

CDC Embarks on New COVID Cover-Up

By [Dr. Joseph Mercola](#)

Global Research, May 13, 2021

[Mercola](#)

Region: [USA](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

COVID-19 has been a pandemic of false positive tests; the thing that kept the fraud going was the fact that laboratories were using excessively high cycle thresholds (CTs) when processing the PCR tests, resulting in false positives

Now, as nearly 100 million Americans have been vaccinated against COVID-19, the CDC is lowering the [enlargement threshold cycle] CT from 40 to 28 when diagnosing vaccine breakthrough cases — cases where fully vaccinated individuals are diagnosed with COVID-19.

While healthy people have been misdiagnosed as having COVID-19 when they really didn't because the CT was set to 40 or 45, the CDC is now trying to minimize the recorded number of breakthrough cases by using a CT that will minimize the number of false positives

As of April 26, 2021, the CDC had received a total of 9,245 reports of vaccine breakthrough infections. Of those, 55% were under the age of 60, 835 required hospitalization (9%) and 132 died (1%)

The U.S. Vaccine Adverse Event Reporting System appears to be backlogged for months. Rare but serious side effects may be occurring but we just can't see the trend, and the longer the backlog, the more people will be exposed to a potentially dangerous vaccine

*

For many months, experts have warned that COVID-19 is not so much a viral pandemic as it is a “[casedemic](#)” — a pandemic of false positive tests — and the thing that kept the fraud going was the fact that laboratories were using excessively high cycle thresholds (CTs) when processing the PCR tests.¹

I detailed this scheme in “[COVID-19 Testing Scandal Deepens](#)” and “[Astonishing COVID-19 Testing Fraud Revealed](#).” Tests recommended by the World Health Organization were originally set to 45 CTs,^{2,3,4} and the U.S. Centers for Disease Control and Prevention recommend a CT of 40,⁵ yet the scientific consensus has long been that anything over 35

CTs renders the test useless,^{6,7,8} as the accuracy will be a measly 3%. The remainder, 97%, are false positives.⁹

In addition to artificially driving up the case rate, the PCR test fraud also fueled the myth that asymptomatic people posed a potential health threat, and therefore businesses had to shut down and everyone had to stay at home and self-quarantine.

January 20, 2021, the day of Joe Biden's inauguration as the 46th president of the United States, the WHO suddenly lowered the recommended CT,¹⁰ thereby guaranteeing that the number of "cases," i.e., positive PCR test results, would plummet.

Now, the U.S. Centers for Disease Control and Prevention has lowered the CT even further, in what appears to be a clear effort to hide COVID-19 breakthrough cases, meaning cases in which fully vaccinated individuals are being diagnosed with COVID-19.

How the CDC Is Covering Up Breakthrough Cases

As part of its COVID-19 vaccine breakthrough case investigation, the CDC has issued guidelines¹¹ for public health, clinical and reference laboratories on how to test and diagnose cases where fully vaccinated individuals are suspected of having contracted COVID-19. In those guidelines, it specifies using a CT value of 28 or less.

So, in other words, while healthy people have, for the past year, been misdiagnosed as having COVID-19 when they really didn't because the CT was set to 40 or 45, they're now trying to minimize the recorded number of breakthrough cases by using a CT that will minimize false positives.¹²

Had a CT of 28 been used all along, we would have had nowhere near the number of "cases" currently touted and the pandemic would have been declared over sometime in 2020. Conversely, were a CT of 40 or 45 used to diagnose breakthrough cases, you can be sure the numbers would be far higher than currently reported.

Reported Breakthrough Cases Are Undercounted

As of April 26, 2021, the CDC had received a total of 9,245 reports of vaccine breakthrough infections via its national COVID-19 vaccine breakthrough REDCap database, into which state health department investigators can enter and manage data from their respective jurisdictions.¹³

Of those 9,245 breakthrough cases, 55% were under the age of 60, 835 required hospitalization (9%) and 132 died (1%). With an estimated 95 million Americans having been vaccinated, the reported breakthrough rate is only 0.0097%. However, the CDC also stresses that:¹⁴

"It is important to note that reported vaccine breakthrough cases will represent an undercount. This surveillance system is passive and relies on voluntary reporting from state health departments which may not be complete. Also, not all real-world breakthrough cases will be identified because of lack of testing."

