

PAUL E. ROLLAND

THE REVELATION OF JESUS CHRIST



HOPE AND WARNING FOR
A MODERN WORLD

**WATCHMAN'S
TRUMPET**

A golden trumpet is shown horizontally. From the bell of the trumpet, a plume of bright orange and yellow flames is emerging.

REVELATION 10:5-6 And the angel which I saw stand upon the sea and upon the earth lifted up his hand to heaven, And swore by him that liveth for ever and ever, who created heaven, and the things that therein are, and the earth, and the things that therein are, and the sea, and the things which are therein, **THAT THERE SHOULD BE TIME NO LONGER:**

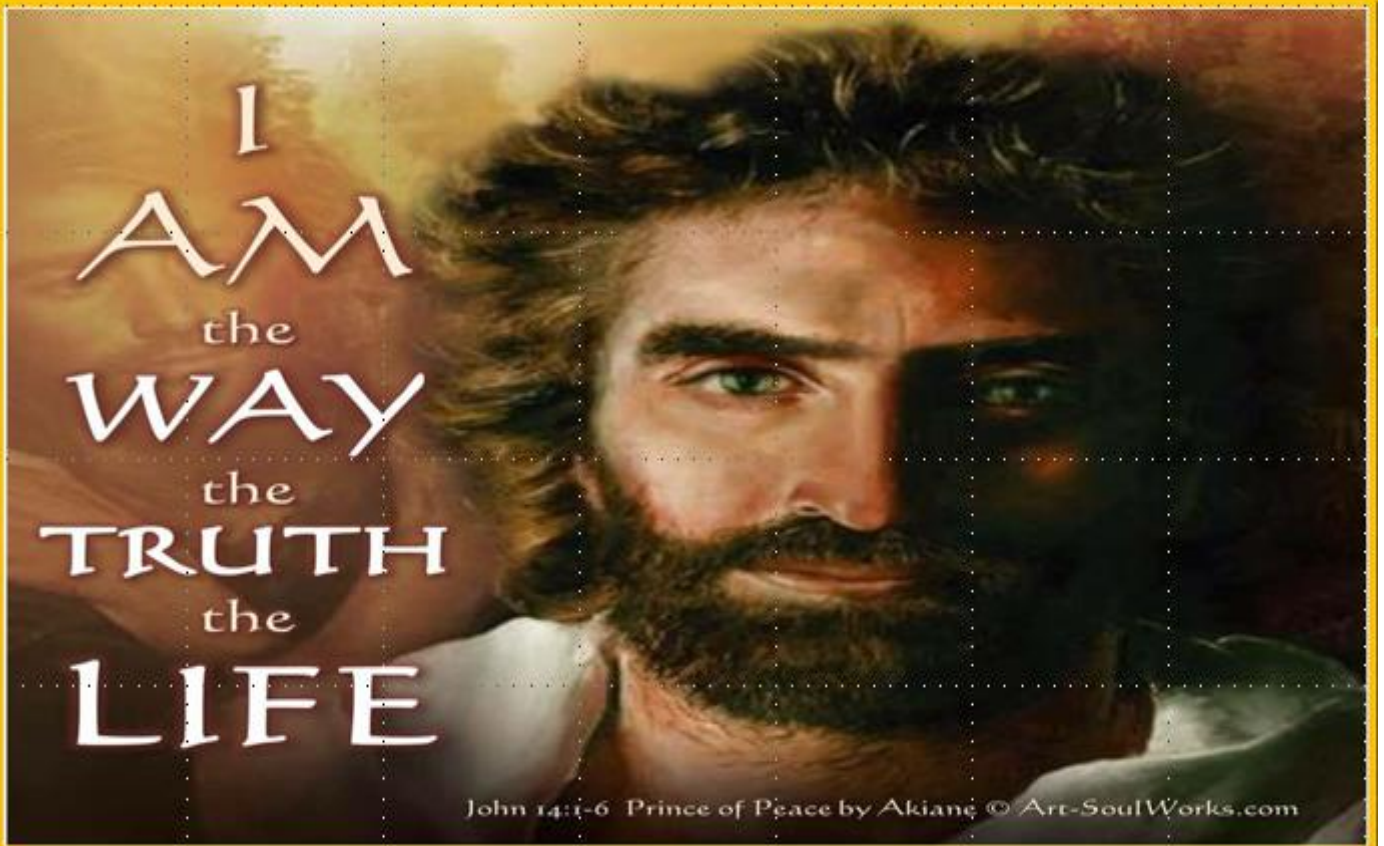
[Jeremiah 30:7](#) Alas! for **THAT DAY IS GREAT, SO THAT NONE IS LIKE IT: IT IS EVEN THE TIME OF JACOB'S TROUBLE**, but he [Israel's Believing Remnant at the end of the seven year tribulation} shall be saved out of it.

[Revelation 3:10](#) Because thou hast kept the word of my patience, I also will keep thee from **THE HOUR OF TEMPTATION, WHICH SHALL COME UPON ALL THE WORLD, TO TRY THEM THAT DWELL UPON THE EARTH.**

11 And they overcame him by the blood of the Lamb, and by the word of their testimony; and they loved not their lives unto the death.

12 Therefore rejoice, ye heavens, and ye that dwell in them. Woe to the inhabitants of the earth and of the sea! **FOR THE DEVIL IS COME DOWN UNTO YOU, HAVING GREAT WRATH, BECAUSE HE KNOWETH THAT HE HATH BUT A SHORT TIME.**





teach all nations, baptizing them in the name of



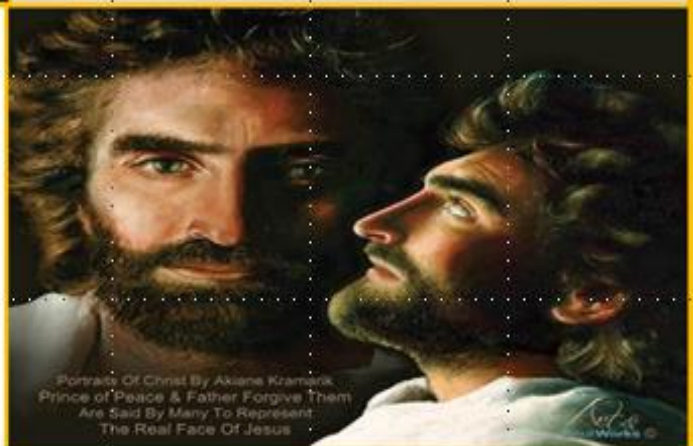
THE FATHER SON AND HOLY SPIRIT



The Chronovisor Remains A Vatican Mystery



The purported photo of Jesus (left) and a curiously similar painting (right) created long before Pelagino Ernetti released this image.



Portraits Of Christ By Akiane Kramarik
Prince of Peace & Father Forgive Them
Are Said By Many To Represent
The Real Face Of Jesus

[Matthew 28:19](#) Go ye therefore, and teach all nations, baptizing them in the name of **THE FATHER, AND OF THE SON, AND OF THE HOLY GHOST:**

[Revelation 19:11](#)

And I saw heaven opened, and **BEHOLD A WHITE HORSE; AND HE THAT SAT UPON HIM WAS CALLED FAITHFUL AND TRUE**, and in righteousness he doth judge and make war.

Ye are my witnesses, saith the Lord, and my servant whom I have chosen: that ye may know and believe me, and **UNDERSTAND THAT I AM HE:** before me there was no God formed, neither shall there be after me.

[Isaiah 52:6](#) Therefore my people shall know my name: therefore **THEY SHALL KNOW IN THAT DAY THAT I AM HE THAT DOTHSPEAK: BEHOLD, IT IS I.**

[Luke 21:28](#) And **WHEN THESE THINGS BEGIN TO COME TO PASS, THEN LOOK UP, AND LIFT UP YOUR HEADS; FOR YOUR REDEMPTION DRAWETH NIGH.**

In His Service,

Night Watchman

Paul Rolland

Night Watchman Ministries

www.nightwatchman.blog

<https://nightwatchmanministries.substack.com>

Make Your (7) Decision for Christ NOW!!!!!! Time is Up!!!!!!

<https://youtu.be/4lzupUaqVM0>

Jesus Christ's Offer of Salvation:

<https://www.youtube.com/shorts/j-MUxAO52Zg>

The ABCs (7) of Salvation through Jesus Christ (the Lamb)

- A. (7) Admit/Acknowledge/Accept that you are sinner. Ask (7) God's forgiveness and repent of your sins.

. . . “For all have sinned, and come short of the glory of God.” (Romans 3:23).

. . . “As it is written, There is none righteous, no, not one.” (Romans 3:10).

. . . “If we say that we have no sin, we deceive ourselves, and the truth is not in us.” (1 John 1:8).

B. Believe Jesus is Lord. Believe that (7) Jesus Christ is who He claimed to (7) be; that He was both fully God (7) and fully man and that we are (7) saved through His death, burial, and resurrection. (7) Put your trust in Him as your (7) only hope of salvation. Become a son (7) or daughter of God by receiving Christ. (7777777) 7x7

. . . “That whosoever believeth in him should not perish, but have eternal life. For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life. For God sent not his son into the world to condemn the world; but that the world through him might be saved. (John 3:15-17). For whosoever shall call upon the name of the Lord shall be saved.” (Romans 10:13).

C. Call upon His name, Confess (7) with your heart and with your lips (7) that Jesus is your Lord and Savior.

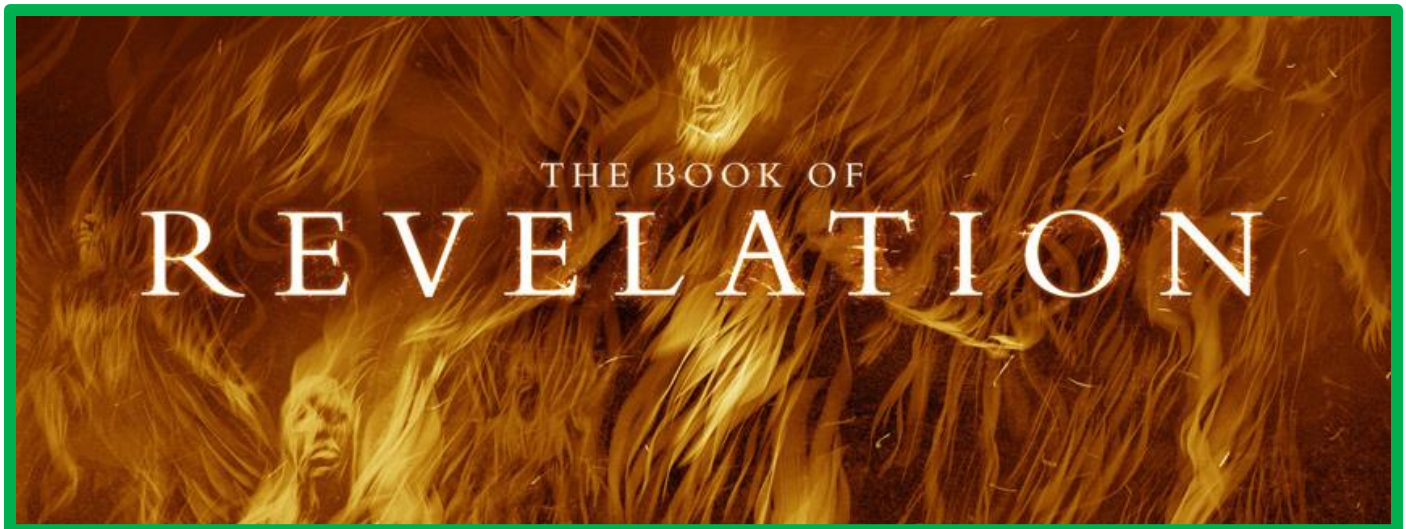
. . . “That if thou shalt confess with thy mouth the Lord Jesus, and shalt believe in thine heart that God hath raised him from the dead, thou shalt be saved. For with the heart man believeth unto righteousness; and with the mouth confession is made unto salvation.” (Romans 10:9-10)

<https://youtu.be/7xQUMIMLIZM>



*Revelation 6:7-8 And when he had opened the fourth seal, I heard the voice of the fourth beast say, Come and see. And I looked, **AND BEHOLD A PALE HORSE: AND HIS NAME THAT SAT ON HIM WAS DEATH, AND HELL FOLLOWED WITH HIM. And POWER WAS GIVEN UNTO THEM OVER THE FOURTH PART OF THE EARTH,** to kill with sword, and with hunger, and with death, and with the beasts of the earth.*

<https://youtu.be/iv8AAsQjWkU>



HELL follows because these people died in an 'un-saved' state, due to their rejection of Jesus Christ and His offer of salvation. Though the world believes these people are 'innocents', they are none-the-less under God's laws of judgement and have unfortunately rejected his Son Jesus Christ, as their eternal savior.

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PALE HORSEMAN

WHO KEEPS MPOX AT HIGHEST ALERT LEVEL



A vial of the mpxx vaccine is seen during the launch of the vaccination campaign at the General Hospital of Goma, on Oct. 5, 2024. (AFP)

Updated 42 sec ago AFP November 22, 2024 21:58

GENEVA: The World Health Organization said Friday it had decided to keep its alert for the mpxx epidemic at the highest level, as the number of cases and countries affected rises.

