

Official Documents suggest Monkeypox is a coverup for damage done to Immune System by COVID Vaccination resulting in Shingles, Autoimmune Blistering Disease & Herpes Infection

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By The Exposé

July 26, 2022



Do you not find it curious how in the space of 50 years, monkeypox has never really gotten off the ground outside of a couple of countries in Africa, but then within two years of the alleged emergence of Covid-19, monkeypox is suddenly in every Western nation and being hyped up by public health authorities and the mainstream media?

Even the Director General of the World Health Organization, Tedros Adhanom Ghebreyesus, has just overruled the World Health Organization and single-handedly declared monkeypox a Public Health Emergency of International Concern.

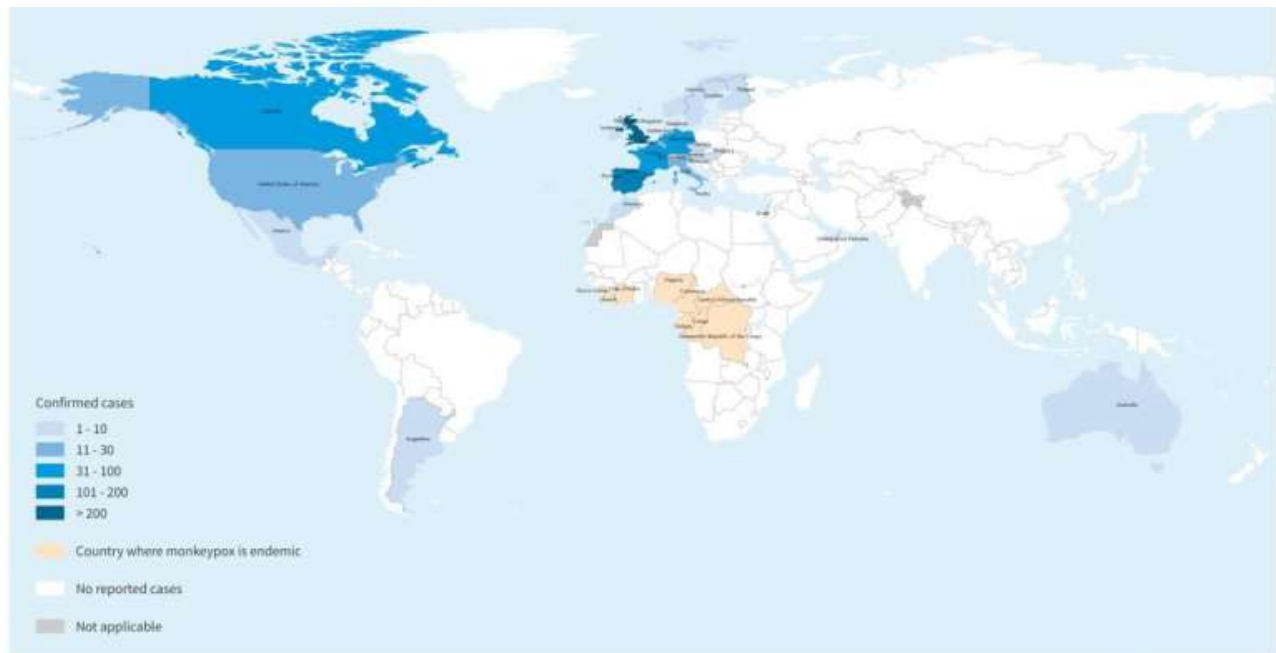
If you don't find any of the above curious then you won't want to read this because you may miss the latest episode of BBC News at 6 pm. But if you do, you may or may not be surprised to find that evidence suggests the alleged monkeypox outbreak could actually be a result of the Covid-19 vaccination programme.

How?

Well, it has something to do with herpes, shingles, auto-immune blistering disease and the fact that Covid-19 vaccination greatly damages the natural immune system.



Here's a map showing countries where "confirmed" cases of monkeypox have been reported to the World Health Organization (WHO) since the middle of May 2022 –



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 3 June 2022



Source

Here's both maps together so you can play a game of spot the difference with them –

MAP SHOWING COUNTRIES WHERE CASES OF MONKEPOX HAVE BEEN REPORTED TO THE WORLD HEALTH ORGANIZATION SINCE MAY 2022



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Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 3 June 2022



MAP SHOWING DISTRIBUTION OF THE PFIZER COVID-19 INJECTION



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

Apart from a couple of countries, there isn't really any difference, and every country that has reported alleged cases of monkeypox since May 2022 where it was not already endemic, is a country that also distributed the Pfizer Covid-19 injection.

Now, this could of course just be another coincidence in a long line of "coincidences" that have occurred since early 2020. But unfortunately, evidence suggests otherwise.

