Fauci* says a Ct of 35 is only a *true, infectious positive* 3% of the time -- and the studies back that up. Yet **nobody** has put a stop to that fraud and we have quarantined *millions who were not actually infectious*.
- **You must wear masks because asymptomatic and pre-symptomatic spread is driving this pandemic!** Except -- *never once in history* has that **ever** been true. [And now we know it's false this time as well.](#) Oh by the way, the WHO knew this **six months ago** but kept lying about it **and so did all the medical people and so-called "experts" like Vandy in the United States, every one of which should be razed to the ground and the earth salted with diesel fuel so nothing can be done with that land for a hundred years.** So how is the bug getting spread? **Between household members when someone is actually sick and by health care workers exposed to people who are actually sick.** The CDC has documented this *itself* and yet the "masssssskssss!" screaming continues. The latter (health care workers) of course then take the virus into nursing homes **and kill the residents.** We knew **that** in February too -- at Kirkland, and did nothing about it. The bottom line is that people are going to work when ill *and I'll bet those who know the most how dangerous this is -- health*

care workers -- are doing it the most. **These are dancing heroes, you see, demanding you act instead of them mitigating their risk of getting and spreading the virus as people caring for vulnerable others, not murderous *****s.**

- **Masks work!** Except -- they have never worked before. Not in 1918, not in an operating room in 1981, *not in a dozen attempts to falsify that seminal study since* and not this time either. North and South Dakota have **nearly identical** curves yet one has mandatory masks **and the other not**. In fact there is *no difference* between counties here in Tennessee with mask mandates and not nor have **any** of the mask-mandating places actually stopped the virus. Our county Mayor has *repeatedly lied* in his E/Os claiming that "masks work" when the data says exactly the opposite *at the time he issued the claim*. **Note that in addition to not working generally, which is now peer-reviewed science in the context of Covid-19 specifically (Danish study) if asymptomatic spread is not real, and the data says it isn't, then it's not possible for masks to stop someone from inadvertently transmitting the virus since you can't stop the transmission of what isn't there. But where it is there -- in the hospitals and clinics -- health care workers are getting it despite wearing masks and then distributing the virus to others, including into nursing homes. That's right -- Neil Orr proved in 1981 that masks do not work even in a medical setting where everyone is a trained professional and thus those who are exposed to actual sick people are the vectors. We know this, factually, and have known it for 40 years. That's right -- those who demand to be called "heroes" are the primary vector into the community. It is basic logic since they're the ones who are exposed on a daily basis to symptomatic people and we know their PPE is ineffective.**
- **Schools are dangerous!** Except -- they're not. Again, *if asymptomatic spread is not a thing then people who are not actively sick are not a source*. Yet we're **still** codding screaming union teachers who are scared ****ing **brats** instead of telling them to shut up and teach **or be fired and replaced wholesale, ala PATCO**. Oh, and as for masking and separating the kids? **Stupid** as well *and dangerous*; masks are great bacterial culture media and have *already* led to a *strep* outbreak in Michigan. If masks don't stop (and actually enhance) strep, which is a bacteria, *how can they work with something a tiny fraction of the size?* Get rid of the damned masks and partitions in schools **now**.
- **Bars and restaurants are dangerous!** Except.... they're not, and Nashville documented this **in the summer** by only being able to trace about 1% of their infections to such environments -- **and then deliberately concealed that data, lying about the fact that they were unable to trace any material percentage of their cases to such environments**. Nonetheless we still have places with no dining at all or no indoor dining, bars are closed in many areas and similar. Again: **There is no asymptomatic spread** by the data and in addition the only *material* vectors are households **and "hero" health care workers -- who killed your mother in a nursing home by giving her the virus**.
- **There are no treatments and post-exposure prophylaxis that work!** Except -- there are. At least two prescription medications *and two nutritional supplements*. HCQ and Ivermectin, to be specific, never mind *that we've known since summer that nearly all persons who have died were Vitamin D deficient and Vitamin C is also a fairly decent anti-viral and anti-inflammatory agent*. The latter can be fixed for about \$2 worth of over the counter nutritional supplements **and is made worse** by hiding in your house -- out of the sun and eating chicken soup. When did we know this? **APRIL** for Vitamin D, *decades ago* for Vitamin C, **pre-Covid entirely** for HCQ (Fauci *himself* said it worked for SARS of which this is a relative) **and this summer quite-conclusively for Ivermectin, with the first evidence again emerging in April via a medical group in Broward**. Yet

these "**heroes**", once again, ***still to this day with few exceptions send you home if you are ill with nothing but chicken soup until you're choking to death*** despite knowing since **April** that there are extremely safe ***and effective*** means of mitigating the virus ***which at worst are very unlikely to do harm and have a good probability of keeping you out of the hospital and, of course, keep you from being dead.***