“The decision was based on the rising number and continuing geographic spread of cases, operational challenges in the field, and the need to mount and sustain a

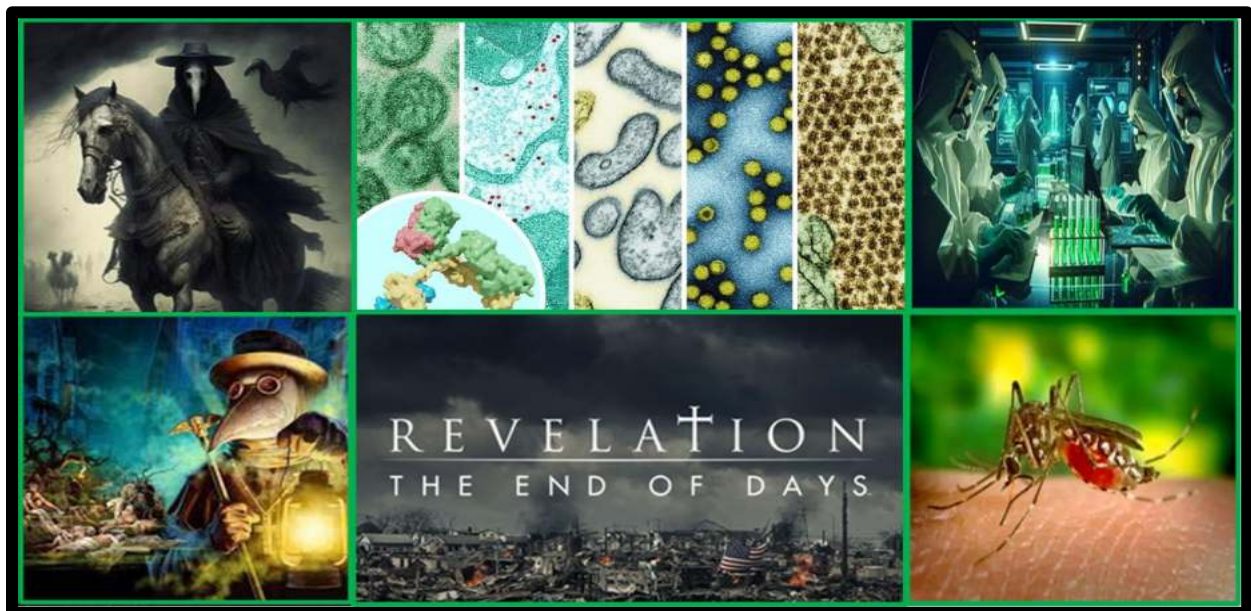
cohesive response across countries and partners,” it said in a statement. “The WHO Director-General, agreeing with the advice of the (International Health Regulations) IHR Emergency Committee, has determined that the upsurge of mpox continues to constitute a public health emergency of international concern,” it said, extending the emergency first declared on August 14.

The Democratic Republic of Congo (DRC) is the country hardest hit by the outbreak, followed by Burundi and Nigeria.

Mpox, previously known as monkeypox, is caused by a virus transmitted to humans by infected animals but can also be passed from human to human through close physical contact.

It causes fever, muscular aches and large boil-like skin lesions, and can be deadly. The August emergency declaration was in response to a surge in cases of the new Clade 1b strain in the DRC that spread to nearby countries. That and other mpox strains have been reported across 80 countries — 19 of them in Africa — so far this year, WHO has previously said.

PANDEMIC PREPAREDNESS RESEARCH NETWORK LAUNCHED. HIGH PRIORITY PATHOGENS REQUIRE PROTECTIVE VACCINES.



Fact checked by [Robert Carlson, MD](#) Published November 19, 2024 Fact checked November 20, 2024 US NIH 2024 Bethesda (Precision Vaccinations News)

The U.S. National Institutes of Health (NIH) recently established a pandemic preparedness research network to research high-priority pathogens most likely to threaten human health to develop effective vaccines and monoclonal antibodies. The Research and Development of Vaccines and Monoclonal Antibodies for Pandemic Preparedness network (ReVAMPP) will focus its research efforts on “prototype pathogens,” representative pathogens from virus families known to infect humans, and high-priority pathogens that have the potential to cause deadly diseases. As of November 19, 2024, many diseases caused by these pathogens have no vaccines or just first-generation products available.

1. *The ReVAMPP network will focus on viruses from families within:*
2. *Crimean Congo Hemorrhagic Fever and Lassa Fever.*
3. *The Flaviviridae family includes viruses that cause dengue and yellow fever.*
4. *The Paramyxoviridae family, which includes viruses that cause measles, mumps, and Nipah-induced encephalitis*
5. *The Picornaviridae family, which includes viruses that cause poliomyelitis, foot-and-mouth disease, and myocarditis*
6. *The Togaviridae family includes viruses that induce Chikungunya, virus-induced arthralgia or encephalitis, and Venezuelan equine encephalitis. As of November 2024, an approved [Chikungunya vaccine](#) was available in the U.S.*
7. *The ReVAMPP network will focus on research to develop vaccine candidates and monoclonal antibodies, laying the groundwork for a faster and more effective pandemic response should a virus from one of the targeted families emerge as a pandemic threat.*

Jeanne M. Marrazzo, M.D., M.P.H., commented in a media release, “The ReVAMPP network will enable researchers to fill key knowledge gaps and identify strategies to develop safe and effective medical countermeasures for targeted virus families before the need becomes critical.” NIH’s National Institute of Allergy and Infectious Diseases expects to commit approximately \$100 million per year to fund the program, pending the availability of funds. The Research Triangle Institute in Durham, North Carolina, will serve as a centralized Coordination and Data Sharing Center and provide support and coordination for the network.

OVER 100,000 MORE CHICKENS, TURKEYS KILLED AFTER MORE AVIAN FLU CASES FOUND IN UTAH



By [Carter Williams, KSL.com](#) | Posted - Nov. 22, 2024 at 12:00 p.m.

TAYLORSVILLE — Over 100,000 additional chickens and turkeys have been culled after additional avian influenza was found in a backyard flock in Salt Lake County and multiple commercial facilities in south-central Utah.

Most of the new cases were uncovered at three turkey farms in Piute County, between Nov. 10 and Tuesday, resulting in 107,800 turkeys having to be killed off to "limit further disease spread," Utah Department of Agriculture and Food officials said in an update on Friday.

Avian flu was also detected in a backyard chicken flock of 253 birds in Salt Lake County in the past week, which forced those birds to be slaughtered as well. "Though the overall risk to public health remains low, (highly pathogenic avian influenza) is a serious disease, requiring rapid response, including depopulation of

affected flocks as it is highly contagious and fatal to poultry," the agency wrote, adding that five poultry farms across the state remain in quarantine.

The new cases pile onto the outbreak that has impacted farms across northern Utah, including an outbreak that led to [the depopulation of about 1.8 million chickens at a large commercial poultry facility in Cache County last month](#). The disease was [later found in eight commercial dairy herds in the county](#).

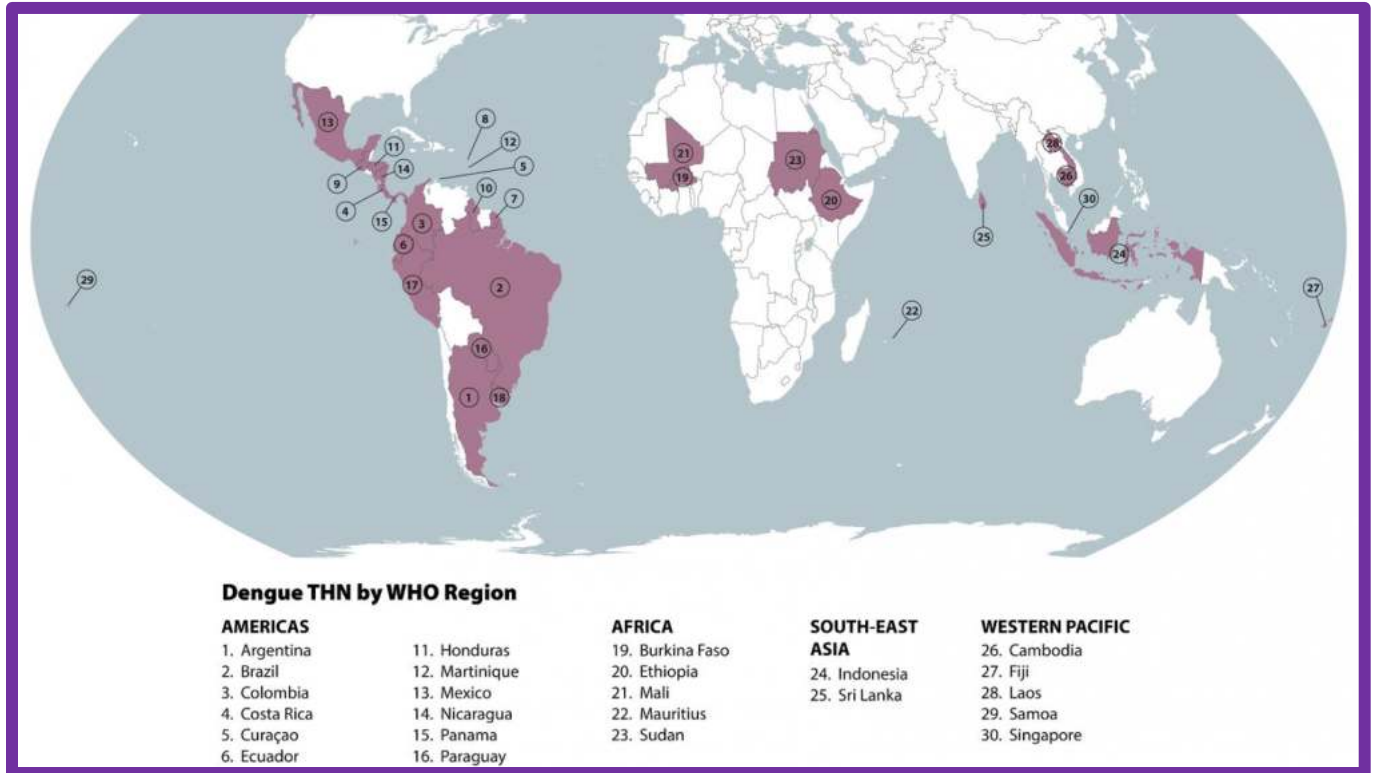
Avian flu has impacted many states since a major outbreak began in 2022, but another wave has impacted the West in recent months. The U.S. Department of Agriculture [reported this week](#) that cases were found in a noncommercial chicken in Hawaii, marking its first case since the outbreak.

It often spreads in domestic poultry through "contaminated feed, clothing and equipment," although it can also spread through direct contact with wild birds, [U.S. Geological Survey officials note](#). Its impact on humans is considered low. There have only been 36 documented human cases between April and late October, the Centers for Disease Control and Prevention [reported on Oct. 29](#).

Despite Utah's rise in cases over the past few weeks, state agriculture officials say they believe overall food supply impacts are "limited." Still, they urge poultry businesses to follow safe practices to help limit the spread of the flu.

"Poultry owners should practice strong biosecurity and monitor flocks for signs of illness and report any sick birds immediately to the state veterinarian's office," the department wrote. "Individuals who work in close contact with infected animals may be at higher risk for contracting (the avian flu) and should take precautions, including using recommended personal protective equipment."

DENGUE OUTBREAK ALERT ISSUED FOR THE U.S.



CDC Global Dengue Travel Health Alert Map June 2024

Fact checked by [Robert Carlson, MD](#) Published June 25, 2024 Fact checked June 26, 2024 Atlanta (Precision Vaccinations News)

According to the Centers for Disease Control and Prevention (CDC), the global incidence of dengue this year is the highest in recent history, with about 100 countries reporting higher-than-usual dengue case numbers.

For example, in the Region of the Americas, more than 9.7 million dengue cases have been reported this year, twice as many as in all of 2023.

While the CDC has previously issued Level 1 Travel Health Advisories for dengue [outbreaks](#), today's Health Alert Network (CDCHAN-00511) Health Advisory is notifying healthcare providers, public health authorities, and the public of an increased risk of dengue virus (DENV) infections in the United States in 2024.

In the U.S., Puerto Rico has declared a public health emergency (1,498 cases), and a higher-than-expected number of dengue cases have been identified among U.S. travelers (745 cases) visiting the San Juan area from January – June 24, 2024.

Additionally, [Florida](#) has reported 222 travel-related and eight locally acquired dengue cases in [Hillsboro](#), Miami-Dade, and Pasco counties.

And the Texas Department of State Health Services says mosquitoes that transmit dengue fever are found in Texas, with (0) cases reported as of June 15, 2024, but 67 cases were confirmed in 2023.

While Florida provides ample access to dengue testing, public health clinics in Texas have limited capabilities to identify this influenza-like illness.

On June 25, 2024, the CDC advised healthcare providers to order appropriate diagnostic tests for acute DENV infection: reverse transcription polymerase chain reaction and IgM antibody or non-structural protein 1 antigen and IgM antibody tests.

Most people are unaware that dengue infections can become severe within a few hours.