Human monkeypox was first identified in humans in 1970 in the Democratic Republic of Congo in a 9-year-old boy. Since then, human cases of monkeypox have been reported in 11 African countries. It wasn't until 2003 that the first monkeypox outbreak outside of Africa was recorded, and this was in the United States.

According to [a scientific study published in 1988](#), between 1981-1986, 977 persons with skin eruption not clinically diagnosed as human monkeypox were laboratory tested in Zaire (*now known as the Democratic Republic of Congo*).

The Scientists who conducted the study stated the following –

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

In Layman's terms, distinguishing monkeypox from chickenpox is incredibly difficult, and chickenpox is caused by a type of herpes virus.

The chickenpox virus is technically known as the varicella-zoster virus, and just like its close relative the herpes simplex virus, it becomes a lifelong resident in the body.

And like its other cousin, [genital herpes](#), varicella may be silent for many years, hiding out inside nerve cells and can reactivate later, wreaking havoc in the form of the excruciating skin disorder, shingles, which is a blistering, burning skin rash.

Unfortunately, or fortunately; depending on whether you chose to get the Covid-19 injection, official Government data and confidential Pfizer documents strongly suggest the Covid-19 injection may be reactivating the dormant chickenpox virus or herpes virus due to the frightening damage it does to the immune system.

This means we may not be witnessing a worldwide outbreak of monkeypox at all, but rather a huge cover-up of the consequences of administering an experimental injection to millions of people.

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

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

Since then, PHMPT has posted all of the documents on its website. The latest drop happened on June 1st 2022.

One of the documents contained in the data dump is 'reissue_5.3.6_postmarketing_experience.pdf'. Page 21 of the confidential document contains data on adverse events of special interest, with one of these specifically being herpes viral infections.

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

BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESIs Evaluation for BNT162b2

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

Source

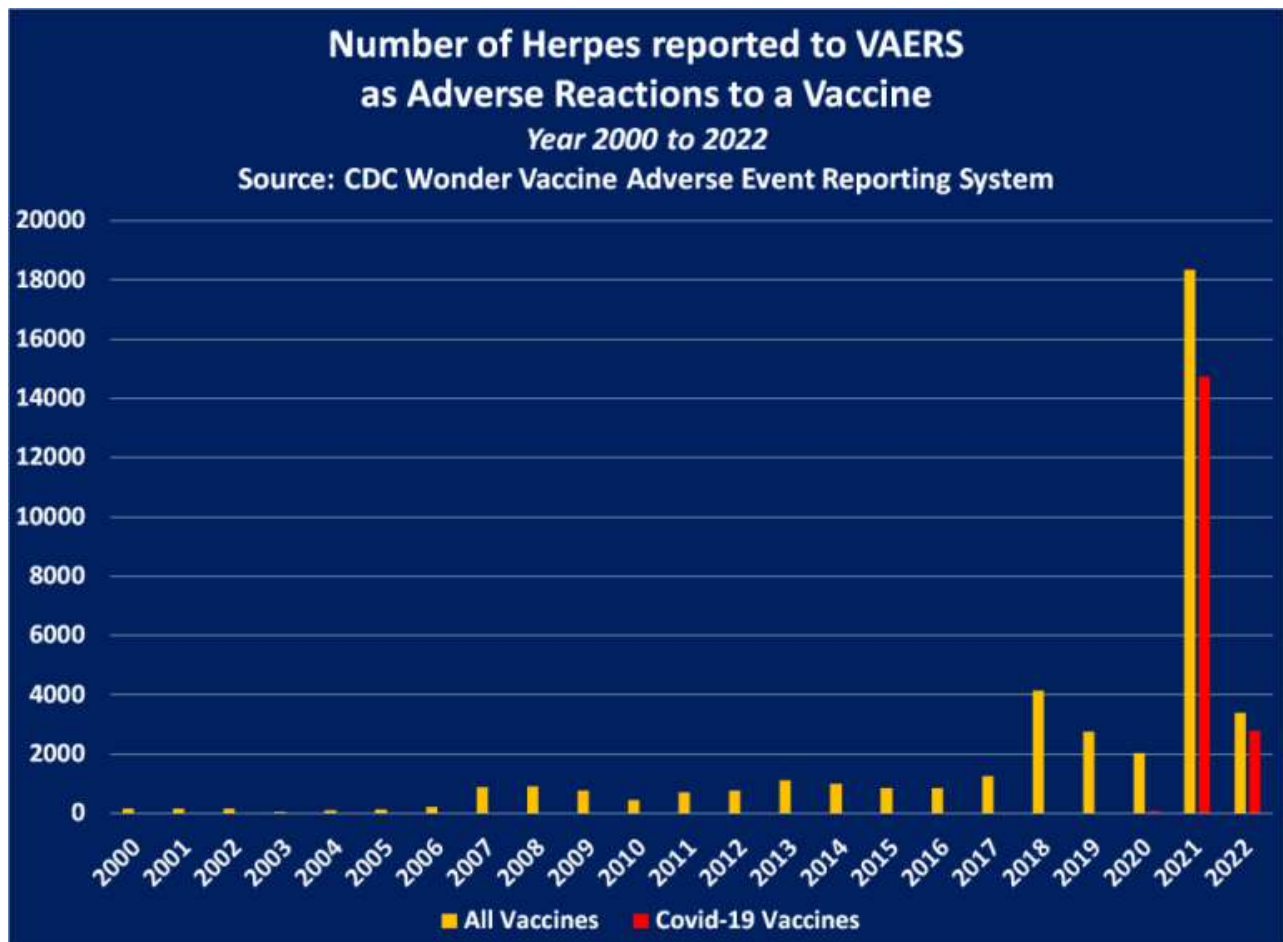
According to the document by the end of February 2021, just 2 months after the Pfizer vaccine was granted emergency use authorisation in both the USA and UK, Pfizer has received 8,152 reports relating to herpes infection, and 18 of these had already led to