- **Again, just in case you missed it**, these "heroes" killed your mother by deliberately withholding the option to use extremely safe and, while not conclusively known, *repeatedly demonstrated* likely-effective treatments until you were admitted to the hospital ***literally choking to death.*** **And in case you're obtuse I'll make the truth about how those nursing home residents got the virus simple too: *Every single person* who got Covid-19 in a nursing home *had it come into the building via a medical staff member* since March (which means *they gave it to your mother, directly or indirectly*) and *a huge percentage of the serious and fatal outcomes were able to be stopped at first evidence of symptoms or effectively prevented via prophylaxis using cheap, safe and effective nutritional supplements and drugs with a 30+ year record of use which they intentionally did not tell you or said residents about, offer, and in most cases even if you did the work and asked yourself they would refuse to prescribe and use them.*** **THESE MONSTERS, DR. MENGELE CLONES ALL, ARE STILL REFUSING TO TELL THE TRUTH IN THIS REGARD TODAY.**
- **OMG THERE IS A NEW SCARY STRAIN says Fauci and others.** Except -- that's what viruses *nearly-always do*, especially coronaviruses and other respiratory viruses. Viruses mutate *all the time* and this is perfectly normal and expected behavior. There is *zero* evidence that this "new" mutation is any more dangerous than any of the others. Oh, you didn't know there were others? Well that's because they didn't bother to tell you *but there are multiple mutations floating around right now for this and all other respiratory viruses; it is why flu shots often don't work well or at all.* In fact it is *likely* that the mutations that are actually identifiable will lead to both *greater spread* **and** *less lethality* since that *improves* the viruses' survival and by pure natural selection *this winds up being the predominant strain over time.* It has always been thus *and always will be.* Covid-19 is and will *always be* an endemic virus that will circulate in the population. We will *never* be rid of it; among other reasons are the fact that it both circulates *and can be transmitted to and from* cats, ferrets and minks, the former two of which are both kept as pets and have feral populations. It thus has a reservoir and path back into humans *and always will.*
- **The medical authorities are lying about the number of Covid cases, calling huge numbers of flu infections Covid.** The data on this is *irrefutable.* It is more-likely that the Dallas Cowboys' cheerleading squad will show up at my home this evening *and blow me* than that roughly *1.5 cases of flu occurred per state in week 50* and fewer than 800 ***nationally*** have occurred since September. There are only two possibilities: We know the Covid tests are defective **so a huge number of people who actually have the flu are being told they have Covid due to a false positive test result** or Covid was really "19" at all; it has been here for the last five or more years *and there never was or has been an actual new virus; the so-called "medical authorities" falsely claimed its novelty.*
- **If you use early treatment and prophylaxis and are not Vitamin D deficient the data is that this virus is much less dangerous than the flu.** That doesn't mean it will *never* kill anyone but it does mean that *we're causing people to die by deliberately lying to them and it is the so-called "medical professionals" who are doing the lying, on purpose and profiting mightily from the disease and death that results. Further, we are acting as monsters by denying elderly people the comfort and time with their loved ones in the last years of their lives. We have*

denied over 2 million elderly Americans the comfort of their families and other loved ones during their last year of life THUS FAR and there is no way to make it up to them because they're DEAD. This is the behavior of GHOULS and those who did so in the medical and public-policy establishment should be DESTROYED.