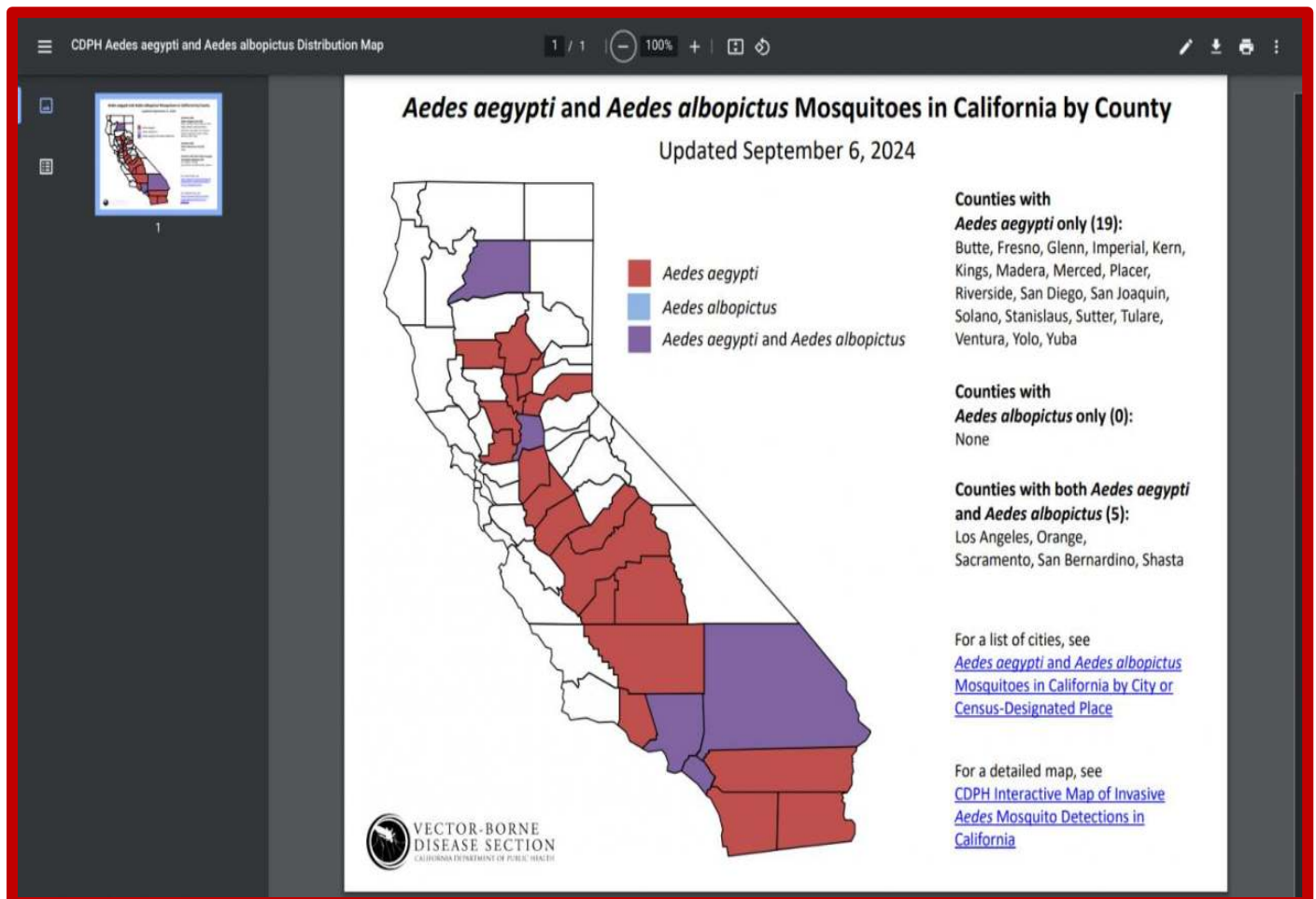
Severe dengue is a medical emergency, usually requiring hospitalization. In some severe cases, the dengue fatality rate is high.

Furthermore, providers should have increased suspicion of dengue among people with fever who have been in areas with frequent or continuous dengue transmission within 14 days before illness onset.

These areas include but are not limited to, Mexico, the Caribbean, Brazil, and Costa Rica.

The CDC says there are no antiviral medications approved to treat dengue.

CALIFORNIANS CONFRONT DENGUE AND WEST NILE VIRUS OUTBREAKS IN LOS ANGELES AND CENTRAL VALLEY IN 2024



CA Health 2024 Fact checked by [Robert Carlson, MD](#) Published October 2, 2024 Fact checked October 3, 2024 Los Angeles (Precision Vaccinations News)

The State of California has reported an unexpected increase in diseases spread by mosquitoes, such as West Nile virus and Dengue. Unfortunately, neither disease has a preventive vaccine available in 2024.

The California Department of Public Health (CDPH) confirmed on October 1, 2024, that Californians should take precautions against these mosquito-borne diseases. This announcement follows six deaths caused by West Nile virus and ongoing

transmission in many regions of California, particularly in the Central Valley. This year, CDPH has recorded 63 human cases of West Nile virus, including six deaths.

In Los Angeles County, the Department of Public Health has also reported four cases of locally acquired Dengue. Despite not traveling outside the country, these people became ill with Dengue in August and September 2024.

These are the first documented cases of locally acquired Dengue in California this year; two locally acquired Dengue cases were identified in Los Angeles County residents in 2023. In some California counties, cases of Chikungunya virus have been reported. Five travel-associated infections have been confirmed this year.

"It's important to remember that mosquitoes are still active well into cooler months," CDPH Director and State Public Health Officer Dr. Tomás Aragón said in a press release.

California healthcare providers should have increased suspicion of Dengue among patients with fever who have been in areas with known dengue transmission or if they live in areas with invasive mosquitoes known to carry viruses.

If infection with Dengue is suspected in a patient, appropriate testing should be ordered. Clinical testing guidance and a case management [guide](#) for Dengue are available from the U.S. Centers for Disease Control and Prevention (CDC).

The CDC's June 2024 health alert has more information on the increased risk of dengue virus infections in the United States due to increased Dengue infections globally.

As of October 2, 2024, the World Health Organization has classified Dengue as a grade 3 emergency, requiring a major to maximal response by public health. Furthermore, this year, the CDC has issued extensive Travel Health Advisories regarding [Dengue outbreaks](#).

UK IDENTIFIES 4 CASES OF NEW MPOX VARIANT, THE FIRST CLUSTER OUTSIDE AFRICA



This colorized electron microscope image provided by the National Institute of Allergy and Infectious Diseases in 2024 shows Mpox virus particles, green, found within infected cultured cells, blue. The virus particles are in various stages of maturity, which accounts for differences in shape. (AP/File)

Updated 07 November 2024 AP November 07, 202404:04

LONDON: British health officials say they have identified four cases of the new, more infectious version of mpox that first emerged in Congo, marking the first time the variant has caused a cluster of illness outside of Africa. Scientists said the risk to the public remains low.

Authorities announced the first case of the new form of mpox in the UK last week, saying the case was being treated at a London hospital after recently traveling to countries in Africa with ongoing outbreaks.

This week, the UK Health Security Agency said it had now identified three further cases who lived in the same household as the first patient. They too are now being treated at a hospital in London.

“Mpox is very infectious in households with close contact and so it is not unexpected to see further cases within the same household,” said Susan Hopkins, chief medical adviser of the UK Health Security Agency.

The new variant of mpox was first detected earlier this year in eastern Congo. Scientists believe it causes milder symptoms that are harder to notice, which makes it easier to spread because people may not know they are infected. Its spread in Congo and elsewhere in Africa prompted the World Health Organization to declare a global emergency in August.

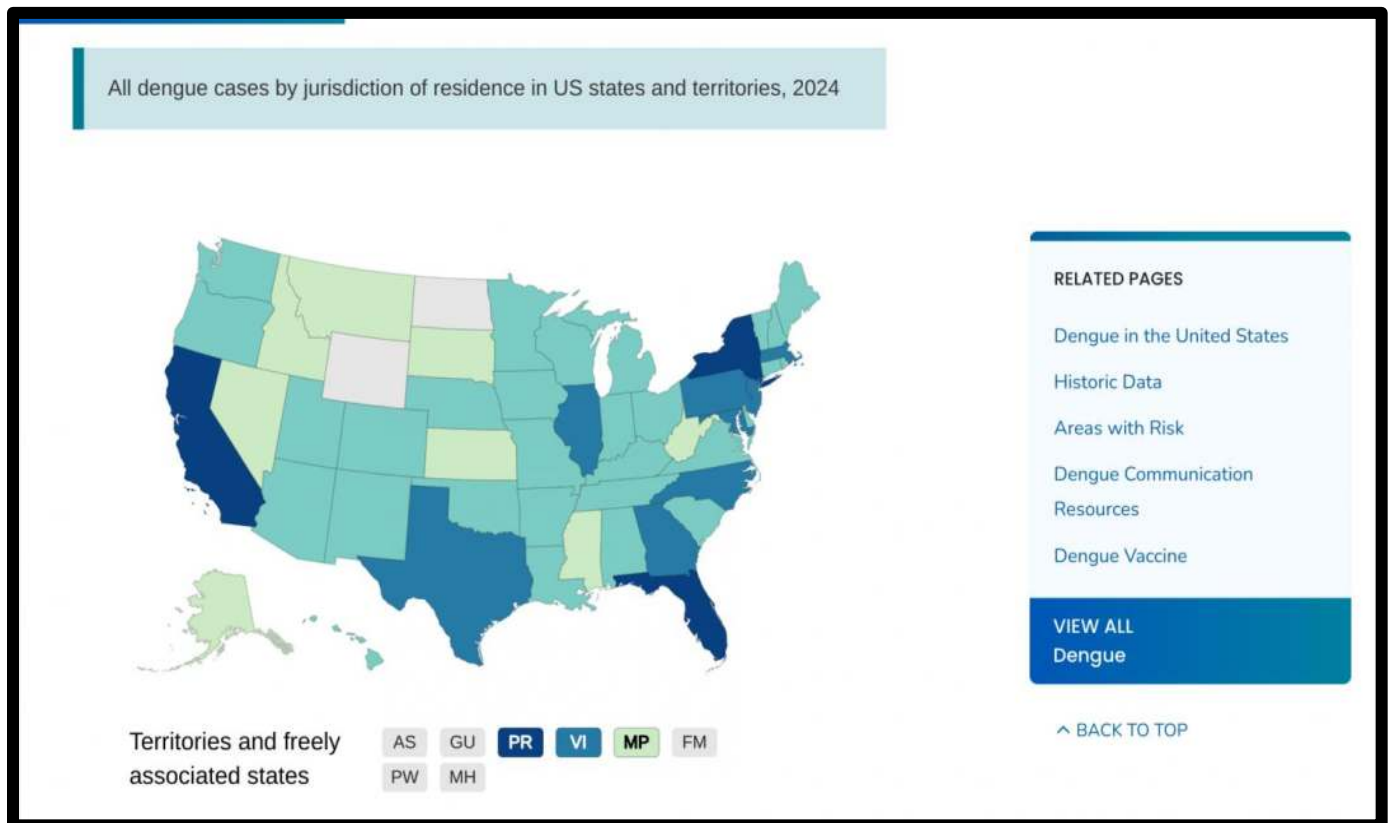
Britain recorded more than 3,000 cases of another type of mpox during a 2022 outbreak that hit more than 100 countries.

The new variant of mpox has also caused outbreaks in Burundi, Kenya, Rwanda and Uganda. Single cases in travelers have also been reported in Sweden, India, Germany and Thailand.

To date, there have been about 43,000 suspect cases of mpox in Africa, including more than 1,000 deaths, mostly in Congo.

On Wednesday, WHO said it had allocated 899,900 vaccine doses to nine African countries struggling with mpox epidemics.

AMERICA'S DENGUE CASES INCREASE 280%



US. CDC Dengue Case Map November 2024 Fact checked by [Robert Carlson, MD](#)
Published November 15, 2024 Fact checked November 16, 2024 (Precision Vaccinations News)

As the global dengue fever outbreak of 2024 reaches new records, the United States, its Territories, and freely associated states are unfortunately exceeding past milestones. As of November 15, 2024, the U.S. Centers for Disease Control and Prevention (CDC) reported that in the continental U.S., 2,495 dengue cases have been confirmed this year. This compares with 1,540 in 2023.

Additionally, the CDC confined the U.S. territories that reported 4,166 dengue cases in 2024, far exceeding the 782 cases reported last year. To alert international travelers of these dengue outbreaks, the CDC reissued its Level 1 advisory. Throughout the entire Region of the Americas, 43 countries and territories have reported over 12,371,235 dengue cases and 7,456 related fatalities this year. This data compares with 2023, when 4,617,108 dengue cases were reported.

THE WORLD IS WATCHING THE U.S. DEAL WITH BIRD FLU, AND IT'S SCARY



By Tulio de Oliveira Nov. 19, 2024

As a virus scientist in South Africa, I've been watching with dread as H5N1 bird flu spreads among animals in the United States.

Funny how Tulio fails to mention his [affiliation with the entirely Bill Gates-funded Department of Global Health at the University of Washington.](#) - Nass

The pathogen poses a serious pandemic threat and has been detected in over 500 dairy herds in 15 states — which is probably an undercount. And yet the U.S. response appears inadequate and slow, with too few genomic sequences of H5N1 cases in farm animals made publicly available for scientific review.

[This is because the USG officials who publish these data do not know which narrative they will be asked to spin, nor whether a bird flu will be deliberately be released, or possibly has been released. Therefore they must prevent independent scientists getting access to data that could allow them to track mutations that could identify unnatural spread, and challenge the USG narrative. It is not that the USG does not have these data—it has plenty. But it always has excuses for why its data collection is incomplete, such as: the farmers wouldn't let us come and test because we might shut them down during an outbreak.—Nass]

Failure to control H5N1 among American livestock could have global consequences, and this demands urgent attention. The United States has done little to reassure the world that it has the outbreak contained.

This is how a Gates-funded scientist learns to talk, elliptically. They know the outbreak isn't contained. They know it is extremely mild for humans, pretty mild for cows, and no human has caught it from milk. Therefore, does it need to be contained? CAN it be contained when it is widespread in wild birds and perhaps other animals? But they pretend it can and should. —Nass

The recent infection of a pig at a farm in Oregon is especially concerning, as pigs are known to be mixing bowls for influenza viruses. Pigs can be infected by both avian and human influenza viruses, creating a risk for the viruses to exchange genetic material and potentially speed up adaptation for human transmission. The H1N1 pandemic in 2009 was created and spread initially by pigs.

One pig, one pig. Be very afraid—Nass

Beyond the risks to its citizens (there are over 45 cases of people in the United States getting the virus in 2024), the United States should remember that the country where a pandemic emerges can be accused of not doing enough to control it. We still hear how China did not do enough to stop the Covid-19 pandemic. None of us would want a new pathogen labeled “the American virus,” as this could be very damaging for the United States’ reputation and economy.

Correct. [52 Americans got mild infections](#), mostly pink eye. Some were asymptomatic, found by PCR screening. A mild virus like this will not damage anything.—Nass

The United States should learn from how the global south responds to infectious diseases. Those of us working in the region have a good track record of responding to epidemics and emerging pandemics and can help the United States identify new virus strains and offer insights into how to control H5N1. This knowledge has not come easily or without suffering; it has developed from decades of dealing with deadly diseases. We've learned one simple lesson: You need to learn your enemy as quickly as possible in order to fight it.