multiple organ dysfunction syndrome.

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

Further [evidence published by the U.S Government](#), but more specifically the Centers for Disease Control shows that cases of herpes, shingles and multiple organ dysfunction syndrome really exploded in the USA following the administration of the Covid-19 injection.

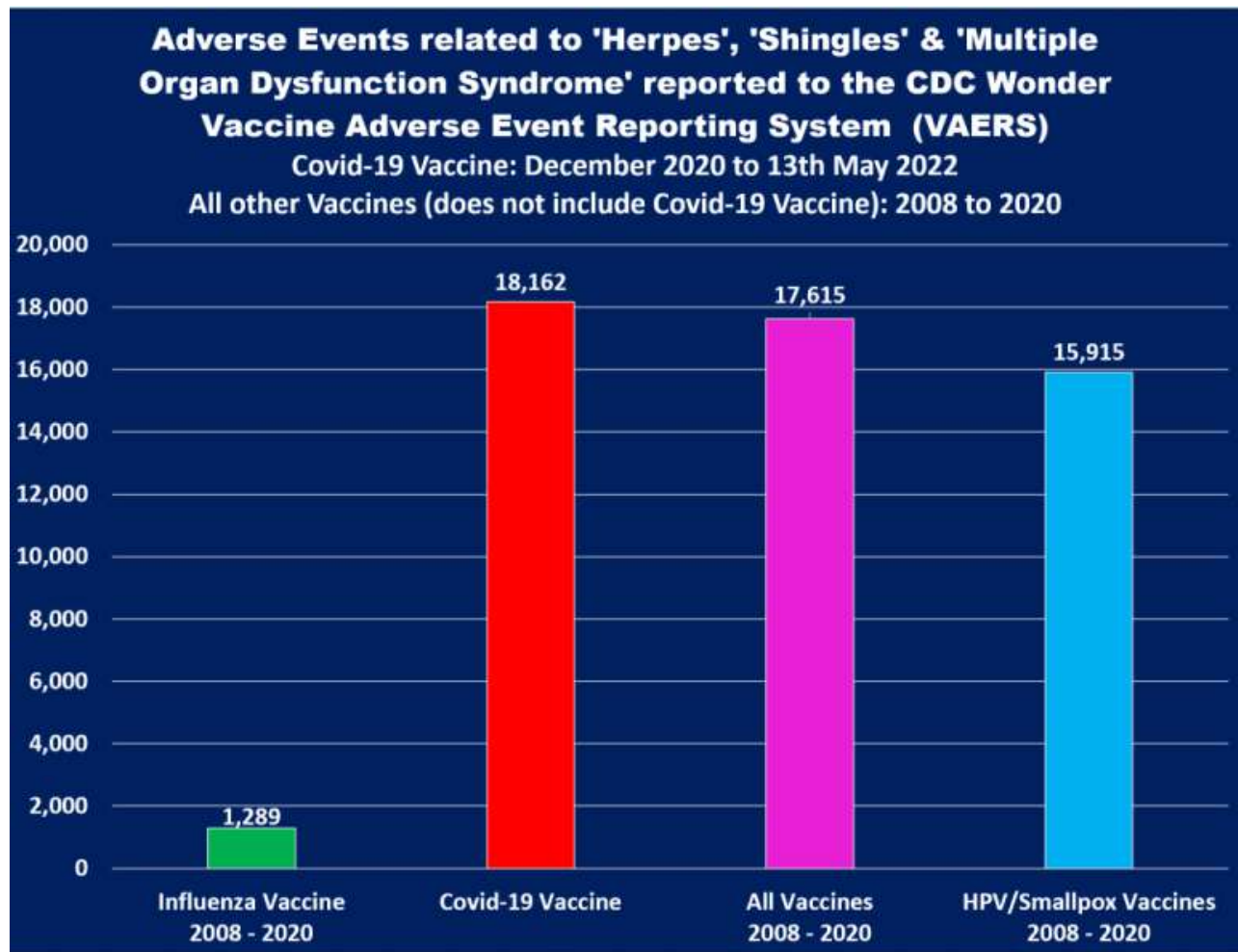
The following chart shows the number of herpes infections/complications that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –



Source Data

The following chart shows adverse events to the Covid-19 injections [reported to the CDC](#) relating to herpes, shingles and multiple organ dysfunction syndrome up to 13th May 2022.