- **The vaccines are "safe and effective."** That's a lie; we simply do not know that. The trials *themselves* did not and were not designed to demonstrate *sterilizing immunity* -- that is, the ability to prevent you from not just getting symptomatically ill *but giving it to others*. Nor did they demonstrate a reduction or elimination of the risk of **death**. It's not that they don't want to know, it's that *given the time and sample sizes you can't know with statistical backing*. Animals trials were truncated *or skipped entirely* so we do not **know** if immunological problems will emerge (ADE, for example) nor whether other accelerated-trial (e.g. challenge-based) problems will show up *because we didn't do those trials*. We are seeing wildly-excessive rates of allergic reactions **because we truncated the testing that would have found it** on purpose, and thus didn't look. We do not know the duration of immunity from the vaccines either; again, it's simply a matter of *not enough time*. And the EUAs *were illegal to issue* if there were safe and effective prophylaxis available ***which the above point proves***. We are performing what is arguably the largest *experiment* ever done on mankind on a mass-basis! Oh, and who's pushing said vaccines while making these claims and giving you those shots? **THE VERY SAME "HEROES" THAT KILLED YOUR MOTHER AND ARE NOW POSTING TIK-TOC VIDEOS DANCING IN THE HALLS OF THE HOSPITALS.**

The bottom line:

The medical workers are not heroes, *they're *****s who have repeatedly lied* to everyone in the country and have taken actions that have contributed to and in some cases *directly caused* over 300,000 deaths. These people should **all** be called "Mengele" wherever and whenever you see them -- in schools, in hospitals, *in the grocery store* and everywhere else.

These same medical workers *negligently gave* the seniors in nursing homes and other facilities Covid *while denying them knowledge of possible effective and known safe mitigating measures until they were literally choking to death*. In short they blamed you for *their* lack of hygiene, monitoring and ultimately transmission into these facilities.

The government *and these medical workers knew* in March that ventilators were worthless as they failed 95% of the time in Wuhan *yet blew billions on them anyway* and used them *not to save the patient's life but to protect themselves at the expense of the patient's life*. In any sane society that would be called **mass-murder** as it was an **intentional** act and thousands of people would be in **prison** or strapped to a gurney getting the needle for it right here, right now.

The government *and so-called experts in medicine* who claim to be "heroes" *demand* schools, bars, restaurants and other places of public accommodation *be closed* despite having **no** evidence that they were materially involved in spreading the disease, **knowing full well they would not lose a penny of their own pay** while dispossessing millions of others of their jobs, homes and possessions. *They continue to so-insist to this very day despite the fact that exactly none of those "mitigations" have done a damn thing anywhere and those very same "heroes" are the ones spreading the disease into and through the community since they are the ones who are exposed on a daily basis to symptomatic individuals.*

The government *and so-called experts in medicine* who claim to be "heroes" *demand and continue to demand* that everyone wear **masssssssskkkkkksssss** despite there being **zero** evidence for a material component of transmission being asymptomatic or pre-symptomatic spread in any respiratory viral bug **ever**

in history, and with it now being disproved scientifically in this specific case with this specific virus. There has not been one apology.

The government and medical workers, including these so-called experts are *documenting* their own lies to your face with their own data, claiming that flu has *disappeared*. When someone proves *using the data they themselves publish* that they're monsters you damned well better believe it.

And finally, *these government goons and Dr. Mengele clones continue to insist that there are no safe and effective means of prophylaxis and early treatment for this disease, a damnable lie*, when we have known since April that Vitamin D deficiency has a *near 100% correlation with severe Covid-19 cases and deaths*, that HCQ was tagged as active to slow and stop replication *if used early 15 years ago* by Fauci himself and as early as April that Ivermectin was not only potentially useful via "in vitro" (petri dish) experiments *but that it worked in actual patients because a medical group in Broward was using it with excellent success*. They have continued even though the data has continued to mount via study after study, now numbering 28, with 100% of them showing statistically-significant positive effect including prophylaxis. The odds of this being due to random chance is approximately equal to that if you hitting The Powerball *this coming Wednesday* yet it is still being denied you and your loved ones, on purpose, by these GHOULS who are killing you and your loved ones *while chortling about the bill, dancing in the halls of the hospitals and demanding you wear worthless diapers on your face and at the same time offering to stab you with a not-properly-tested and fraudulently "approved" alleged vaccine*.