COVID-19 Vaccine Side Effects Are Underreported Too

This is worth keeping in mind, as the same applies to reported COVID-19 vaccine side effects, which as of April 23, 2021, included a total of 118,902 adverse events, 12,618 of which were serious and 3,544 of which died.¹⁵

As tragic as those numbers are, these too represent an undercount, as the U.S. vaccine adverse event reporting system (VAERS) is a passive surveillance system that relies on voluntary reporting. Historically, less than 10% of vaccine side effects are reported to VAERS.¹⁶ An investigation by the U.S. Department of Health and Human Services put it as low as 1%.^{17,18}

What this means is side effects may actually be 10 times or even 100 times higher than reported. We could, in reality, be looking at anywhere from 126,000 to 1.2 million serious side effects, and anywhere from 35,440 to 354,400 vaccine-related deaths.

VAERS appears to be backlogged for months. Rare but serious side effects may be occurring but we just can't see the trend, and the longer the backlog, the more people will be exposed to a potentially dangerous vaccine.

Right now, it's also difficult to get an accurate idea of where we are with regard to side effects as VAERS appears to be backlogged for months. On Twitter, Alex Berenson¹⁹ noted that it had taken until the end of April for the CDC to respond to a report from January, which indicates the data you see on VAERS does not reflect the true, real-time numbers of adverse reactions being reported.

This is important to know, since the system's primary goal is to "detect new, unusual or rare vaccine adverse events" as a way to monitor safety of vaccines. A backlog by months indicates that, quite possibly, there are so many reports coming in that the CDC can't handle them.

Rare but serious side effects may be occurring but we just can't see the trend because the data isn't showing, and the longer the backlog, the more people will be exposed to a potentially dangerous vaccine.

Why Are Thousands of Deaths Ignored?

In an interview with journalist Alex Newman (video above), Dr. Peter McCullough stated he believes the government's response to the pandemic has resulted in tens of thousands of unnecessary deaths, and the mass vaccination program is now causing thousands more and they're just letting it happen.

He's baffled at the government's nonexistent response to the thousands of deaths already logged into VAERS, noting that the 1976 swine flu pandemic mass vaccination program was pulled after just 25 deaths and a few hundred cases of paralysis. Drugs are also yanked from the market at around 50 unexplained deaths.

On average, there are 20 to 30 deaths reported following the seasonal flu vaccine, which is given to about 195 million Americans each year.²⁰ Compare that to the COVID-19 vaccines.

At 95 million vaccinations administered, the death count is already at 3,542, the highest for any vaccine in history. The contrast in response is “alarming,” McCullough says.

Even more concerning, after reviewing 1,600 of these deaths, the FDA declared not a single death was related to the vaccine. McCullough doesn’t believe it, because he knows from first-hand experience it would take months to investigate that many deaths.

“It is impossible for unnamed regulatory doctors without any experience with COVID 19 to opine that none of the deaths were related to the vaccine,” he says. “We’re sitting on, right now, the biggest number of vaccine deaths, there’s been tens of thousands of hospitalizations, all attributable to the vaccine, and going strong ...

In my professional opinion, the safest vaccine on the market was the J&J vaccine. And that was pulled for very rare blood-clotting events. We had seven million people vaccinated but the estimates are for the other two vaccines available [Pfizer and Moderna], the blood-clotting rates are probably 30 times that of J&J, and these others are going strong.”

Active Vaccine Surveillance Months Away From Implementation

The FDA has also admitted that its analysis of vaccine safety data will be delayed for weeks, if not months, due to the pandemic hitting right as they were transitioning away from its Post-Licensure Rapid Immunization Safety Monitoring (PRISM) network, which was used to track side effects from the pandemic H1N1 vaccine, into a new system called the Biologics Effectiveness and Safety System (BEST).