It also shows the number of adverse events reported against the Flu Vaccines, all vaccines combined (*excluding Covid-19 injections*) and the HPV/Smallpox vaccines between 2008 and 2020 –

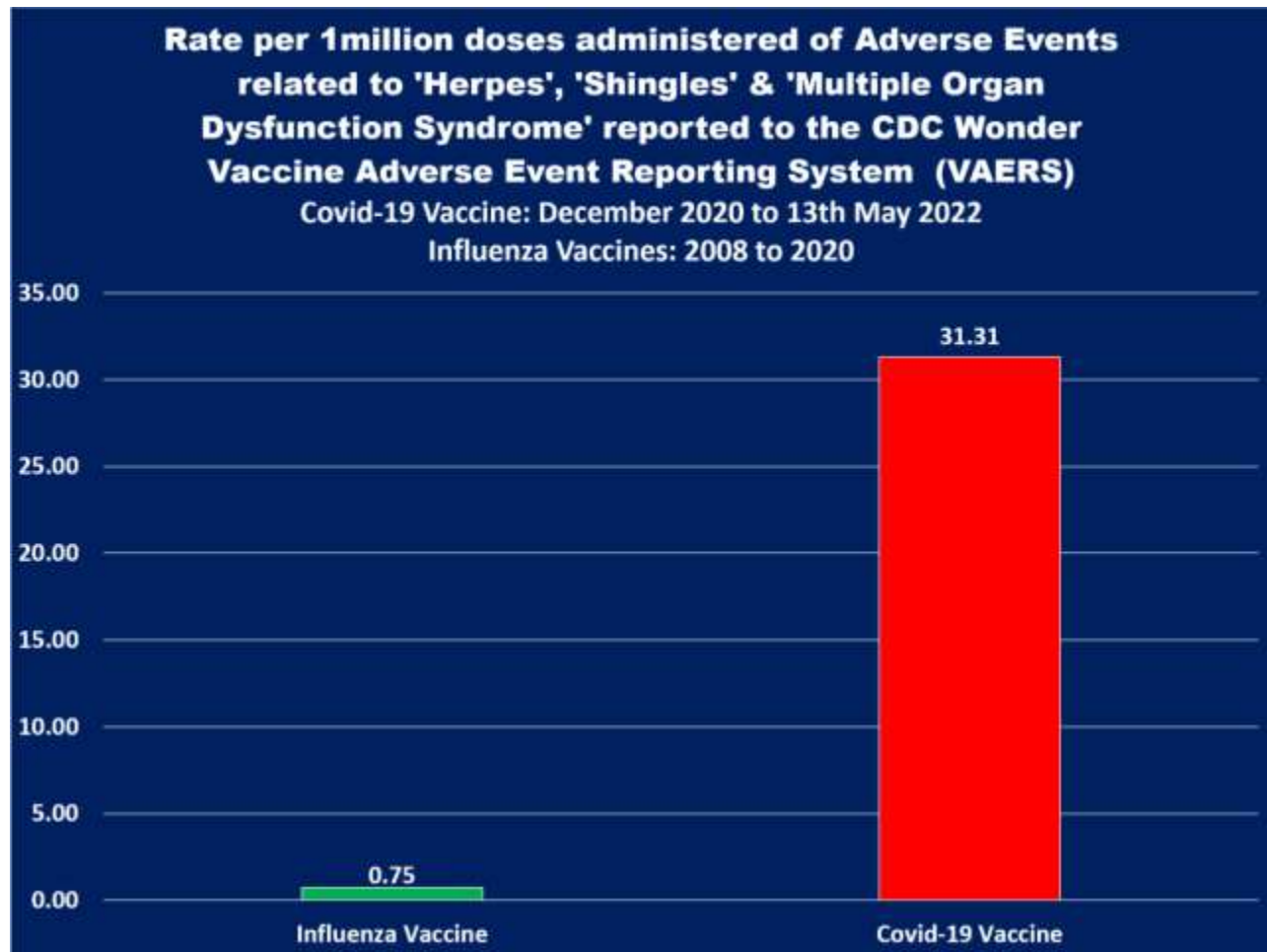


Source Data

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

This isn't because so many people have been given a Covid-19 injection either. Official CDC numbers actually show 1.7 billion doses of influenza vaccine alone were administered between 2008 and 2020. Whereas, as of 6th May 2022, 580 million doses of Covid-19 vaccine had been administered in the USA.