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<https://alachuachronicle.com/university-of-florida-researchers-find-no-asymptomatic-spread/>

University of Florida researchers find no asymptomatic or presymptomatic spread

December 22, 2020

UF Dept of Biostatistics, 2004 Mowry Rd, Gainesville, FL

BY LEN CABRERA

Four researchers from the University of Florida Department of Biostatistics co-authored a study published online by the [Journal of the American Medical Association](#). They performed a meta-analysis of 54 studies looking at the household secondary attack rate of SARS-CoV-2. According to the CDC, the [secondary attack rate](#) is the number of new cases among contacts divided by the total number of contacts.

The researchers confirmed that SARS-CoV-2 is more contagious than other coronaviruses, with a secondary attack rate of 16.6% (95% CI 14.0%-19.3%) compared to 7.5% (95%CI 4.8%-10.7%) for SARS-CoV and 4.7% (95%CI, 0.9%-10.7%) for MERS-CoV.

Their findings also confirmed the attack rate is higher to adult contacts compared to child contacts and to spouses compared to other family members.

The secondary attack rate for symptomatic index cases was 18.0% (95% CI 14.2%-22.1%), and the rate of asymptomatic and presymptomatic index cases was 0.7% (95% CI 0%-4.9%), “although there were few studies in the latter group.” The asymptomatic/presymptomatic secondary attack rate is not statistically different from zero, and the confidence interval is technically 0.7 ± 4.2 , resulting in a range of -3.5%-4.9%, but attack rates cannot be negative, so it is truncated at 0.

<http://www.drdauidgrimes.com/2020/11/covid-19-vitamin-d-deaths-of-doctors.html>

Dr David Grimes

Consultant physician and gastroenterologist

Sunday, 22 November 2020

Covid-19 & Vitamin D : Deaths of doctors from Covid-19

Excess deaths from Black, Asian, and Minority Ethnic Doctors during the Covid-19 Pandemic

I would like to display some information that I have collected during the course of the pandemic this year, and unfortunately finish on a low note.

Most weeks in the British Medical Journal we can read six obituaries to UK doctors who have died. They will not make up a full list of doctors who have died but they are interesting to read. I have recorded for a few years the ages and causes of death, but 2020 is particularly interesting as we can see the personal effects of Covid-19. In recent years the causes of death have been clearly displayed in the BMJ. During 2020 up to November 7th there have been 245 obituaries displayed with cause of death not stated in only 5.

The obituaries are accompanied by names (obviously) but also photographs. It has therefore been possible to assess the ethnicity of those who have died. I have divided them into two groups, White and BAME (Black African and Asian minority Ethnic groups).

They are displayed in Figure 1, a bar chart in which each column represents each of the 25 doctors who have been reported to have died from Covid-19, and the height of the columns represents the ages at death. The youngest death was at the age of 46 years and the oldest at the age of 107 years.