Using a patchwork of passive reporting systems rather than one comprehensive, active and central one, may ultimately prove disastrous. As reported by Kaiser Health News:²¹

“Potentially dangerous, unanticipated reactions to vaccines may not be so obvious in VAERS, a system that is believed to miss many potential side effects — or in the nation’s additional monitoring systems, including the Vaccine Safety Datalink and the CDC’s new phone-based tracking program, v-safe.

‘It’s quite a hodgepodge of different systems of collecting data,’ said Dr. Katherine Yih, a biologist and epidemiologist who specializes in vaccine surveillance at Harvard Pilgrim Health Care ...

The Vaccine Safety Datalink, though highly regarded, did not include enough vaccinations within its data from nine hospital systems covering 12 million people to catch the J&J issue, CDC officials said.

And enrollment in v-safe has been less than expected, with about 6 million people enrolled by the end of March, just 6.4% of those who had been vaccinated at that point.

That means that, at a time when about 100 million Americans have been fully vaccinated against COVID-19, the U.S. continues to rely on a patchwork network of vaccine monitoring systems that may fail to monitor a large enough swath of the population, experts told KHN ...

PRISM, which was repurposed for drug safety ... has not been used to track vaccine reactions during the COVID-19 pandemic, said [former director of vaccine safety at the

National Vaccine Program Office, Daniel] Salmon, who oversaw safety monitoring for the H1N1 vaccine. 'With PRISM, we tested it in a crisis and it operated for a decade ... I was really surprised when it wasn't used for COVID-19. That was why we built it' ...

FDA officials said PRISM's capabilities have been incorporated into BEST, which can examine data from 100 million people. Experts told KHN that it has not been used extensively to monitor post-vaccination effects, but [FDA spokesperson Abby] Capobianco said: 'We disagree. BEST is built as a state-of-the-art active surveillance system' ...

The concern is that officials have leaned heavily on VAERS, a 'passive' system that relies on reports from patients and health care providers to flag issues after vaccination that may or may not be related to the shots. A robust 'active' surveillance system can search large volumes of patient care records to compare rates of adverse events in people who received vaccines with those who didn't."

CDC Ignores Reports of Serious Adverse Effects

Getting back to the CDC, it has also decided it will no longer monitor all reported vaccine breakthrough cases (perhaps because they're overloaded with reports of side effects?) and will only investigate vaccine breakthrough infections that result in hospitalization or death.²²

Recent complaints from medical professionals raise questions about the CDC's ability to do even that part of the job.

As reported by Review Journal,^{23,24} the medical team that treated an 18-year-old girl admitted for blood clots in the brain, low platelet count and other signs of a rare blood clotting disorder shortly after receiving Johnson & Johnson's COVID-19 injection, "urgently sought guidance" from the CDC, the U.S. Food and Drug Administration and Johnson & Johnson for ideas on how to best treat their young patient.

Their inquiries and pleas for help were ignored all around. The FDA "basically hung up on me," Dr. Brian Lipman told Review Journal, adding, "We basically got no help from anyone." It took more than a week before the CDC even got around to calling back. That's hardly what you'd expect from the world's most preeminent infectious disease experts when you're dealing with an acutely life-threatening case.

Rules for COVID-19 Death Reporting Changes Again

Signs that other countries are also starting to manipulate data in ways that will minimize vaccine failure rates can be seen in the U.K.'s decision to drop its rule that anyone having tested positive for SARS-CoV-2 within 28 days of dying are to be counted as a COVID-19 death.

Now that vaccines are out, COVID-19 is only to be listed as the cause of death if the patient actually died from an active case of COVID-19 and nothing else. The hypocrisy is nothing if not predictable at this point. As reported by iNews:²⁵

"The daily tally of coronavirus deaths within 28 days of a positive test is likely to be dropped after scientific advisers warned the Government it will become an increasingly inaccurate measure of the pandemic and vaccine success.

The modelling sub-group of the Government's scientific advisory committee Sage says that the 28-day definition was useful before widespread vaccination, because deaths in hospital within a month of a positive test were most likely due to COVID-19.

However now that tens of millions of the UK population have received their jabs, deaths from other causes could still show up in the daily data if they have previously tested positive for coronavirus.

A senior Sage source said: 'If the definition remains the same, these people would be counted as 'vaccine failures', whereas the vaccine prevented death from COVID, but they really died from something else.'"