The following chart shows the rate per 1 million doses administered of adverse events related to herpes, shingles and multiple organ syndrome –



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

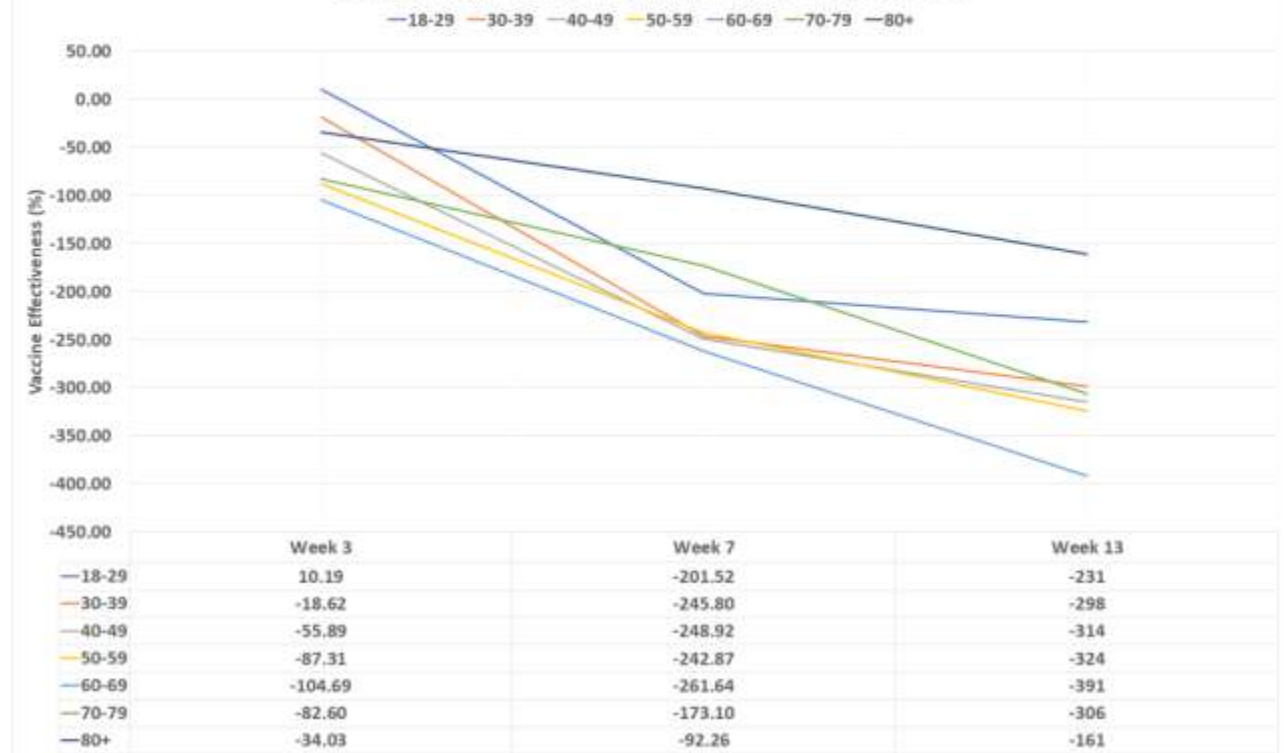
That's a 4,075% difference, and indicative of a very serious problem. A serious problem that is being caused by the fact the Covid-19 injections decimate the immune system.

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

Real World Covid-19 Vaccine Effectiveness among Triple Vaccinated Population in England