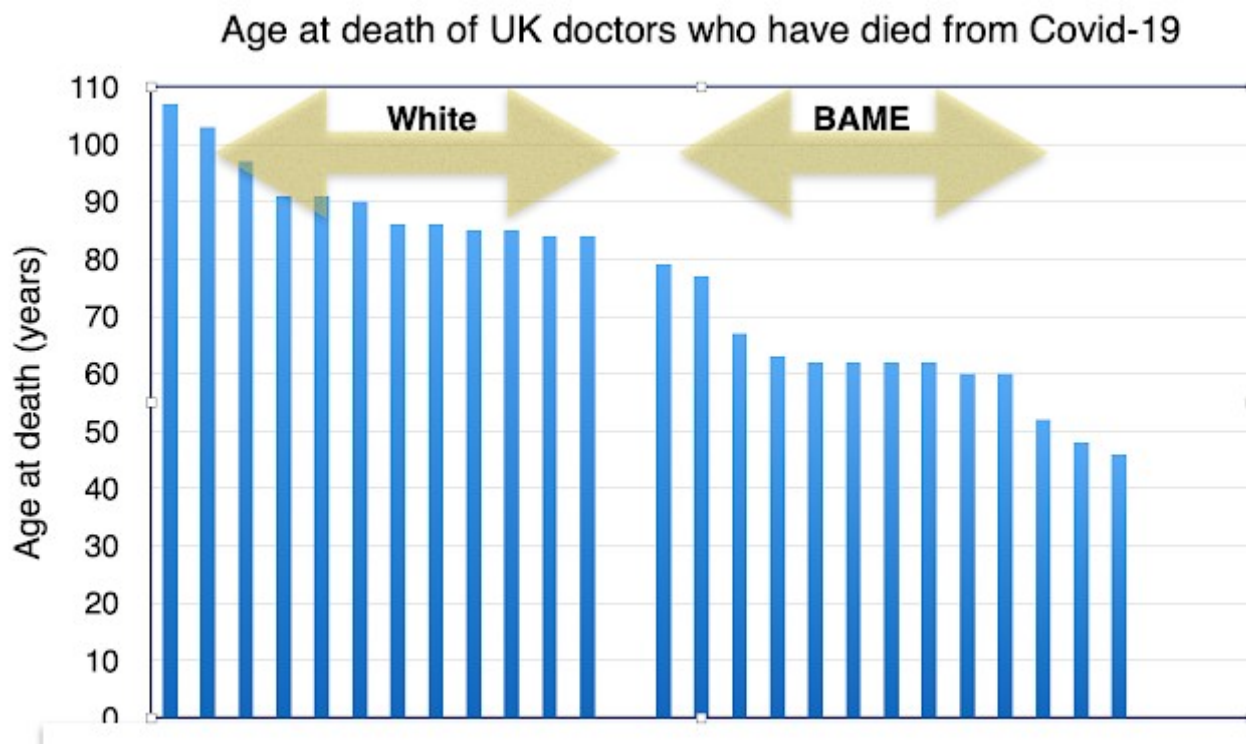


Figure 1. Doctors in the UK who have died from Covid-19

What is most dramatic and disturbing is the complete lack of overlap between the ages at death of the white and BAME groups.

Age range White: 84 to 107

Age range BAME: 46 to 79

Average mean age White: 91

Average mean age BAME: 62

As with the [Cigarette Smoking and Lung Cancer study, published in 1950](#), we are dealing with only doctors, a homogenous group. We can therefore eliminate confounding factors such as income, housing, or socio-economic status.

The only one thing that the two groups do **not** have in common is skin pigmentation, but it is the one thing that the members of the BAME group **do** have in common. They might come from a range of nations within Africa, the Middle East, India and Pakistan, and South-east Asia, with different traditions, religions, and inheritance, but they share a melanin-rich skin.

These findings will be very uncomfortable to many people in government, and rightly so. Their advisors have declared that the high death rate of BAME people is due to socio-economic factors, but this cannot be the case with doctors. The BAME doctors have died 30 years on average younger than their white counterparts. This is a major cause for concern and it must not be dismissed. I can think of no explanation other than skin colour.

The link between skin colour and Covid-19 deaths in the UK is deficiency of vitamin D. Melanin in the skin is a superb sun-shield that blocks 80% or more of the UV light that is incident upon the skin. Vitamin D is produced from the action of UV on 7-dehydrocholesterol which is synthesised within the skin, and this process is reduced by the presence of melanin. UV is diminished not only by absorption by melanin, but also by distance from the equator, the low elevation of the sun in the winter, extensive skin cover by clothes, indoor work, indoor leisure, and sun-avoiding behaviour including excessive use of sunscreens.

The way to reduce the impact of Covid-19 is to correct the widespread vitamin D deficiency which leads to suboptimal defensive immunity. No doubt the 13 BAME doctors recorded here died without knowing their blood level of vitamin D and without any correction of likely deficiency.

Extensive vitamin D deficiency is being ignored. What I have demonstrated will no doubt be dismissed as mere uncontrolled observation. Medical-scientific explanations are unwelcome. No-one listens to clinical doctors but only to mathematicians and sociologists.

One conclusion that can be drawn from this study is that a melanin-rich skin and presumed vitamin D deficiency appears to be much more dangerous than the coronavirus. The virus might have caused death in the very elderly but ethnicity and vitamin D deficiency caused death to be 30 years premature.

To part-counter arguments that my numbers are incomplete, I would like to look at the deaths of BAME doctors in another way, as I have done in a previous [Blog post on April 3rd](#). This information has been known for more than six months but still there is no relevant official action.