We did this during Covid. In November 2021, my colleagues and I and others in Botswana discovered the Omicron variant. We quickly and publicly warned the world that it could rapidly spread. This kind of transparency is not always easy because it can come at a large economic cost. For example, after we shared our Omicron discovery, countries around the world imposed travel bans on South Africa ahead of the December holidays, spurring backlash. Our team received death threats, and we needed security for our labs. One estimate suggests South Africa lost \$63 million in canceled bookings from December to March.

True. But omicron was way more serious than this H5N1 bird flu. Yet the US does have an obligation to share data. In fact, that was the excuse the USG used for why it needed a binding Pandemic Treaty—to force other nations to share such information when an outbreak strikes. But what is good for the goose is apparently not good for the gander, and the USG makes its own rules as it goes along. Isn't that the meaning of the rules-based order?

But it was the right thing to do. That's why it's so frustrating that genomic sequences of H5N1 animal cases in the United States are not quickly made available.

Yes, the genomes of the virus as it travels and mutates should absolutely be shared, but I explained why the US government is not sharing them, above. He who controls the information controls the people. Duh.—Nass

Sharing genomes of virus samples immediately is crucial for understanding the threat and giving the world time to prepare, including developing antivirals and vaccines. Rwanda, for example, was recently bold enough to go public with the detection of the deadly Marburg virus. Health responders there worked around the clock, and within about a month, they seemed to have controlled the outbreak.

Other countries in Africa have similarly and openly shared data about the spread of mpox.

I've worked for decades with American scientists, and this summer I toured many of the country's top scientific research institutions and was a speaker at one of its largest annual virology meetings. I know how flabbergasted many American scientists are about the country's slow response to the H5N1. One highly respected American virologist, David O'Connor, told me: "It seems that the United States is addicted to gambling with H5N1. But if you gamble long enough, the virus may hit a jackpot." A jackpot for the virus would fuel a pandemic.

Dear Reader: Would you object to a few days of pink eye, or would you prefer hundreds of your tax dollars going to vaccine and antiviral development, building nets over outdoor poultry farms or where cows range, and testing, testing, testing?

It is time to respond forcefully to this threat. The world's scientists are here to help, in the same way the United States has helped us so many times.

Give me a break. This guy knows the score. But he relies on grants. He can't just come out and say, "My lab gains credibility by studying your virus." Or, "USG, you are losing your credibility in the negotiations of the Pandemic Treaty—after Bill Gates worked so hard to get it passed. Don't do this to us." So he flatters instead.
- Nass

Countries need to continue to support one another; we need an international scientific and medical force that can work together to respond to new epidemics and potential pandemics, including diagnosing and genetically analyzing every single sample of H5N1.

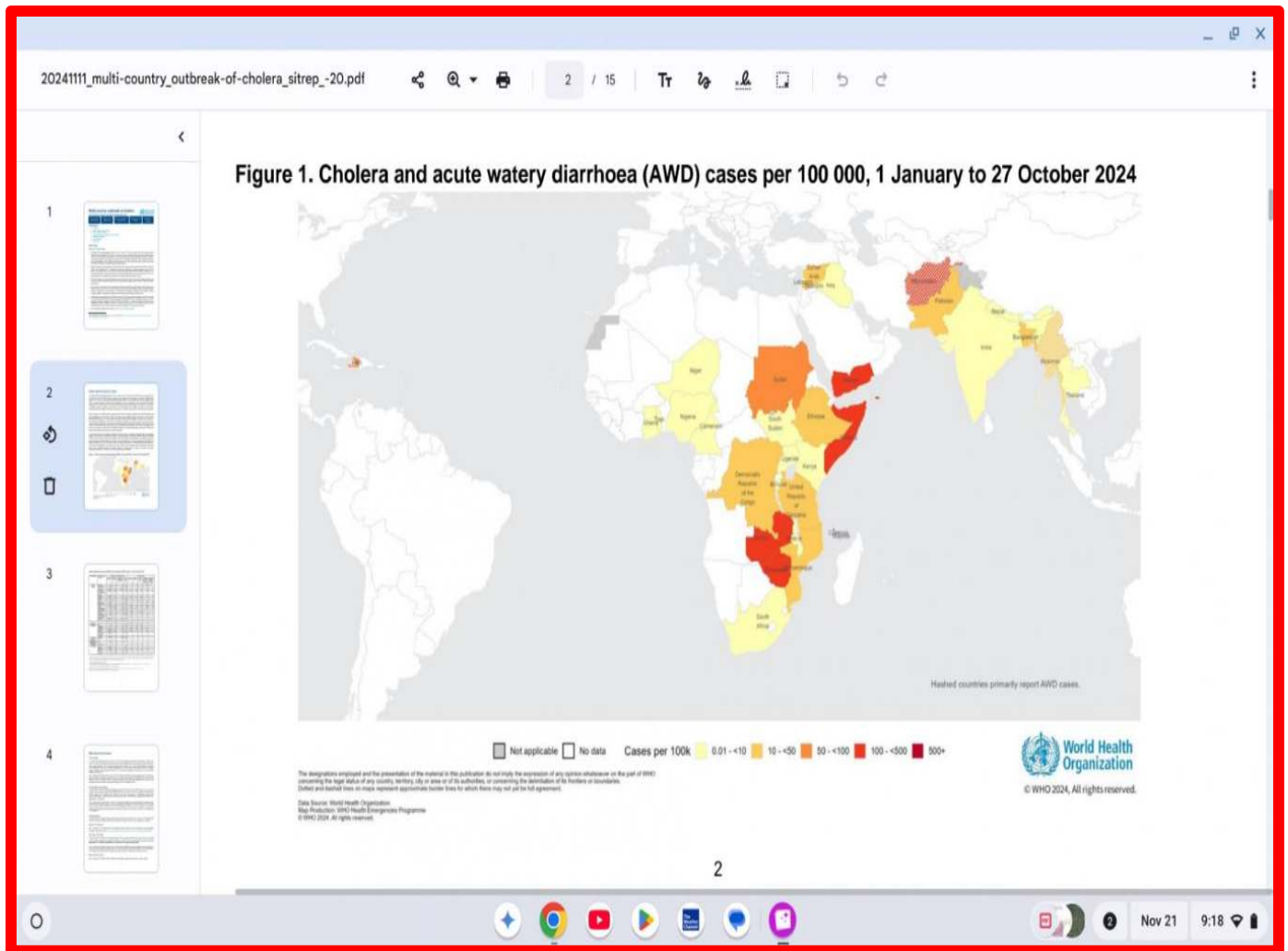
What a coincidence: [Bill Gates suggested just this kind of international task force, to go into countries when they have outbreaks and DO SOMETHING!](#)—Nass

I understand that it's not easy to persuade businesses, such as the meat and dairy industries, to allow the testing of all of their animals and employees and to make that data public quickly. But I also know that in the end, doing so protects lives, lessens economic damage and creates a safer world.

No American has died from this extremely mild virus that you “scientists” make out ***to be severe for careerism and money. How many Gates Foundation employees helped you write, spin and place this article at the NY Times?—Nass***

The world cannot afford to gamble with this virus, letting it spread in animals and hoping it never sparks a serious outbreak — or crossing our fingers that its effects won’t be serious in people. Time will tell. I hope we are not watching a new pandemic unfold, with both the American and the international communities burying our heads in the sand rather than confronting potential danger.

CHOLERA DEATHS INCREASE BY 54%



WHO Cholera Report #20 2024 Geneva (Precision Vaccinations News) Fact checked by [Robert Carlson, MD](#) Published November 21, 2024 Fact checked November 22, 2024

Oral cholera vaccines (OCV) have been used for years to help prevent and control cholera outbreaks. Unfortunately, with limited supply, cholera cases and related deaths are impacting about 33 countries.

According to the World Health Organization (WHO) Edition #20, from January to late October 2024, a cumulative total of 486,760 cholera and acute watery diarrhea cases and 4,018 deaths were reported from 33 countries across five WHO regions.

While the number of cases reported in October 2024 was 42% lower than the same period in 2023, the number of deaths increased by 54%, reflecting severe response challenges in [outbreak](#) settings. Cross-border dynamics have made cholera outbreaks increasingly complex. For example, active cholera transmission is widespread in Haiti but is rare in visitors.

In the U.S., nearly all cholera infections are acquired during international travel. As of November 2024, week #45, six cholera cases were reported to the CDC this year. In 2023, there were 17 cases.

Since the last WHO report, new cholera outbreaks have been reported in Iraq (571 cases and one death), Lebanon (one case with no death), and South Sudan (49 cases and one death).

In November, record production of Oral Cholera Vaccines (OCV) was achieved, the highest since 2013, driven by new formulations and production methods introduced and prequalified this year. As of late November 2024, the WHO has prequalified [Dukoral](#)[®], Shanchol[™], Euvichol[®], and Euvichol-S vaccines.

Despite this progress, the OCV emergency stockpile averaged less than 600,000 doses in October 2024, far below the target of five million doses needed for an effective outbreak response at all times. This persistent shortage continues to hinder efforts to control cholera outbreaks and respond promptly to the spread of the disease, says the WHO. In partnership with the Global Task Force on Cholera Control, the U.S. CDC supports the implementation of the OCV component of Ending Cholera, ***A GLOBAL ROADMAP TO 2030.***

ESCAPED MONKEYS STOKE FEARS OF DISEASE SPREAD, LAX SECURITY AT RESEARCH LABS

Four monkeys remain at large after 43 escaped from the Alpha Genesis Primate Research Center in South Carolina. The lab helped develop COVID-19 vaccines.



[The Defender](#) Nov 23, 2024 by [Michael Nevradakis, Ph.D.](#)

Four monkeys remain unaccounted for after 43 escaped earlier this month from a [research laboratory in South Carolina](#). The breakout raised questions about a possible public health threat, lax security at research labs and the nature of the research being conducted in South Carolina and at similar facilities.

The primates — [Rhesus macaque monkeys](#) — [escaped](#) the [Alpha Genesis Primate Research Center](#) in Yemassee, South Carolina, on Nov. 6. According to [ABC News](#), the facility has a history of safety and security breaches and “has come under intense scrutiny,” including calls for a congressional investigation.

The monkeys’ escape ignited concerns that the primates “might spread disease” in the local community.

<https://youtu.be/yl7txevHgiA>

It also drew attention to the Alpha Genesis lab, which received [\\$19 million in federal contracts](#) this year — a 160% increase since 2021 — and a total of [\\$109.2 million in federal funding](#) from 319 grants in all fiscal years.

Much of the funding has gone to research involving primates. Alpha Genesis also manages “Monkey Island” — a National Institutes of Health (NIH) facility in South Carolina that houses 3,300 primates.

MONKEYS WERE USED IN PRECLINICAL COVID VACCINE TESTING

ACCORDING TO ABC NEWS, PRIMATES ARE OFTEN USED IN BIOMEDICAL RESEARCH “BECAUSE OF THEIR GENETIC, ANATOMIC, PHYSIOLOGIC AND BEHAVIORAL SIMILARITIES TO HUMANS.”

INTERNIST AND BIOLOGICAL WARFARE EPIDEMIOLOGIST [DR. MERYL NASS](#) TOLD [THE DEFENDER](#) THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES — FORMERLY HEADED BY [DR. ANTHONY FAUCI](#) — OPERATES MONKEY LABS AT ITS HEADQUARTERS IN BETHESDA, MARYLAND, ITS [FORT DETRICK](#) RESEARCH FACILITY IN FREDERICK, MARYLAND, AND ITS [ROCKY MOUNTAIN LABORATORIES](#) IN HAMILTON, MONTANA.

Alpha Genesis also provides researchers across the country with “nonhuman [primate biological products](#) and materials, including serum, plasma, whole blood ... and tissue samples from a wide variety of research species,” according to the company’s website.

“The private company’s researchers have helped develop several therapeutic drugs and [vaccines](#), including those to treat the [COVID-19](#) virus,” ABC News reported.

Veterinarian and public health consultant [Dr. Gail Hansen](#) told The Defender ***PRIMATES “ARE OFTEN USED AS PART OF THE LAST STAGES IN DEVELOPMENT BEFORE TESTING CAN ADVANCE TO HUMAN TRIALS — THIS INCLUDES COVID, ZIKA AND OTHER DISEASES.”***

[Francis Boyle, J.D., Ph.D.](#), a bioweapons expert who drafted the [Biological Weapons Anti-Terrorism Act of 1989](#), told The Defender that ***“SCIENTISTS” TRADITIONALLY USE PRIMATES “TO RESEARCH, DEVELOP AND TEST THE EFFECTIVENESS OF OFFENSIVE BIOLOGICAL WARFARE WEAPONS.”***

“BY REVERSE-ENGINEERING THE BIOTECHNOLOGY INVOLVED, THEY TRY TO PRODUCE AN EXPERIMENTAL ‘VACCINE’ FOR THE BIOLOGICAL WARFARE WEAPON THEY HAVE JUST PRODUCED BY USING PRIMATES AS WELL,” Boyle said. “OFTENTIMES, THE EXPERIMENTAL ‘VACCINE’ IS JUST AS DANGEROUS AS THE BIOLOGICAL WARFARE WEAPON ITSELF.”

Alpha Genesis received seven [COVID-19-related contracts](#) totaling \$8.91 million in 2020 — including contracts related to COVID-19 vaccine development.

“[RHESUS MACAQUES](#), A SPECIES CLOSELY RELATED TO HUMANS IN TERMS OF PHYSIOLOGY AND IMMUNE RESPONSE, WERE THE PRIMARY SUBJECTS USED IN PRECLINICAL COVID-19 VACCINE TESTING,” epidemiologist Nicolas Hulscher told The Defender.