Week 51 2021 to Week 12 2022

Source: UKHSA Vaccine Surveillance Reports, Week 3 + 7 + 13



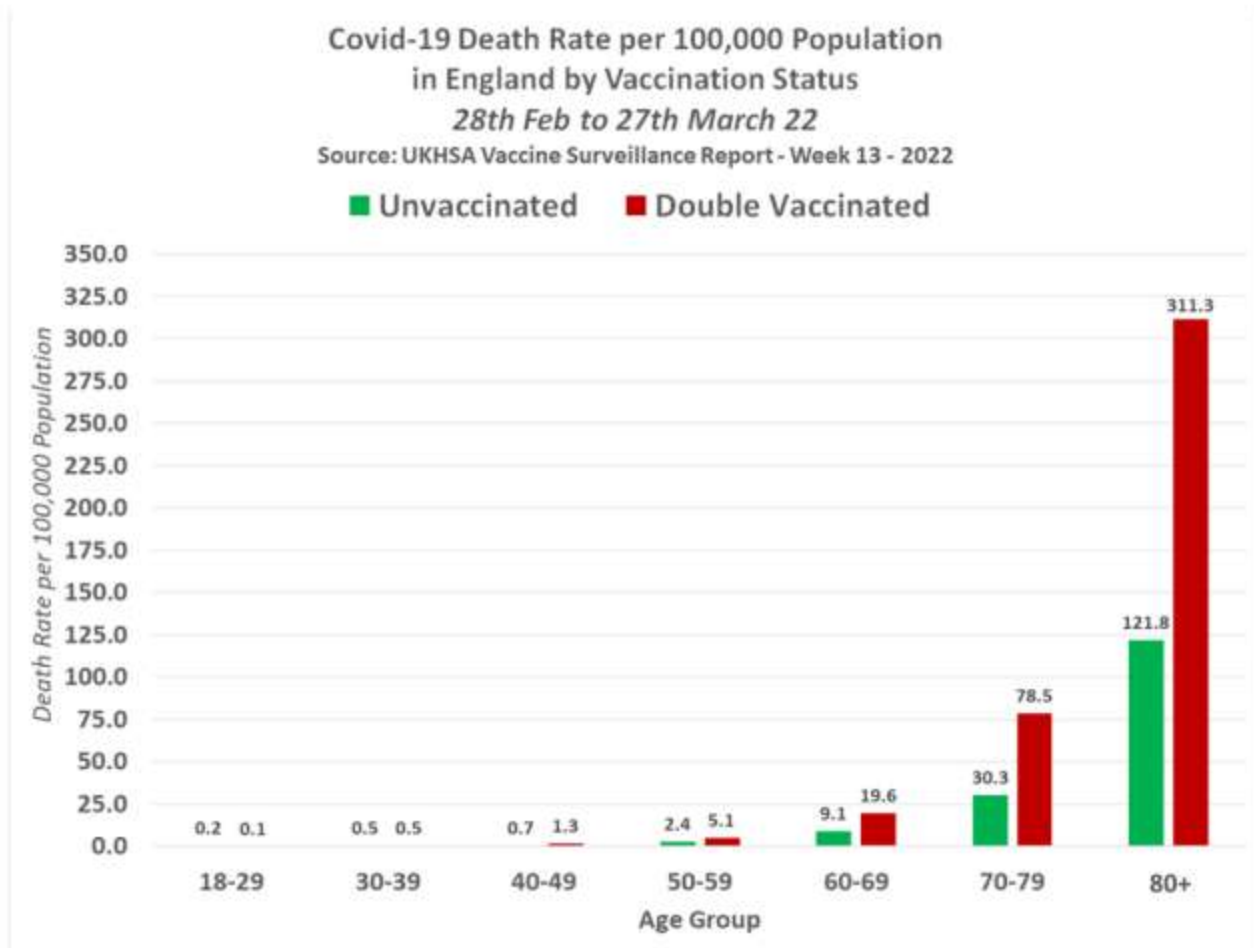
Data shows that vaccine effectiveness fell month on month, with the lowest effectiveness recorded among 60-69-year-olds at a shocking minus-391%. This age group also experienced the sharpest decline, falling from minus-104.69% in week 3.

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

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

The Covid-19 injection specifically instructs cells to produce the alleged SARS-CoV-2 spike (S) protein. The immune system is supposed to take care of the rest and then remember to do it again if it ever encounters the SARS-CoV-2 virus. So when the authorities state that the effectiveness of the vaccines weakens over time, what they really mean is that the performance of your immune system weakens over time.

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



As you can see, most vaccinated age groups have a higher Covid-19 death rate than the unvaccinated age groups. That's not indicative of an effective vaccine, it's indicative of damage done to the immune system by having the Covid vaccine. How else can you explain the fact the vaccinated are more likely to die of Covid-19 than the unvaccinated?

We're also seeing the same when it comes to non-Covid-19 deaths, and data suggests it takes approximately five months for enough damage to be done to the immune system by the Covid-19 injection for a recipient to be more likely to die.