Although the deaths of 13 BAME doctors are recorded in the obituaries above, I am aware of 25 BAME working doctors who have died from Covid-19. The 25th death was [Dr Krishnan Subramanian](#), consultant anaesthetist at the University Hospitals of Derby and Burton. He died on November 12th 2020.



Dr Krishnan Subramanian

The first BAME working doctors to die from Covid-19 were Dr Adil El Tatar and Dr Habib Zaidi, both of whom died on March 25th, early in the UK pandemic and just two days after lockdown.

To my knowledge, during the following six weeks a further 22 working doctors died from Covid-19. Only one of the 24 was white, Dr Craig Wakeham, from Dorset. The BAME:White ratio at 23:1 is as dramatic as that above in Figure 1,

The dates of the 23 deaths earlier in the year of BAME working doctors are illustrated in Figure 2.

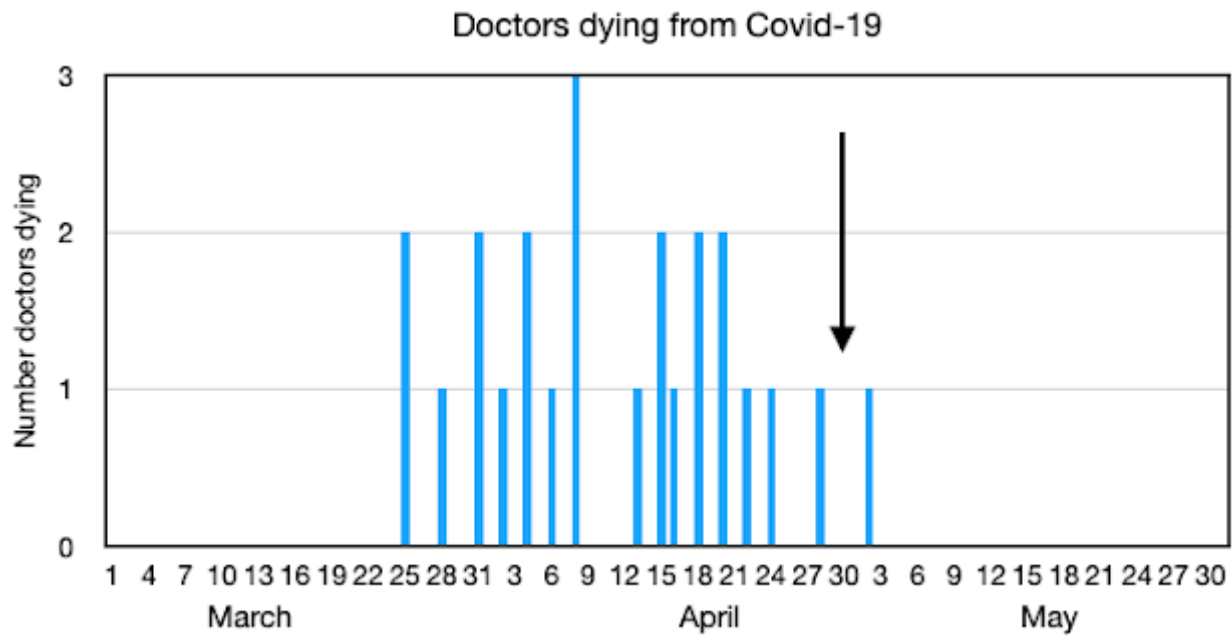


Figure 2. BAME doctors dying from Covid-19

The deaths seemed to come to a sudden end, the last of the series being the death of [Dr Saad Al-Dubbaisi](#), a general practitioner from Ramsbottom, Bury.

It was obvious that these doctors had just one factor in common, a melanin-rich skin. They would not have experienced socio-economic disadvantage nor small overcrowded houses. They would have almost certainly been deficient in vitamin D, but awareness of this was not general. However it was known by Professor Parag Singhal, endocrinologist and the national secretary of the British Association of Physicians of Indian Origin (BAPIO) and Dr David C Anderson former Professor of Endocrinology and Professor of Medicine.

The black arrow in Figure 2 indicates April 29th. On this day they sent to all BAME doctors working in England and Wales a communication indicating that they would all be very much at risk from serious or fatal Covid-19 because of likely vitamin D deficiency. They were strongly advised to take take a vitamin D supplement in good dose of about 3,000 units per day, ideally after a single loading dose of 100,000 units, and this was supplied as necessary.

This action was unofficial, but it appears to have been very effective. It was the equivalent Dr John Snow removing the handle of the Broad Street water pump in Soho in 1854 and bringing to an end the epidemic of cholera.

There was no randomised controlled trial preceding the action of Professors Singhal and Anderson, but we can compare the high mortality before April 29th to the absence of death following May 2nd.

There has been a very disappointing research activity in the UK during this pandemic, just the study from [Tameside](#) having been reported so far. There appears to have been no centrally sponsored research. The Bill & Melinda Gates / Wellcome Foundation consortium, The Covid-19 Therapeutics Accelerator, set aside \$20 million to fund research, but research related to vitamin D was excluded.

To prevent BAME doctor deaths was an imperative: they are human beings, not just doctors but husbands, one wife, parents. Their successors need not have become experimental subjects or necessary deaths, but thanks to direct action they continued to live. They were particularly at risk not just because of almost certain serious vitamin D deficiency but also because they were front-line workers.

There has been no national or even professional collation of the doctors who have died from Covid-19. I have brought together this information by reading medical journals, and also national and local newspapers. My evidence is incomplete, but it is powerful.

Apart from individual actions of my friends mentioned above, there does not appear to have been any official national or professional interest in or response to the deaths that I have described. The professional bodies have been silent or asleep.

Perhaps the totality of deaths has been noticed by only three people.

Post script:

Professor Kamlesh Khunti FRCGP FRCP MD PhD FMed Sci professor of primary care diabetes and vascular medicine in Leicester is a member of SAGE, the scientific advisory group for emergencies.

On Saturday November 21st 2020 he addressed a meeting of BAPIO, British association of physicians of Indian origin.

Being an important person and presumed to be fully up-to-date and knowledgeable, a member of SAGE, his words were anticipated to be a revelation, words that would explain the intentions of the government to acknowledge the high number of deaths of BAME doctors in the UK (described above), and action to be taken. The audience was to be seriously disappointed.

All members of BAPIO packed into the room would have been well-aware of the importance of vitamin D supplements in correcting wide-spread vitamin D deficiency, and how this can bring deaths from Covid-19 to a halt. There was just one person in the room who was not aware of this: the guest speaker, Professor Kamlesh Khunti. His words can be summarised as:

"The official line is that there is no role for vitamin D.

No discussion, no debate, the words are carved in stone.

This level of ignorance at the centre of government advice is frightening.

We must be thankful for professors Parag Singhal and David Anderson for their direct well-informed action.