“COVID-19 is a primary case in point,” Boyle said in an email. ***“COVID-19 IS AN OFFENSIVE BIOLOGICAL WARFARE WEAPON WITH [GAIN-OF-FUNCTION](#) PROPERTIES THAT [LEAKED OUT OF CHINA’S WUHAN INSTITUTE OF VIROLOGY](#). THEN, USING THIS EXPERIMENTAL MRNA BIOTECHNOLOGY, THE ‘SCIENTISTS’ PRODUCED AN EXPERIMENTAL ‘VACCINE’ THAT IS NEITHER SAFE NOR EFFECTIVE BUT EXISTENTIALLY DANGEROUS TO HUMAN BEINGS.”***

[Sasha Latypova](#), a former [pharmaceutical industry](#) executive, told The Defender that ***IN THE CASE OF THE PFIZER-BIONTECH COVID-19 VACCINE, “MONKEYS WERE USED TO ASSESS WHETHER COVID VACCINES WOULD CAUSE AN ENHANCED DISEASE INSTEAD OF PREVENTING DISEASE.”***

[GAIN-OF-FUNCTION RESEARCH](#), WHICH INVOLVES THE GENETIC ALTERATION OF AN ORGANISM TO ENHANCE ITS BIOLOGICAL FUNCTIONS — POTENTIALLY INCLUDING ITS TRANSMISSIBILITY — IS COMMONLY PERFORMED USING PRIMATES, said Brian Hooker, Ph.D., chief scientific officer of [Children’s Health Defense](#) (CHD).

“Monkeys have and will most likely continue to be used in gain-of-function research in laboratories worldwide,” Hooker said. “This is extremely concerning because of the similarities between monkey and human physiology. Compounding the concern is the propensity for lab leaks, including monkeys that escape from the lab.”

Nass suggested it may be time to ask what these animals are being used for. “If it is to perform gain-of-function (biowarfare) research, which everyone used to believe was illegal according to the [Biological Weapons Convention](#) of 1975, maybe it is time to say ‘No more,’” Nass said.

Latypova expressed skepticism that gain-of-function research can be performed successfully. But, “what can be achieved can still be dangerous. **THEY ARE CREATING BIO-CHEMICAL POISONS. THEY ARE ALSO CREATING FAKE NARRATIVES ABOUT PANDEMICS, DRIVING PEOPLE TO FEAR AND SELF-DESTRUCTIVE BEHAVIOR, INCLUDING MRNA VACCINATIONS.**”

Escaped monkeys ‘a severe public health hazard’

Hooker told The Defender that **THE PATHOGENS USED BY GAIN-OF-FUNCTION RESEARCHERS ARE TYPICALLY [ZOOBOTIC](#), “SO TRANSMISSION FROM MONKEY TO HUMAN COULD BE LIKELY.”**

“These escaped monkeys could have been deliberately infected with extremely dangerous offensive biowarfare weapons and their related experimental ‘vaccines,’ which could be the same thing,” Boyle said. “These escaped monkeys are all a severe public [health](#) hazard to the surrounding community.”

According to Hansen, laboratory monkeys may spread dangerous pathogens to humans. She said:

“Old world monkeys, like macaques, often have B virus — Herpes virus B, Herpesvirus simiae — a minor disease in the non-human primates, but with a case fatality rate of 80% in people. Even those people who survive often have long recovery periods. It is transmitted by saliva, bites and scratches. There is no vaccine to prevent it and no specific treatment.

“In theory, hepatitis A, tuberculosis, influenza, RSV, rotavirus, and rubeola can be spread from macaques to people, but usually it is the apes that get those diseases from us. They can get the same bacterial diseases we can ... as well as several parasitic diseases.”

Karl Jablonowski, Ph.D., senior research scientist for CHD, told The Defender that reviewing just the [documented escapes](#), “you will find infected lab workers who don’t quarantine, the wrong pathogens administered to the wrong animals with

inappropriate isolation measures, infected and escaped lab mice that were never found, and these 43 escaped monkeys.”

“These breaches are not the exception,” Jablonowski said. “There is no such thing as a leak-proof research facility.”

Safety concerns prompted [Rep. Nancy Mace](#) (R-S.C.) to [send a letter to NIH](#) and the U.S. Department of Agriculture (USDA) earlier this month, expressing “very urgent concerns regarding federal oversight of Alpha Genesis.” Mace said the prolonged attempts to recapture all of the primates are “placing the animals and my constituents at risk.”

MACE TOLD ABC NEWS, “A LOT OF CONSTITUENTS WERE CONCERNED ABOUT WHETHER OR NOT THE PRIMATES THAT ESCAPED WERE SICK OR ILL, OR HAVE BEEN TESTED ON. ... THERE WERE A LOT OF FOLKS CONCERNED ABOUT THE FACILITY BEING A BREEDING FACILITY AND THE TESTING THAT GOES ON THERE AS WELL.”

Citing the significant increase in government funding of Alpha Genesis, Mace told ABC News, “It’s shocking how much money is being spent on testing primates.”

“For years, Alpha Genesis has racked up federal contracts and taxpayer dollars while consistently violating animal welfare laws and exposing the public to dangerous escapes,” [Mace wrote in her letter](#). “NIH and USDA need to step up and ensure South Carolinians don’t bear the risk of this lab’s negligence.”

The letter asks the NIH and USDA to provide her office with “a full briefing,” including a “complete breakdown of active contracts and inspections with Alpha Genesis,” documentation of communication with the lab about the recent monkey escape and “immediate corrective actions to enhance oversight and safety” at the lab.

History of health and safety violations at the Alpha Genesis lab

In remarks shared with ABC News, Alpha Genesis founder and CEO Gregory Westergaard defended the lab’s safety record. He said the company is investigating the possibility that the monkey’s escape was “an intentional act” by an employee.

Westergaard said the most likely reason for the escape was “human error due to an employee failing to secure containment doors behind her.”

According to ABC News, Mace’s letter says that Alpha Genesis has a history of problems dating back to at least 2014, including incidents where lab animals escaped or were found dead due to trauma, and placement in incorrect enclosures.

In a Nov. 18 letter, [Stop Animal Exploitation Now](#), a federal watchdog group that opposes animal experimentation, filed a federal complaint against Alpha Genesis, citing several safety violations and incidents that compromised the health and safety of lab animals at the company’s facilities in 2021 and 2022.

Jablonowski noted that animals held at the Alpha Genesis facility have sometimes been found in an unhealthy state.

“The aim is to have healthy animals, so why do the company’s own emails show they endure extreme weight loss, are deprived of food or are fed moldy food? Moldy food will introduce [mycotoxins](#) into the animal, and the effects will percolate down to affect the science or therapies derived from these animals,” Jablonowski said.

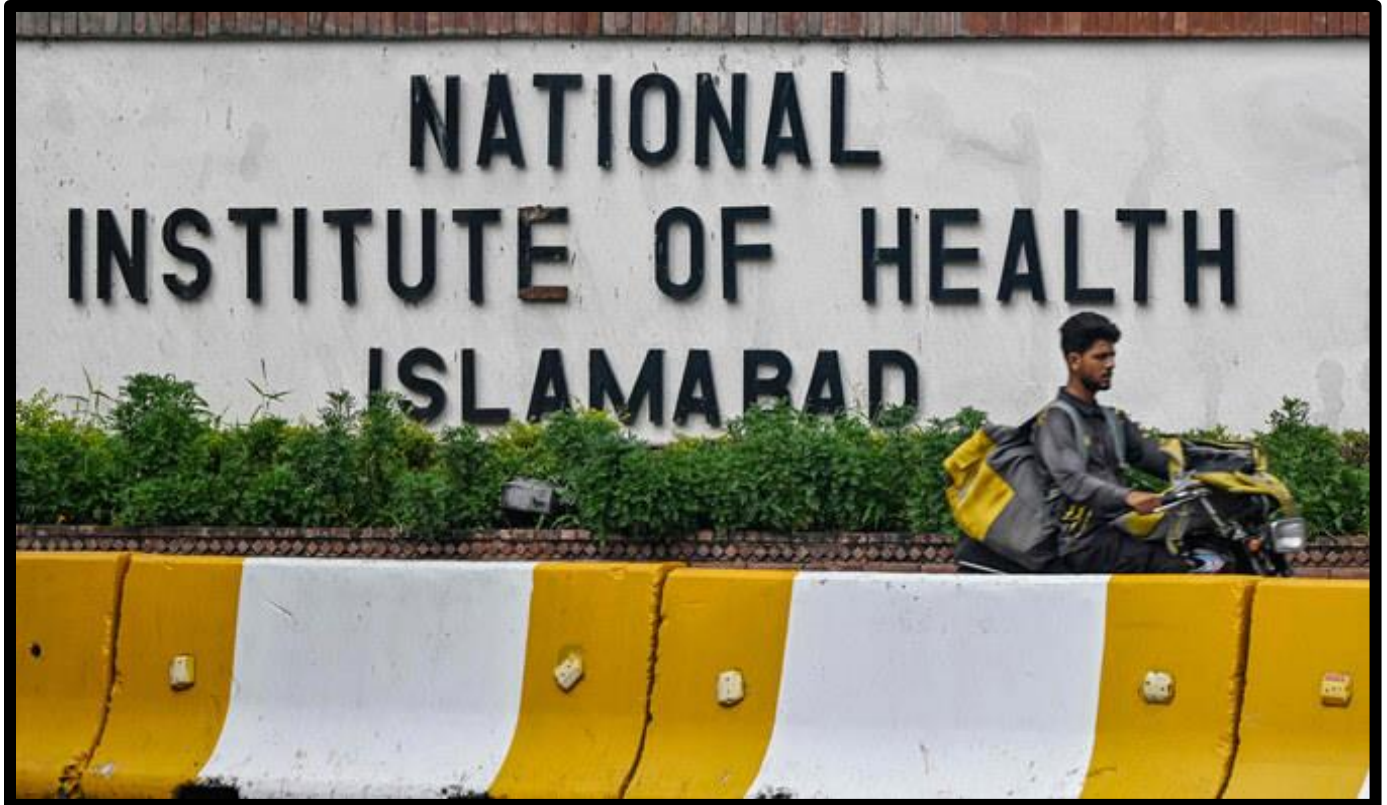
According to Hooker, “The regulation of animal facilities in the U.S. is poor. Most surveillance is passive and facility inspections — especially by federal authorities — are rare. Regulation of gain-of-function research in the U.S. is even worse.”

For Hansen, this is part of a broader problem. “The U.S. is by far the largest importer of [lab] animals [globally](#), mostly for research by [pharmaceutical](#) and biotechnology companies,” Hansen said. “Yet, the breeding and trade of macaques historically has been poorly regulated by the large international suppliers of macaques.”

Hansen suggested laboratories may be cutting corners financially. “The animals are expensive to maintain, with less and less reason to use them. And care for the animals after the experiments are finished is also costly, since killing them at the end of the experiments is rarely an option,” Hansen said.

Boyle, a lawyer who previously represented residents of [communities housing biological laboratories](#), said the local community near the Alpha Genesis facility should be given answers about the nature of the research conducted there. ***“THE COMMUNITY HAS A RIGHT TO KNOW ABOUT WHAT THE ESCAPED MONKEYS WERE INFECTED WITH, AS DETERMINED BY AN OUTSIDE INDEPENDENT SCIENTIFIC INSPECTION AGENCY OTHER THAN THE SELF-INTERESTED, CONFLICTED AND COMPROMISED USDA,” BOYLE SAID.***

PAKISTAN REPORTS FRESH POLIO CASE, TAKING 2024 TALLY TO 50



Updated 19 November 2024 [Hasaan Ali Khan](#)

ISLAMABAD: Pakistan reported another polio case from its northwestern Khyber Pakhtunkhwa (KP) province on Tuesday, the country's polio program said, taking the total tally of nationwide cases in 2024 to 50 as Islamabad struggles to contain an alarming surge in the infection.

Pakistan, along with neighboring Afghanistan, remains the last polio-endemic country in the world. Starting from late 2018, Pakistan saw a resurgence of cases and increased spread of polio, highlighting the fragility of gains achieved in the preceding three years. Pakistan reported a total of six polio cases in 2023, up from only one in 2021.

The regional laboratory for polio eradication at the National Institute of Health (NIH) Islamabad confirmed the wild poliovirus type 1 in a female child from the KP's Tank district.

“Genetic sequencing of the virus isolated from collected samples indicates it is genetically linked to WPV1 detected in the same district in July,” the polio program said. “This is the second polio case from Tank.”

The program said Tank remains one of the polio-endemic districts of the southern KP province, reporting multiple positive environment samples in 2024 which indicated that polio remained a threat to children.

“There is no cure for polio,” the polio program stated. “Multiple doses of the polio vaccine protect children from the devastating effects of this disease.” It advised parents to ensure timely vaccination of their children. This year, 24 cases have been reported from Pakistan’s southwestern Balochistan province, 13 from Sindh, 10 from KP and one each from Punjab and Islamabad.

Pakistan continues to face challenges in its fight against polio, among them misinformation about vaccinations and attacks by religiously motivated militants on polio teams proving to be major impediments to immunization campaigns. Pakistan’s chief health officer this month said an estimated 500,000 children missed polio vaccinations during a countrywide inoculation drive in November, blaming a large part of it on vaccine refusals.

Seven people, including five children, were killed when a bomb targeted police personnel guarding vaccine workers this month.

Dengue outbreaks in Africa, Asia, Brazil, California, Caribbean, Costa Rica, Florida, France, India, Italy, Jamaica, Mexico, Spain, Thailand.

Dengue Outbreaks 2024

According to the World Health Organization ([WHO](#)) and numerous health agencies, [Dengue](#) is a viral infection spread to humans by mosquitoes of the Aedes genus. According to its [dashboard](#), it is endemic in about 125 countries, including the United States. As of November 2024, the WHO has [classified](#) Dengue as a [grade 3](#) emergency, with an estimated [4 billion](#) people at risk globally. On October 3, 2024, the WHO launched the Global Strategic Preparedness, Readiness, and Response [Plan](#) to tackle Dengue and other Aedes-borne arboviruses. This WHO plan aligns with the [Global Vector Control Response](#) 2017-2030, a global strategy to strengthen vector control worldwide, and the [Global Arbovirus Initiative](#).

According to an editorial published by [The Lancet](#), 2024 has been the worst year for Dengue infections on record. As of October 2024, the European Centre for Disease Prevention and Control ([ECDC](#)) reported over 13 million dengue cases, and 8,500 dengue-related deaths have been reported this year. The [U.K.](#) Centre for Ecology & Hydrology [says](#) traveling to an affected region puts you at risk of dengue fever. A [study](#) published in 2024 found that the equatorial tropical and subtropical zones spanning much of Sub-Saharan Africa, Southeast Asia, and northern South America experienced the most significant increases in climate suitability over the past 40 years. Mosquitoes that spread Dengue usually live below [6,500](#) feet elevation; therefore, chances of getting Dengue while in high altitudes are very low.

Dengue Outbreak Travel Advisories

The U.S. Centers for Disease Control and Prevention ([CDC](#)) reissued a Global Travel Health Notice on November 15, 2024, regarding Dengue outbreaks in 26 countries in the [Americas](#), [Africa/Middle East](#), and [Asia/Pacific Islands](#). The U.K. Health Security Agency ([UKHSA](#)) says that dengue fever does not occur in the United Kingdom but has been acquired from traveling to dengue-endemic areas. As of November 2024, [HealthMap](#) published dengue case maps.

Dengue Outbreak United States

The U.S. [CDC](#) reported that 52 jurisdictions, led by [California](#), [Florida](#), [New Jersey](#), [New York](#), and [Puerto Rico](#), had reported 7,289 dengue cases as of November 14, 2024. In June 2024, the CDC updated a [Health Alert Network](#) Health Advisory, notifying healthcare providers, public health authorities, and the public of an increased risk of dengue virus infections in the United States. The CDC [says](#) clinicians should consider Dengue in patients with fever who live in or recently traveled to areas with risk of Dengue. In 2023, 52 U.S. jurisdictions reported 6,164 dengue cases to the CDC.

As of November 9, 2024, the Florida Health Department ([FDH](#)) reported over 720 travel-associated and [66](#) locally acquired dengue cases throughout the state this year.

The [Texas](#) Department of State Health Services ([DSHS](#)) says [mosquitoes](#) that transmit dengue fever are found in [Texas](#). As of November 13, 2024, there have been [\(95\)](#) imported DENV cases and one related fatality in 23 counties, led

by [Travis](#) (12), Collin (9), Dallas (13), Denton, and Ft. Bend. Texas reported 79 travel-related dengue cases in 2023 and [one](#) locally [acquired](#) case in [Val Verde County](#).

In [California](#), the [San Bernardino County](#) Public Health Department reported ([1](#)) a locally-acquired Dengue case in San Bernardino on November 7, 2024. The [Los Angeles](#) County Department of Public Health has reported 12 locally acquired dengue cases in the [San Gabriel Valley](#) in the cities of [Baldwin Park](#) (8), [El Monte](#) (2), [Hollywood Hills](#) (1), and [Panorama City](#) (1) in 2024. In San Diego, [Escondido](#) and [Visa](#) reported Dengue cases in 2024. In total, over 360 dengue cases were confirmed in California in 2024. California reported [seven](#) locally acquired cases ([Long Beach](#) and Pasadena) and 250 travel-related cases in 2023.

Dengue Outbreak U.S. Territories

The CDC says the Dengue virus is [endemic](#) in the U.S. territories of [Puerto Rico](#), [American Samoa](#), the [U.S. Virgin Islands](#), the Federated States of [Micronesia](#), the Republic of [Marshall Islands](#), and the [Republic of Palau](#). In [2024](#), Puerto Rico's [Department of Health](#) confirmed Dengue was endemic in the greater San Juan area. Of American Samoa [school-aged children](#), the estimated seroprevalence among those aged 7–16 years was 59% (95% CI = 47%–71%) and was 60% (95% CI = 48%–72%) among those age-eligible for vaccination.

Dengue Outbreaks Africa

According to the Africa CDC [Epidemic Intelligence Report](#) of October 2024, over 74,000 dengue cases have been reported this year from Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Mali, Mauritius, Sao Tome and Principe, Senegal, Sudan and Togo. The [CDC](#) reported in 2024 that travelers visiting these African countries may be at increased risk for Dengue: Burkina Faso, Cape Verde, Côte d'Ivoire, Ethiopia, Mali, Senegal, and Sudan. The U.K. Foreign Office issued health advice for those traveling to [Cape Verde](#) after a dengue fever outbreak in 2024. In 2023, 171,991 dengue cases and 753 deaths were reported in African countries. Dengue circulation has been detected in more than 30 African countries. The U.S. CDC issued a [Travel Health Notice](#) in 2023, confirming Dengue is an ongoing risk in Africa.

Dengue Outbreaks Region of the Americas

The [first](#) suspected [dengue-like](#) epidemics were [reported](#) in 1635 in Martinique and Guadeloupe. The Pan American Health Organization ([PAHO](#)) issued an [Epidemiological Alert](#) in 2024. As of November 15, 2024, 43 countries and territories have reported over [12,371,235](#) Dengue cases and [7,456](#) related deaths in the Americas this year. In 2023, 4,617,108 Dengue cases were reported in the Americas.

According to Argentina's Epidemiological Bulletin [week #35](#), posted on September 9, 2024, 764,901 dengue cases were reported nationwide, with 56,435 in the City of Buenos Aires this year. Argentina's [Ministry of Health](#) published a Comprehensive Preparedness and Response Plan for Dengue Epidemics 2024-2025.

Over the past 25 years, nearly [18 million](#) Brazilians have been infected with the dengue virus. As of October 2024, Brazil's Ministry of Health weekly [Arboviruses reports](#) indicate over 9.6 million dengue cases and 5,441 related deaths. The Brazilian Ministry of Health reported dengue cases among [pregnant women](#) reached 5,151 in the first six weeks of 2024, compared to 1,157 in the same period in 2023. In 2023, [Brazil](#) reported about 2.9 million patients, a one-year increase of 20%. In 2023, Rio de Janeiro reported 22,959 dengue cases.

According to the [Republic of Costa Rica](#) Health Surveillance Directorate, 1,076 dengue cases were reported in [2024](#). Costa Rica confirmed over 24,000 dengue cases in 2023, with the Huetar Caribe and Central Sur [regions](#) presenting the most cases. As of August 4, [2023](#), all four dengue serotypes were registered.

In [French Guyana](#), over 8,000 confirmed dengue cases have been reported since the beginning of 2024.

The U.S. CDC includes Mexico in its global [Level 1](#) Dengue Travel Health Advisory. In [October 2024](#), [Mexico](#) reported (Epidemiological [Week 40](#)) more than [358,000](#) cases of Dengue and [180](#) related fatalities. The Mexican states reporting the most cases were Quintana Roo (Cancun), Tabasco, and Guerrero. A May 2024 [model](#) predicted that the percentage of municipalities affected by Dengue will rise from 55 to 91% in Mexico. Dengue was reported in 28 of 32 [Mexican](#) states in [2023](#), and transmission has been documented

in [Yucatan](#) since 1979. All four DENV [serotypes](#) have been found in Mexico for decades.

As of 2024, the PAHO [reported](#) continuing widespread transmission of dengue fever in the Caribbean. On August 16, 2024, the Republic of [Trinidad and Tobago](#) confirmed 825 cases of Dengue Fever and eight (8) laboratory-confirmed deaths. The [Caribbean](#) reported over 62,000 dengue cases in 2023, a significant increase from 20,349 cases in 2022. [Jamaica's](#) Ministry of Health declared a dengue outbreak on September 23, 2023.

Dengue Outbreaks Asia and Pacific Islands

Dengue has become an annual epidemic in many parts of [Southeast Asia](#). In 2024, the U.S. CDC reported that the [countries](#) listed in the [WHO Western Pacific Region](#) are reporting higher-than-usual dengue cases, and travelers visiting these countries may be at increased risk: Cambodia, Malaysia, [Nepal](#), the Philippines, [Singapore](#), Sri Lanka, and [Thailand](#). The governments of the Philippines ([Aklan](#)), [Bangladesh](#) (Balochistan), Pakistan, [Nepal](#), and [Singapore](#) health departments have declared dengue outbreaks in 2024. In Singapore, the female [Aedes aegypti mosquito](#) is the primary vector of Dengue, and it transmitted the virus to 9,939 people in [2023](#). In Bangladesh, [421](#) Dengue-related deaths were reported in 2024, and 1,705 people lost their lives due to Dengue in 2023, the [deadliest](#) year ever.

The WHO [Western Pacific Region](#) published Dengue Situation Update #708 on October 3, 2024.

Dengue Outbreaks Eastern Mediterranean Region

Dengue and severe dengue epidemics were first reported in the WHO's [Eastern Mediterranean Region](#) in 1998. Dengue outbreaks have occurred in all nine endemic countries: Afghanistan, Djibouti, Egypt, Oman, Pakistan, Saudi Arabia, Somalia, Sudan, and Yemen. On July 17, 2024, the WHO reported 12 autochthonous (local) cases of Dengue documented in [Iran](#). Dengue screening at the [Iranian](#) border was launched in August 2024.

Dengue Outbreaks Europe

In [Europe](#), dengue viruses, transmitted by *Aedes albopictus* mosquitoes, are primarily associated with infections acquired in endemic countries. Local transmission remains rare, with only sporadic or small-scale outbreaks documented. The [ECDC](#) has reported locally acquired dengue cases in [France](#), [Italy](#), and [Spain](#) in [2024](#). In [2023](#), 130 locally acquired dengue cases were reported in the EU/EEA. Imported dengue cases in Europe increased from 1,572 in 2022 to about 4,900 in 2023.

In 2024, [France](#) reported [82](#) locally transmitted dengue fever cases and over 4,042 [imported cases](#). In [2023](#), France reported nine dengue outbreaks that produced 45 autochthonous infections. In 2022, France reported 65 locally acquired dengue cases.

The [Italian National Public Health Authority](#) reported 213 locally acquired dengue cases in 2024 and 82 locally acquired dengue cases in 2023. In Fano, a small coastal city in the Marche Region, [Eurosurreliance](#) reported 138 confirmed and 61 probable cases of DENV-2 were notified by October 28, 2024. Travel-related dengue cases have reached 472 in 2024. Non-travel-associated dengue cases have been reported in Italy since [2020](#) (10 cases).

[Spain](#) reported eight locally acquired dengue cases in the Camp de Tarragona area of the Catalonia region in 2024, and the Catalonia region reported three local cases in 2023.

Dengue Outbreaks India

As of [September 2024](#), dengue cases in India are increasing, especially in Karnataka, [Kerala](#), and Tamil Nadu. Dengue cases in India generally peak in October. According to [data](#) from the National Centre for Vector-Borne Diseases Control Program, [India](#) reported 289,235 dengue cases and 485 related deaths in 2023. In the Democratic Socialist Republic of [Sri Lanka](#), the cocirculation of multiple dengue virus genotypes was reported in October 2024 to be associated with increased cases.

Dengue Outbreaks Indonesia

In September 2024, the WHO reported that dengue outbreaks in [Indonesia](#) (E000099) are at level 4. Dengue virus (DENV) infection is a major [cause](#) of acute febrile illness in Indonesia, a DENV-[endemic](#) region that

has experienced a 700-fold increase in incidence over the past 45 years. As of [July 2024](#), 149,866 confirmed cases of Dengue and 884 deaths had been reported from 465 districts across 38 provinces of Indonesia in 2024.

Dengue Carrying Mosquitoes

Mosquitoes bites cause [more](#) human suffering than any other organism. The spread of Dengue throughout the world can be directly attributed to the proliferation and adaptation of these mosquitoes. In the U.S., there are [176 species](#). A recent [study](#) published by the Royal Society indicates that dengue-carrying mosquitoes are expanding their range by an average of 6.5 meters of elevation and have moved polewards by 4.7 km annually.

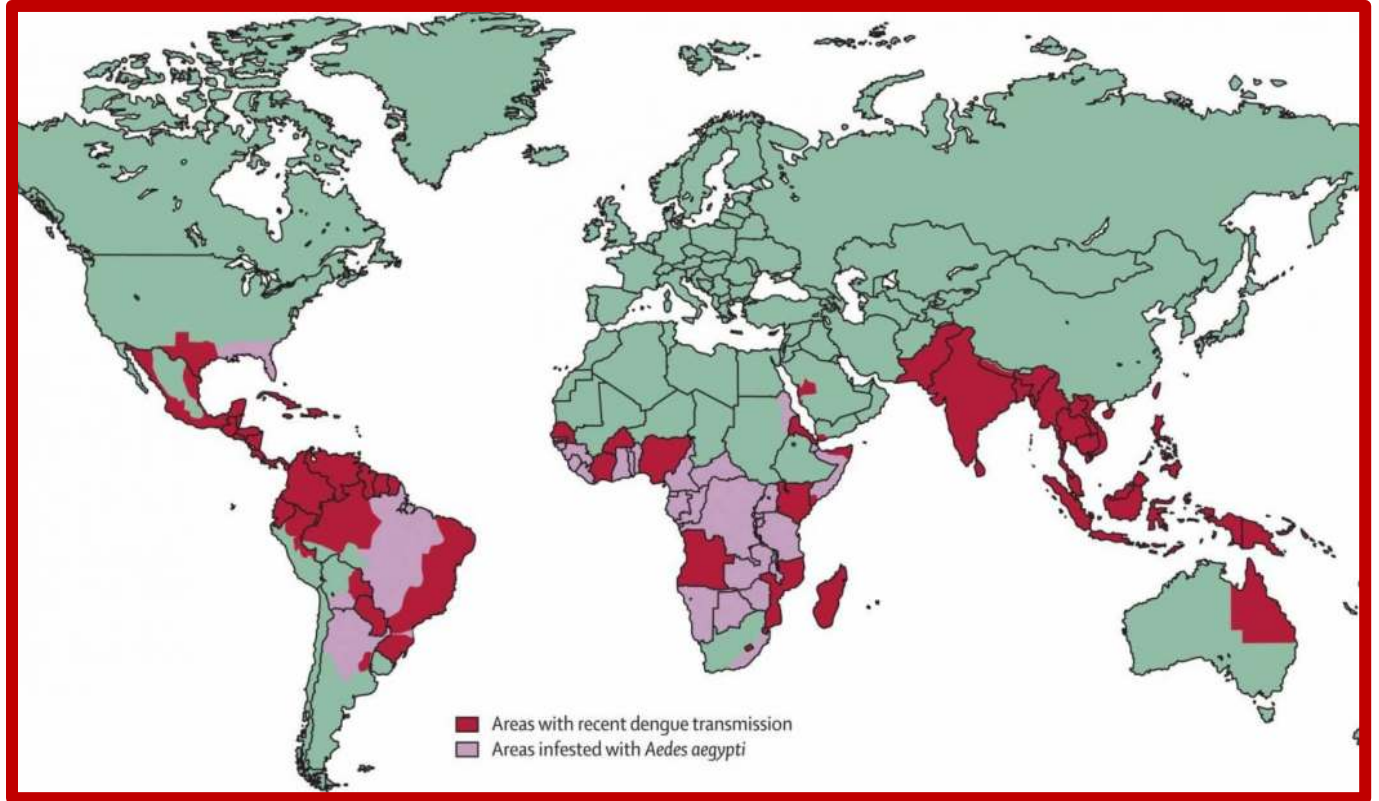
Dengue Disease

Dengue is a [disease](#) caused by a virus spread through mosquito bites. The disease can take up to 2 weeks to develop, with illness generally lasting less than a week. Without treatment, severe Dengue can become fatal. New [research](#) has identified pre-existing anti-DENV IgG antibodies responsible for Dengue's increased deadliness upon second exposure.

Severe Dengue

About 5% of infections lead to [severe Dengue](#), a life-threatening disease. Promptly initiating intensive supportive therapy can reduce the risk of death among patients with severe Dengue. The extent and duration of viremia often appear to be associated with clinical disease severity. A [study](#) published in October 2024 concluded that secondary dengue infections with different dengue virus serotypes after two years have been linked to an increased risk of severe Dengue.

CHIKUNGUNYA OUTBREAKS APPROACHING UNFORTUNATE RECORD IN 2024



PAHO - Chikungunya dashboard November 7, 2024 Washington DC (Precision Vaccinations News) Fact checked by [Robert Carlson, MD](#) Published November 7, 2024 Fact checked November 8, 2024

The rise in chikungunya fever outbreaks and their spread to more than 100 geographical areas pose a significant public health challenge worldwide. In 2024, this mosquito-transmitted viral illness continues impacting people in the Region of the Americas.

New data from the Pan American Health Organization (PAHO) indicates that the number of chikungunya virus (CHIKV) cases reported in 2024 may reach an unfortunate record high.

As of November 7, 2024, the PAHO's data dashboard indicates there have been 408,310 CHIKV cases and 191 related deaths in the Americas this year. This compares with 411,548 instances for all of 2023 and just 273,841 in 2022.

Even in the northern section of the Americas, chikungunya cases are accelerating.

As of November 2024 (Week 43), the U.S. Centers for Disease Control and Prevention (CDC) reported 138 travel-related chikungunya cases led by Massachusetts (20), New Hampshire, California, Colorado, Illinois, Texas, and New York.

From 2006 to 2023, 4,590 travel-related cases were reported in the U.S., with 118 reported in 2023. Most of these infected international travelers had visited countries in Central and South America.

This virus is transmitted to humans by mosquitoes infected with CHIKV. The mosquitoes involved are *Aedes aegypti* and *Aedes albopictus*.

Recent research indicates these mosquitoes are steadily expanding northward and being found at higher elevations.

The most common symptom of an infection is an abrupt onset of fever, often accompanied by joint pain. While serious complications are uncommon, atypical severe cases can cause long-term symptoms, especially in older people and children.

Recent research found that seven years after infection, 14.1% of study participants were experiencing CHIKV symptoms, and 41% had non-inflammatory pain that impacted their quality of life.

These researchers [wrote](#) in October 2024, 'Our (study) results showed that about one out of seven patients with CHIKV infection developed symptoms and signs compatible with chronic rheumatism almost eight years post-disease onset.'

Chikungunya outbreaks in Africa, Brazil, Caribbean Islands, France, India, Maldives, Mexico, Paraguay, Timor-Leste, and Thailand.

Chikungunya Outbreaks 2024

Chikungunya virus ([CHIKV](#)) disease outbreaks have been [recorded](#) as early as 1824 in [India](#) and recently in Thailand in [1967](#). As of November 2024, the World Health Organization ([WHO](#)) confirmed Chikungunya, a viral illness, has been identified in [115 countries](#). The U.S. Centers for Disease Control and Prevention (CDC) [lists](#) countries and territories with evidence of chikungunya virus

transmission among humans within the last five years. As of November 22, 2024, the Pan American Health Organization (PAHO) reported over [412,089](#) CHIKV cases and 204 related deaths in the Americas this year. In November 2024, the European Centre for Disease Prevention and Control ([ECDC](#)) reported ([week 44](#)) that outside of the Americas, CHIKV outbreaks were confirmed in Asia, Africa, Europe, [India](#), Pakistan, Thailand, Maldives, Timor Leste, [Malaysia](#), and [Grenada](#) in 2024.

Africa Chikungunya Outbreaks 2024

Chikungunya cases are mainly [located](#) in Africa's [Sahel region's](#) 33 million population ([Senegal](#), The Gambia, Burkina Faso, and Mali), where ongoing or previous [local transmission](#) of CHIKVD occurred. A [Review Article](#) published in October 2024 disclosed that the incidence of Chikungunya in tropical Africa is still of major epidemiological significance. The overall pooled prevalence of chikungunya in East Africa was 20.6% (95% CI: 18.8%–22.5% and I² = 99.62%). Subgroup analyses revealed Rwanda and Djibouti exhibited high prevalence rates of 63% and 50.4%, respectively, while Kenya and Somalia reported a moderate prevalence of 12.2%. On November 9, 2023, the U.S. CDC published a Level 2—Practice Enhanced Precautions, Travel Health Advisory, regarding chikungunya outbreaks in [Burkina Faso](#). During 2019–2020, a large-scale chikungunya outbreak occurred in the [Republic of Djibouti](#).

Asia Chikungunya Outbreaks 2024

As of November 2024, the [European CDC](#) reported India ([69,395](#)), [Pakistan](#), [Thailand](#), [Timor-Leste](#), Maldives, [Malaysia](#), [Bali](#), and [Myanmar](#) have reported CHIKV outbreaks. In 2024, the [CDC](#) published an updated Level 2—Practice Enhanced Precautions, Travel Health Advisory regarding chikungunya outbreaks.

Brazil Chikungunya Outbreak 2024

Chikungunya outbreaks have been reported in Brazil since [2014](#). As of October 30, 2024, the [PAHO](#) reported over 399,000 chikungunya cases and 184 related deaths in Brazil. As of October 2024, [Brazil's Ministry of Health](#) publishes weekly Arboviruses reports highlighting CHIKV cases. On October 28, 2024, a [study](#) reported that in 2023, during the epidemic in Minas Gerais, there were 890 excess deaths attributed to Chikungunya, translating into a mortality rate of

35.1/100,000 inhabitants. In March 2024, a study conducted at the São José do Rio Preto Medical School in São Paulo State, Brazil, showed that the virus circulated in the city silently for years. An [analysis](#) of the blood samples showed that the number of chikungunya cases in proportion to the population rose from 0.35% in 2015 to 2.3% in 2019. In February 2024, The Lancet Infectious Diseases published results from a [study](#) in Brazil that concluded Chikungunya virus disease is associated with an increased risk of death for up to 84 days after symptom onset, including deaths from cerebrovascular diseases, ischaemic heart diseases, and diabetes.

Caribbean Chikungunya Outbreaks 2024

The first documented autochthonous transmission of the chikungunya virus in the [Caribbean](#) island of [Saint Martin](#) was in 2013. Since 2014, Chikungunya has been detected in [Grenada](#), West Indies. As of [October 2024](#), 8 cases were reported in [Barbados](#). Between 2014 and 2021, there were 221 confirmed chikungunya cases and two deaths in Barbados. The chikungunya vaccine will be available at the [Virgin Islands](#) Health Department's Community Health Clinics throughout October 2024.

Central America Chikungunya Outbreaks 2024

In October 2024, 195 Chikungunya cases in [Central America](#) were reported in Belize, Guatemala (81), and [Costa Rica](#). The [PAHO](#) said Chikungunya has been reported in [Mexico](#) since 2014.

Europe Chikungunya Outbreaks 2024

As of November 2024, the [European CDC](#) assessment for CHIKV outbreaks was low, but a non-travel-associated CHIKV case has been reported. Past autochthonous outbreaks of CHIKV in mainland EU/EEA have occurred between [June and November](#). *Aedes albopictus* is found in most of Europe. Travel-associated outbreaks led to CHIKV transmission in [Italy](#) in 2007 and 2017. [Italy's](#) National Institute of Health, Epidemiology for Public Health reported 14 travel-related Chikungunya cases as of November 2024.

As of [September 10, 2024](#), 21 imported chikungunya cases were reported in 11 France departments colonized by *Aedes albopictus*. According to the [ECDC](#) Communicable Disease Threats [Report](#) in September 2024, France

(Department of La Réunion) reported three autochthonous (local) cases of CHIKV. The last major chikungunya virus disease epidemic in [La Réunion](#) was [2005–2006](#).

India Chikungunya Outbreaks 2024

Chikungunya disease was initially reported in India in [1963](#). As of 2024, every part of the country has become [endemic](#) to the disease. As of late August 2024, [India's](#) health department had reported 69,395 CHIKV cases this year ([Maharashtra](#) 2,643, [Mumbai](#)). Pune's National Institute of Virology ([NIV](#)) studies patient samples to determine if Chikungunya virus [variants](#) are causing more cases in 2024. According to a [study](#) published in 2023, India reported the most CHIKV cases ([200,064](#)) in South Asia. In 2024, the U.S. CDC stated that the Chikungunya vaccination may be considered for certain [visitors](#) and long-term residents in India. In 2023, about [1.3 million](#) U.S. travelers visited India.

Maldives Chikungunya Outbreak 2024

Local authorities [reported](#) elevated chikungunya activity in multiple areas in the Maldives, with 389 cases reported in 2024. The [U.S. CDC](#) says there has been evidence of CHIKV transmission in the Maldives within the last five years. A previous significant chikungunya outbreak occurred in [2019](#) when 1,736 cases were reported. On May 28, 2024, the CDC issued a [Level 2](#) - Practice Enhanced Precautions, Travel Health Advisory for the Maldives.

Pakistan Chikungunya Outbreak 2024

As of October 2024, 2,447 CHIKVD cases have been reported in [Pakistan](#).

South America Chikungunya Outbreaks

Chikungunya was first reported in Argentina in [2016](#). The PAHO issued an [Epidemiological Alert](#) saying the current CHIKV season expansion is beyond the historical areas of transmission reported since 2014. The PAHO reported in December 2023, [256,000](#) probable and confirmed chikungunya cases in Brazil. According to data from the Brazilian [Vigilance Health Secretary](#), the three Brazilian states with the most CHIKV cases were Pernambuco, São Paulo, and Paraíba in 2022. And in 2021, in [São Paulo](#), Brazil's most populous state, cases increased from 468 to 18,156 compared to 2020. [Chikungunya clusters](#) with the highest risk were initially located in Brazil's northeast, dispersed to the central-west and coastal areas

of São Paulo and Rio de Janeiro (2018–2021), and then increased in the northeast (2019–2021).

In 2024, 768 Chikungunya cases have been reported in [Argentina](#). The PAHO reported 1,746 CHIKV cases in Argentina in [2023](#). A recent [study](#) traced the evolution of the chikungunya virus in Argentina, 2016-2023.

The first case of Chikungunya in [Bolivia](#) was reported in early [2015](#). As of October 2024, over [418](#) cases had been reported. In 2023, 1,455 cases were reported, with no deaths, representing an 8-fold increase in patients compared to the same period in 2022.

This [study](#) focused on seven years after the 2014-2015 CHIKV outbreak in Piedecuesta, Colombia, concluded in October 2024, determine the incidence of post-chikungunya chronic rheumatism (pCHIK-CR) and its impact on quality of life and chronic fatigue in adults. Chronic fatigue prevalence increased from 8.6% in without rheumatic disease patients to 25% in non-inflammatory pain, likely degenerative, and 54.6% in pCHIK-CR cases.

In 2024, Paraguay reported over [2,700](#) cases. As of 2023, the PAHO reported 115,000 CHIKV cases in [Paraguay](#). The U.S. CDC Advisory Committee on Immunization Practices workgroup [presented](#) an UPDATE AND OBSERVATIONS ON A LARGE CHIKUNGUNYA OUTBREAK IN PARAGUAY on June 22, 2023. From October 2022 to June 3, 2023, 167,239 chikungunya cases were reported. The CDC Health Alert Network issued [CDCHAN-00487](#) on March 2, 2023, confirming that the [Ministry of Health](#) in Paraguay reported 71,478 suspected chikungunya cases in Paraguay since the outbreak began in October 2022. Currently, the East/Central/South African ([ECSA](#)) chikungunya genotype is circulating; it was first identified in 2018 during an outbreak in the Amambay department and was again identified in samples from 2022 in the Metropolitan Area of Asunción. As a result, an outbreak in Paraguay and surrounding countries is possible. In addition, the CDC reissued a [Watch - Level 1](#), Practice Usual Precautions notice on April 6, 2023, confirming an outbreak of Chikungunya in Paraguay's [Asunción](#) metropolitan area.

Spain Chikungunya Outbreaks 2024

[Grenada](#), Spain, reported CHIKVD cases in September 2024.