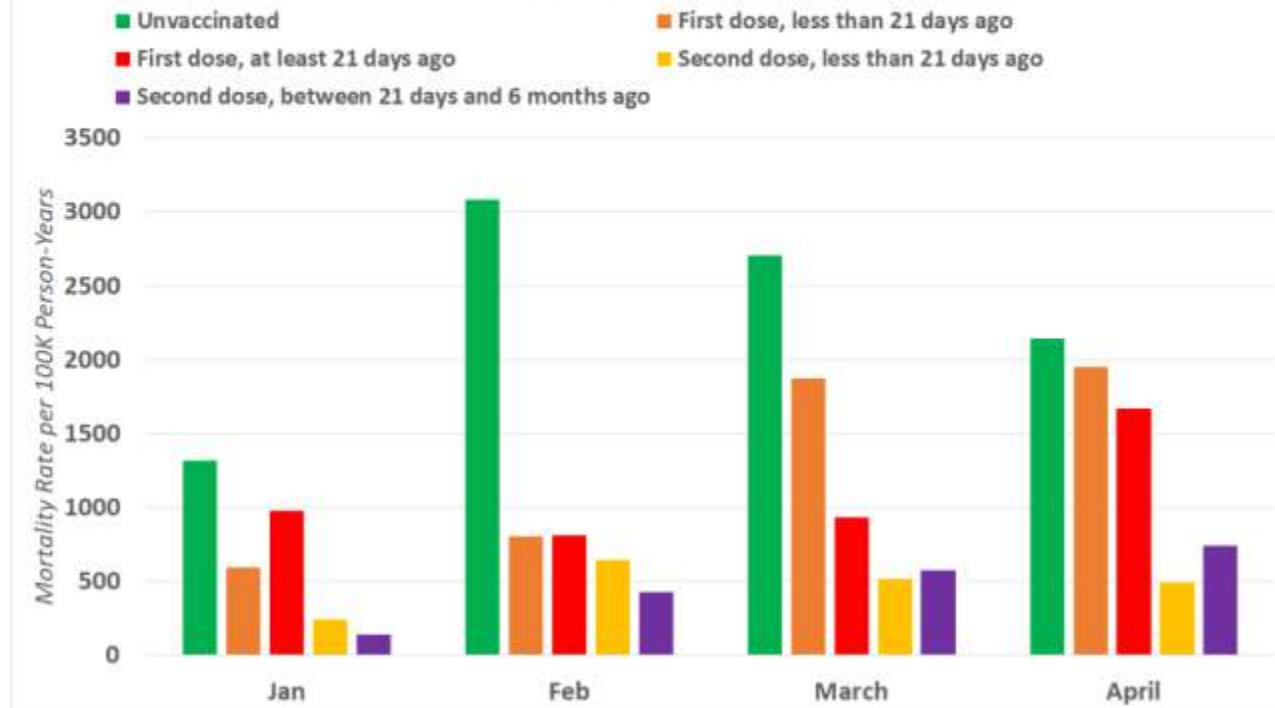
On the 17th May, the Office for National Statistics (ONS) published its [latest dataset](#) on deaths by vaccination status in England, and it has revealed a whole host of shocking findings.

Table 1 of the [ONS dataset](#) contains figures on the monthly age-standardised mortality rates by vaccination status for deaths between 1st Jan 21 and 31st March 22. The first Covid-19 injection was administered in England on 8th December 2021, and here are the figures on mortality rates by vaccination status in the following 4 months –

Age-standardised Mortality Rates per 100,000 person-years by Vaccination Status for Non-Covid-19 Deaths

1st Jan 21 to 30th April 21

Source: Office for National Statistics



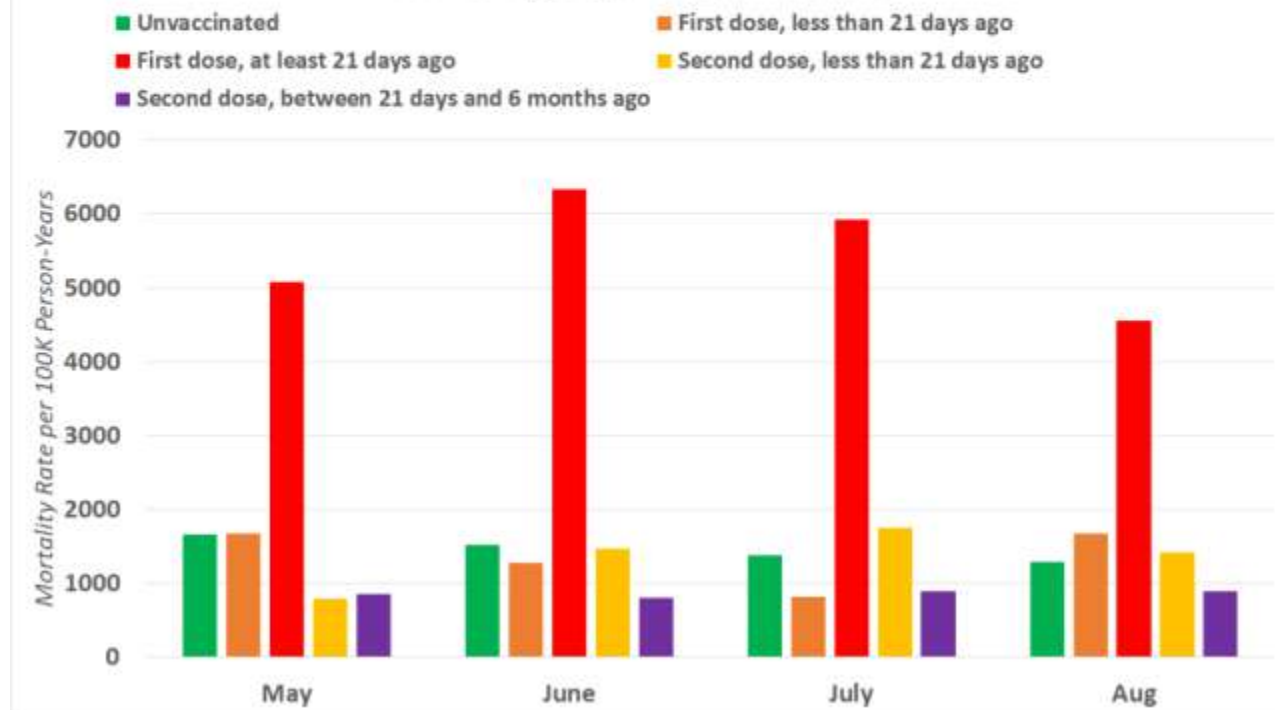
The unvaccinated were substantially more likely to die of any cause other than Covid-19 than the vaccinated population in both January and February 2021, before the rates seemed to normalise by the end of April.