Compensation for COVID-19 Vaccine Injury Is Limited

In closing, it's also worth remembering that all who are injured by the COVID-19 "vaccines" are left to fend for themselves financially.

Not only did they volunteer to be guinea pigs for an experimental gene therapy — which is what you're doing if you get these "vaccines" now, as the studies are nearly two years out from being completed and the injections only have emergency use authorization — they're also financially responsible for any and all medical attention they might need as a result of their generosity.

If you decide to participate in this experiment and are injured, you can try to apply for compensation from the Countermeasures Injury Compensation Act (CICP), under which COVID-19 "vaccines" are a covered countermeasure.²⁶

You cannot apply for and will not receive compensation from the National Vaccine Injury Compensation Program (VICP), which covers other vaccines, including the flu vaccine. You also cannot sue the vaccine manufacturer, the government, your doctor or anyone else involved in the manufacturing, distributing or administering of COVID-19 vaccines, as they have special liability protections under the PREP Act.

However, be aware that compensation from CICP is very limited, and only applies in cases of serious injury requiring hospitalization and resulting in significant disability and/or death. And, even if you meet the eligibility criteria, it requires you to use up your private health insurance before it kicks in to pay the difference.

You must also file a request for benefits within one year of the date the vaccine was administered, and it is your responsibility to prove your injury was the "direct result of the countermeasure's administration based on compelling, reliable, valid, medical and scientific evidence beyond mere temporal association. In other words, you have to prove what the vaccine developer has yet to ascertain, seeing how you are part of their still-ongoing study. Good luck.

Additional details and hyperlinks to benefit request forms can be found in the Congressional Research Service's legal sidebar, "Compensation Programs for Potential COVID-19 Vaccine Injuries."²⁷

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Notes

- ^{1, 6} [The Vaccine Reaction September 29, 2020](#)
- ² [WHO.int Diagnostic detection of Wuhan Coronavirus 2019 by real-time RT-PCR, January 13, 2020 \(PDF\)](#)
- ³ [WHO.int Diagnostic detection of 2019-nCoV by real-time RT-PCR, January 17, 2020 \(PDF\)](#)
- ⁴ [Eurosurveillance 2020 Jan 23; 25\(3\): 2000045](#)
- ⁵ [FDA.gov CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions, July 13, 2020 \(PDF\) Page 35](#)
- ⁷ [Jon Rappoport's Blog November 6, 2020](#)
- ⁸ [YouTube TWiV 641 July 16, 2020](#)
- ⁹ [Clinical Infectious Diseases September 28, 2020; ciaa1491](#)
- ¹⁰ [WHO.int Notice 2020/05 January 20, 2021](#)
- ¹¹ [CDC.gov COVID-19 Vaccine Breakthrough Case Investigation Guidelines \(PDF\)](#)
- ¹² [European Journal of Clinical Microbiology & Infectious Diseases April 27, 2020; 39: 1059-1061](#)
- ¹³ [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting](#)
- ¹⁴ [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting, How to Interpret These Data](#)
- ¹⁵ [The Defender April 30, 2021](#)
- ¹⁶ [BMJ 2005;330:433](#)
- ¹⁷ [AHRQ December 7, 2007](#)
- ¹⁸ [The Vaccine Reaction January 9, 2020](#)
- ¹⁹ [Twitter Alex Berenson April 30, 2021](#)
- ²⁰ [Leo Hohmann April 30, 2021](#)
- ²¹ [Yahoo News May 2, 2021](#)

²² [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting, Identifying and Investigating COVID-19 Breakthrough Cases](#)

²³ [Review Journal April 21, 2021](#)

²⁴ [Review Journal April 21, 2021 \(Archived\)](#)

²⁵ [iNews April 26, 2021](#)

^{26, 27} [Congressional Research Service Legal Sidebar CIRC March 22, 2021 \(PDF\)](#)

Featured image is from Shutterstock

The original source of this article is [Mercola](#)
Copyright © [Dr. Joseph Mercola](#), [Mercola](#), 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Dr. Joseph Mercola](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca