

The Lie of Asymptomatic Virus Spread

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In the spring of 2020, a false premise was published far and wide that asymptomatic carriers of SARS-Cov-2, the alleged virus that purports to cause COVID-19, threatened to spread the alleged virus to others. That was an unproven theory. But that theory was the basis upon which the world's governments shut down businesses and schools, mandated masks, required social distancing, and ultimately required mass COVID-19 vaccinations. The theory that a person could carry the SARS-CoV-2 virus without displaying symptoms and then spread it to others is now known to have been false.

The theory of the asymptomatic spread of SARS-CoV-2 was doubted by many. David Zweig explains that “[i]n June 2020, Dr. Maria Van Kerkhove, head of the World Health Organization's emerging diseases and zoonosis unit, said that transmission from asymptomatic people was ‘very rare.’”¹ Allyson M Pollock, professor of public health at Newcastle University, posted an article in the British Medical Journal, likening the rarity of asymptomatic transfer of SARS-CoV-2 to finding a needle in a haystack. Dr. Pollock stated that “[s]earching for people who are asymptomatic yet infectious is like searching for needles that appear and reappear transiently in haystacks, particularly when rates are falling.”² The governments of the world were well aware of the study conducted between May 14 and June 1, 2020, involving almost 10 million residents of Wuhan, China. That massive study found zero transmission of SARS-CoV-2 from asymptomatic carriers of the alleged virus.³

Unknown to the general public is that from the outset the CDC and state governments had a test that could have been used to determine if someone who tested positive for SARS-CoV-2 in a PCR test could spread the alleged virus to others. The world's governments kept that test secret because it undermined their asymptomatic premise for their oppressive measures. David Zweig explains:

[A]s early as May and June of 2020, a test existed that, if it had been rolled out in medical centers and regular labs nationwide, could have enabled people to know for certain whether they were infectious or not. ... This raises serious questions for those in charge of the CDC, NIH, and NIAID for why resources were not allocated toward making this test broadly available.⁴

The federal and state governments knew about the test when they were locking down society. Indeed, in June 2021, the CDC published a study proving the efficacy of the new test for infectiousness.⁵ But if you are a government locking people down, shutting down businesses, and masking people, on a false pretense, the last thing you want is to have your pretense be proven false. And that is just what the test would have done. David Zweig reveals how:

And what they found does not match the narrative about a common

threat of people walking around without symptoms infecting others. For the majority of the pandemic only 4% of asymptomatic SARS-CoV-2 PCR-positive patients were shown to be infectious.⁶

Dr. Ralph Tayyar, an infectious diseases fellow at Stanford, explained:

“The probability of a kid in class who is not sick actually being infectious is very low,” he said. Think about it this way: even if every single student in a school without symptoms was infected, 96 percent of them still weren’t capable of transmitting to others. Yet, of course, most people without symptoms are not infected. Moreover, just because 4 percent were technically capable of infecting others does not mean that in actuality they had sufficient amount of replicating virus to do so. We are talking about a subgroup of a subgroup of a subgroup.⁷

It gets worse, as the false positive COVID-19 PCR test rate from the beginning has been estimated to be as high as 97%. So we have a 97% population of false positive PCR results. That means that we have potentially 3% of the positive PCR positive test being infected with SARS-CoV-2, with only 4% theoretically being able to pass on the alleged virus. That leaves us with a risk of spread among asymptomatic persons at 1.2%. The risk goes down even further because that 1.2% only tells you that the person can potentially spread the alleged virus. A much smaller percentage of those have sufficient replication of the alleged virus in their system to spread the alleged it. Ultimately, the chance of an asymptomatic person spreading COVID-19 is minuscule. It is like finding a needle in a haystack.

The asymptomatic spread theory and the concealment of its falsity were done to ensure the success of the vaccination propaganda campaign. The goal from the beginning was a mass-vaccination program. The vaccines were the end goal. The vaccines are bioweapons to injure and kill people. That is not hyperbole. Dr. Michael Yeadon is the former Vice-President of Pfizer's allergy and respiratory research unit. He left Pfizer to found the biotechnology company, Ziarco, where he served as CEO. Ziarco was later sold to Novartis for \$325 million. Dr. Yeadon has 32 years of experience designing drugs. He has maintained many close ties with insiders at Pfizer. In a May 8, 2023, interview with CHD, Dr. Yeadon had this to say about the COVID-19 vaccines:

We are facing something much worse than an alleged virus. At the very least, these things that people that are being injected with, the injuries to people from these [inaudible] vaccines, I'm afraid, I wish I could tell you it was accidental. But it wasn't accidental. I spent 32 years in rational drug design. I know, and I knew, and wrote it before any of them had emergency use authorization, that they were dangerous. And I am afraid, and I am convinced and would say with my hand on the Bible, in front of a court, a judge, that these injections

have been made to injure people, to maim and kill.⁸

Furthermore, Leading Reports reported on May 11, 2023, that Dr. Yeadon "claims that the COVID vaccines are bioweapons designed to kill billions of people as part of a depopulation agenda by the 'Deep State.'"⁹

Endnotes

1. David Zweig, The Most Important Test You've Never Heard Of, Substack, May 8, 2023, <https://davidzweig.substack.com/p/the-most-important-test-youve-never>.
2. Allyson M. Pollock, et al., Asymptomatic transmission of covid-19, The BMJ, 21 December 2020, https://www.bmj.com/content/371/bmj.m4851?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage.
3. Cao, S., Gan, Y., Wang, C. et al. Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. Nat Commun 11, 5917 (2020). <https://doi.org/10.1038/s41467-020-19802-w>.
4. David Zweig, May 8, 2023, supra.
5. Catherine A. Hogan, et al., Strand-Specific Reverse Transcription PCR for Detection of Replicating SARS-CoV-2, CDC, Emerging Infectious Diseases, Volume 27, Number 2, February 2021, https://wwwnc.cdc.gov/eid/article/27/2/20-4168_article.
6. David Zweig, May 8, 2023, supra.
7. David Zweig, May 8, 2023, supra.
8. Chuck Callesto, CHD interview of Michael Yeadon, Twitter, May 8, 2023, <https://twitter.com/ChuckCallesto/status/1655735185206329345>.
9. Leading Report, Twitter, May 11, 2023, <https://twitter.com/LeadingReport/status/1656654739659018240>.