But look at what happened from May 2021 onwards –

Age-standardised Mortality Rates per 100,000 person-years by Vaccination Status for Non-Covid-19 Deaths

1st May 21 to 30th August 21

Source: Office for National Statistics



All of a sudden, the vaccinated population as a whole were more likely to die than the unvaccinated of any cause other than Covid-19, and this trend has continued month after month since. It also turns out this trend tally's up with those who received the Covid-19 injections first, with people in England vaccinated by order of age.

The ONS data either indicates that the Covid-19 injections take approximately 5 months to completely decimate the immune system to the point where a person's chances of dying of any cause are significantly increased, or it indicates that the Covid-19 injections are directly killing people in the thousands with a slow and painful death that takes on average 5 months to conclude.

So by now, you must be up to speed with the fact that the Covid-19 injections most definitely damage the natural immune system. In which case it's perfectly plausible that dormant herpes and varicella-zoster viruses are being reactivated resulting in an unprecedented outbreak of herpes and shingles infections.

But there's another condition that authorities could be falsely claiming is monkeypox, and we need to return to the confidential Pfizer documents to find it.

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

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

Source

Autoimmune blistering disease.

Autoimmune blistering disease causes blisters on the skin and mucous membranes throughout the body. It can affect the mouth, nose, throat, eyes, and genitals.

It is not fully understood but “experts” believe that it is triggered when a person who has a genetic tendency to get this condition comes into contact with an environmental trigger. This might be a chemical or a medicine. Such as the Pfizer Covid-19 injection?

So there you have it, a whole host of evidence that suggests authorities could quite easily be covering up the consequences of Covid-19 vaccination with a fake monkeypox pandemic. But if our display of evidence isn’t enough to convince you of this then perhaps this scientific study published in October 2021 is –

Herpes zoster after COVID vaccination

C.S. van Dam¹, I. Lede², J. Schaar³, M. Al-Dulaimy¹, R. Rösken⁴, M. Smits⁵

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<https://doi.org/10.1016/j.ijid.2021.08.048>

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Highlights

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

Source

But even though the whole monkeypox drama might be another charade, don't be fooled into thinking authorities aren't willing to take this as far or even further than the miserable two years they have forced the world to suffer in the name of Covid-19.

In the UK, the UK Health Security Agency has made monkeypox a notifiable disease, meaning all doctors and GP's must report any cases they uncover to the UKHSA. This decision comes on top of the previous advice to isolate at home for three weeks if you are a close contact of anyone with suspected monkeypox.

Meanwhile in the USA, the CDC has hilariously announced that the wearing of face masks is now recommended again to “prevent transmission of monkeypox in the community”.

We doubt the CDC will ever get the memo that masks simply do not work, but let’s pretend they do and that there really is a monkeypox outbreak. Is the CDC not aware the monkeypox virus is not airborne and only transmitted by physical, and usually intimate contact?

And finally, we have just had the Director General of the World Health Organization, **Tedros Adhanom Ghebreyesus**, overrule the World Health Organization and single-handedly declare monkeypox a Public Health Emergency of International Concern on Saturday 23rd July 2022.

The declaration was made unilaterally, in direct contradiction to independent review panel advice, by WHO Director Tedros Adhanom Ghebreyesus. Tedros made the declaration despite a lack of consensus among members of the WHO’s Emergency Committee on the monkeypox outbreak, and in so doing overruled his own review panel, who had voted 9 against, and 6 for declaring the PHEIC.

By doing so, Tedros has set triggered a law in which all member states of the WHO, including the USA, UK, Canada, Europe, Australia etc. are now legally obliged to respond and act to the PHEIC.

You can see where this is going, can’t you?