<https://www.cdc.gov/flu/weekly/#S2>

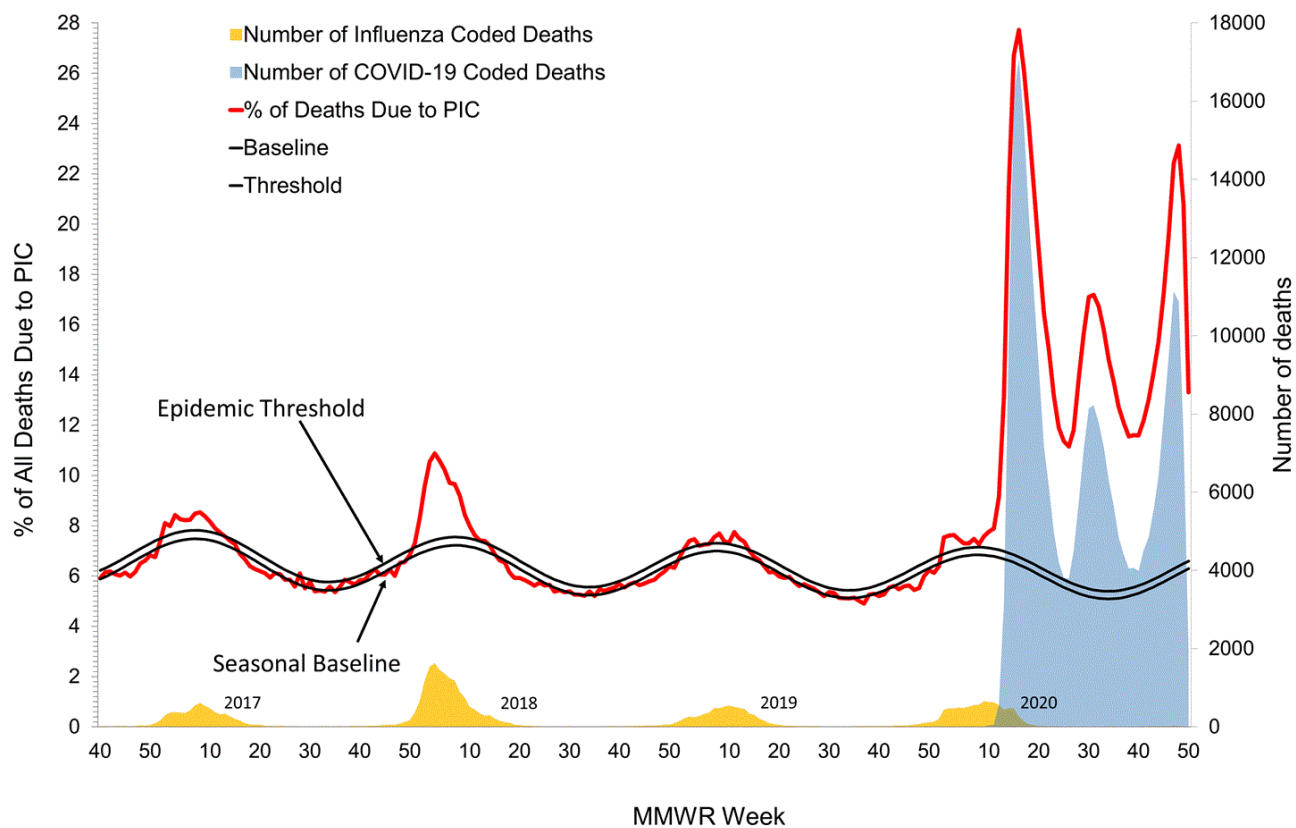
National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on December 17, 2020, 13.3% of the deaths occurring during the week ending December 12, 2020 (week 50), were due to pneumonia, influenza, and COVID-19 (PIC). This percentage is above the epidemic threshold of 6.6% for week 50. Among the 2,897 PIC deaths reported for week 50, 1,921 had COVID-19 listed as an underlying or contributing cause of death on the death certificate and two listed influenza, indicating that the current increase in PIC mortality is due primarily to COVID-19 and not influenza.

Weekly mortality surveillance data include a combination of machine coded and manually coded causes of death collected from death certificates. Percentages of deaths due to pneumonia, influenza, or COVID-19 (PIC) are higher among manually coded records than more rapidly available machine coded records. Due to the additional time needed for manual coding, the initially reported PIC percentages are likely to increase as more data are received and processed.

Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System

Data through the week ending December 12, 2020, as of December 17, 2020



[View Chart Data](#) [excel icon](#) | [View Full Screen](#)

<https://ivmmeta.com/>

[Ivermectin is effective for COVID-19: meta analysis of 28 studies](#)

[Covid Analysis](#), November 26, 2020 (Version 8, December 28, 2020)

- 100% of the 28 studies to date report positive effects. Early treatment is more successful, with an estimated reduction of 87% in the effect measured using a random effects meta-analysis, RR 0.13 [0.04-0.40]. Prophylactic use also shows high effectiveness.
- 100% of the 10 Randomized Controlled Trials (RCTs) report positive effects, with an estimated reduction of 74%, RR 0.26 [0.12-0.56].
- The probability that an ineffective treatment generated results as positive as the 28 studies to date is estimated to be 1 in 268 million ($p = 0.0000000037$).

Early treatment	87% improvement	RR 0.13 [0.04-0.40]
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Late treatment	48% improvement	RR 0.52 [0.36-0.74]
Pre-Exposure Prophylaxis	91% improvement	RR 0.09 [0.03-0.26]
Post-Exposure Prophylaxis	90% improvement	RR 0.10 [0.06-0.17]

Total	28 studies	195 authors	12,560 patients
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RCT	10 studies	82 authors	1,759 patients
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