United Kingdom Chikungunya 2024

As of November 2024, [Travel-associated](#) chikungunya cases have been reported in the U.K. A [Travel Health Pro](#) and International Health Regulations team [reported](#) in the Clinical and Emerging Infections Directorate, U.K. Health Security Agency (UKHSA) summarises Chikungunya cases in England, Wales, and Northern Ireland between 2015 and 2022. In 2023, [laboratories](#) in England have a statutory duty to notify the [UKHSA](#) of identifying the chikungunya virus.

United States Chikungunya Cases 2024

As of November 16, 2024 ([Week 46](#)), the U.S. Centers for Disease Control and Prevention ([CDC](#)) reported 165 chikungunya cases in Territories and non-U.S. residents in 2024, led by [Massachusetts](#) (20), [Texas](#) (18), New Hampshire, [California](#), Colorado, Illinois, and New York. From [2006 to 2023](#), 4,590 travel-related CHIKV cases were reported in the U.S., in areas such as [Florida](#) and [Puerto Rico](#).

Chikungunya Outbreaks 2023

In 2023, the [ECDC](#) reported approximately 460,000 CHIKV cases and 360-related deaths worldwide. The [PAHO](#) reported 411,548 CHIKV cases in the Americas in 2023 and 273,841 in 2022. Between 2013 and 2023, the PAHO reported more than [3.7 million](#) CHIKV cases in the Americas. Most CHIKV patients were in [Brazil](#), Paraguay, Argentina, and Bolivia.

Chikungunya Vaccines

As of November 2024, the U.S. FDA had authorized one [chikungunya vaccine](#).

Chikungunya Disease

Chikungunya is a [viral disease](#) transmitted to humans through the bites of mosquitoes infected with the chikungunya virus ([CHIKV](#)), according to the U.S. Centers for Disease Control and Prevention (CDC) [Yellow Book 2024](#).

In September 2024, an [Original Article](#) reported even after a year, Chikungunya fever-affected people experience damage to their physical and mental health, positive screening for depression risk was 13.5 times more likely in chronically affected, and patients with chronic chikungunya fever 76 times higher risk of walking impairments. In April 2024, the journal Cell Host & Microbe published results from a [study](#), Pathophysiology of chikungunya virus infection associated

with fatal outcomes, that suggests the chikungunya virus crosses the bloodbrain barrier, contributing to central nervous system infections.

The Lancet Infectious Diseases published results from a [study](#) in February 2024 investigating the risk of death in people infected with Chikungunya two years after the first symptoms of the disease. Between 2015 and 2018 in Brazil, Chikungunya virus disease was associated with an increased risk of death for up to 84 days after symptom onset. The Lancet Infectious Diseases researchers published a [study](#) on February 8, 2024, the found Chikungunya virus disease is associated with an increased risk of death for up to 84 days after symptom onset, including deaths from cerebrovascular diseases, ischaemic heart diseases, and diabetes. Data from 2015 to 2018 in Brazil revealed the incidence rate ratio (IRR) of death within seven days of chikungunya symptom onset was 8.40 (95% CI 4.83–20.09) as compared with the unexposed group and decreased to 2.26 in 57–84 days, and 1.05 at 85–168 days, with IRR close to 1 and wide CI in the subsequent periods.

Chikungunya Carrying Mosquitoes

Over thousands of years, mosquito bites have [caused](#) more human suffering than any other organism. People can become infected with the chikungunya virus [when](#) mosquitoes feed and bite on another infected person. During the first few days of illness, people infected with the virus have high enough levels of virus in their blood (viremia) to transmit the virus to mosquitoes. A recent study published by the Royal Society indicates that disease-carrying mosquitoes are expanding their range by an average of 6.5 meters of elevation and have moved polewards by 4.7 km annually.

MULTI-COUNTRY OUTBREAK OF CHOLERA, EXTERNAL SITUATION REPORT 20 NOVEMBER 2024



Overview 20 November 2024

From 1 January to 27 October 2024, a cumulative total of 486 760 cholera and acute watery diarrhoea cases and 4018 deaths were reported from 33 countries across five WHO regions. While the number of cases reported in October 2024 is 42% lower than the same period in 2023, the number of deaths has increased by 54% – reflecting severe response challenges in outbreak settings. Factors such as conflict, mass displacement, natural disasters, and climate change have intensified outbreaks, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border dynamics have made cholera outbreaks increasingly complex and harder to control.

Since the last report, new cholera outbreaks have been reported in Iraq (571 cases and one death), Lebanon (one case with no death) and South Sudan (49 cases and one death), bringing the total number of affected countries in 2024 to 33.

In November, record production of Oral Cholera Vaccines (OCV) was achieved, the highest since 2013, driven by new formulations and production methods introduced and prequalified this year. Despite this progress, the OCV emergency stockpile averaged less than 600 000 doses in October – far below the target of five million doses needed for emergency stockpile at all times for effective outbreak

response. This persistent shortage continues to hinder efforts to control cholera outbreaks and respond promptly to the spread of the disease.

Cholera upsurge

After decades of progress against cholera, cases are again on the rise, even in countries that had not seen the disease in years.

Cholera is an acute intestinal infection that spreads through food and water contaminated with the bacterium *Vibrio cholerae*, often from faeces. With safe water and sanitation, cholera can be prevented. It can kill within hours when not treated, but immediate access to treatment saves lives.

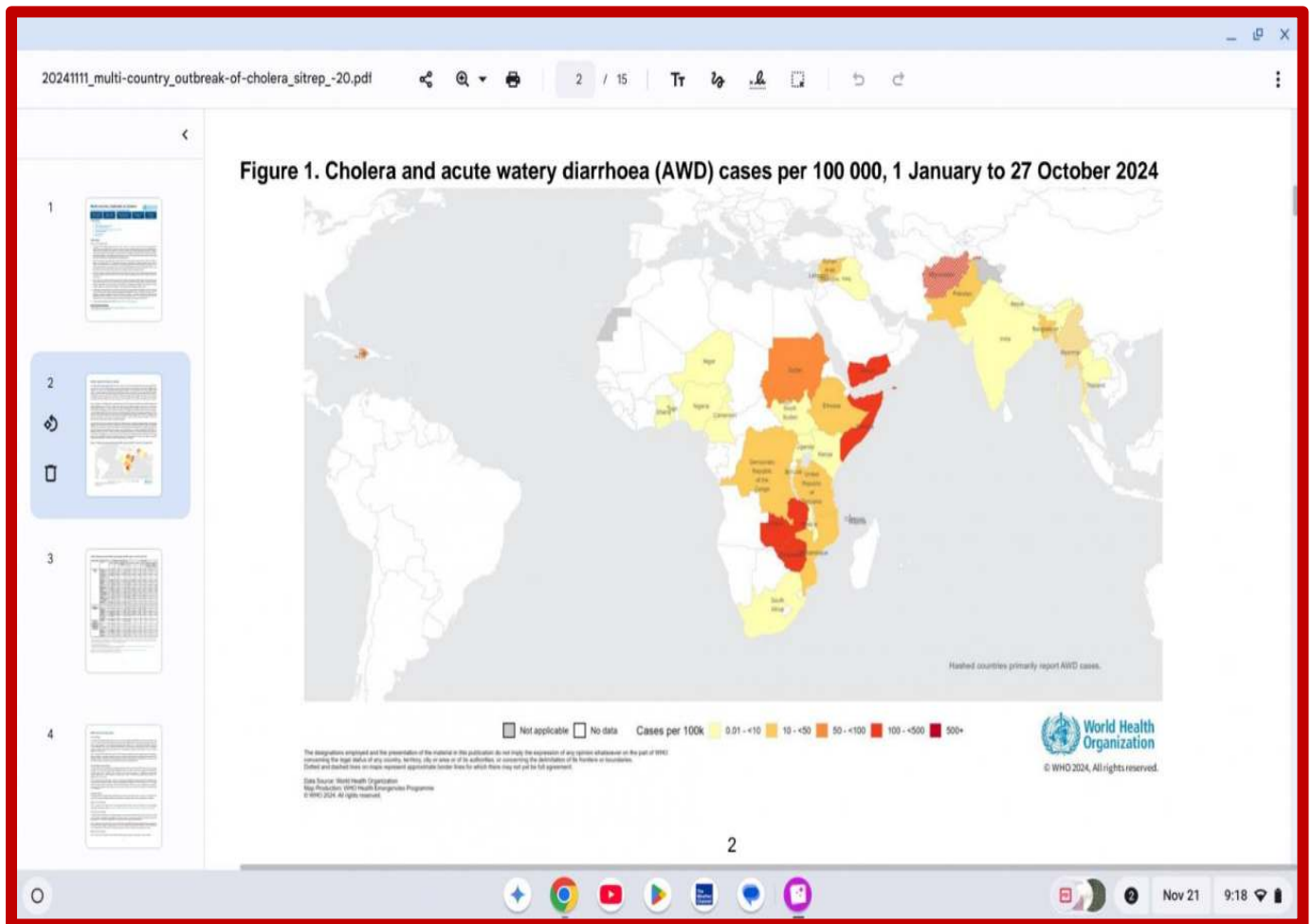
While the triggers for cholera outbreaks—like poverty and conflict—are enduring, climate change and conflict are now compounding the problem. Extreme climate events like floods, cyclones and droughts reduce access to clean water and create an ideal environment for cholera to thrive.

In 2022, 44 countries reported cholera cases, a 25% increase from the 35 countries that reported cases in 2021. This trend continues into 2023. The recent outbreaks have also been more deadly, with case fatality rates being the highest recorded in over a decade.

This increase in outbreaks and cases is stretching the global capacity to respond. There is a shortage of cholera tools, including vaccines.

WHO considers the current global risk from cholera as very high and is responding with urgency to reduce deaths and contain outbreaks in countries around the world.

CHOLERA DEATHS INCREASE BY 54%



Fact checked by [Robert Carlson, MD](#) Published November 21, 2024 Fact checked November 22, 2024 WHO Cholera Report #20 2024 Geneva (Precision Vaccinations News)

Oral cholera vaccines (OCV) have been used for years to help prevent and control cholera outbreaks. Unfortunately, with limited supply, cholera cases and related deaths are impacting about 33 countries.

According to the World Health Organization (WHO) Edition #20, from January to late October 2024, a cumulative total of 486,760 cholera and acute watery diarrhea cases and 4,018 deaths were reported from 33 countries across five WHO regions.

While the number of cases reported in October 2024 was 42% lower than the same period in 2023, the number of deaths increased by 54%, reflecting severe response challenges in [outbreak](#) settings.

Cross-border dynamics have made cholera outbreaks increasingly complex.

For example, active cholera transmission is widespread in Haiti but is rare in visitors.

In the U.S., nearly all cholera infections are acquired during international travel. As of November 2024, week #45, six cholera cases were reported to the CDC this year. In 2023, there were 17 cases.

Since the last WHO report, new cholera outbreaks have been reported in Iraq (571 cases and one death), Lebanon (one case with no death), and South Sudan (49 cases and one death).



Measles detected in Africa, Australia, Brazil, Caribbean, England, Europe, India, Indonesia, and United States.

Measles Outbreaks 2024

The World Health Organization ([WHO](#)) reported that measles outbreaks have continued throughout 2024. Over the last five years, measles outbreaks have been

reported in [103](#) countries. There were an estimated 10.3 million measles cases in 2023, a [20% increase](#) from 2022.

The European Centre for Disease Prevention and Control ([ECDC](#)) confirmed in October 2024 that measles cases were reported in 30 countries. In the most recent [12-month period](#), EU/EEA Member States reported 18,449 measles cases and 13 related deaths (Romania (12) and Ireland). The ECDC [reported](#) that about 87% of these measles patients were unvaccinated.

As of November 15, 2024, the U.S. Centers for Disease Control and Prevention ([CDC](#)) maintains a global [Watch-Level 1](#), Practice Usual Precautions, [Travel Health Notice](#), identifying measles outbreaks in 56 countries, which include [Afghanistan](#), Angola, Armenia, [Azerbaijan](#), Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire (Ivory Coast), the Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Ethiopia, Gabon, Ghana, [India](#), Indonesia, Kazakhstan, [Kazakhstan](#), Kyrgyzstan, Lebanon, Liberia, Libya, Malaysia, Mauritania, Nepal, Niger, Nigeria, Pakistan, Philippines, Qatar, Republic of South Sudan, Republic of the Congo, Romania, Russia, Senegal, Somalia, Sri Lanka, Sudan, Syria, Tajikistan, Timor-Leste, Togo, Turkey, United Arab Emirates, Uzbekistan, Yemen, and Zambia.

United States Measles Outbreaks 2024

On November 7, 2024, the U.S. CDC [reported](#) 277 measles cases in 32 jurisdictions: [Arizona](#), [California](#) ([San Diego](#), [Los Angeles](#)), [Florida](#) ([Broward](#), 10), [Georgia](#), [Idaho](#), [Illinois](#) ([Chicago](#) (65)), Indiana, [Louisiana](#), [Maryland](#), [Michigan](#), [Minnesota](#) (67), [Kansas City](#), [Missouri](#), New Jersey ([Camden](#), [Monmouth](#), [Somerset](#) counties), [New York](#) ([New York City](#) (13)), [Nevada](#), [North Carolina](#), [Ohio](#) ([Cincinnati](#)), [Oregon](#) (31), [Pennsylvania](#) ([Philadelphia](#)), [Tennessee](#), [Virginia](#), [Washington](#), [Washington DC](#), [West Virginia](#), and [Wisconsin](#). About 56% of cases were hospitalized for management of measles complications, and 39% were under five years of age. As of 2024, there are [no](#) CDC recommendations for receiving a third MMR dose during measles outbreaks.

Africa Measles Outbreaks

The [WHO AFRO](#) reported in 2023, measles outbreaks were reported in Botswana, [Cameroon](#), Central African Republic, Chad, the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Liberia, Mali, [Mauritania](#), Niger, Senegal, [South Africa](#), [South Sudan](#), Yemen, and Zambia. As of November 2023, Yeman's measles outbreak exceeded 26,000 cases.

Australia Measles Outbreaks

[NSW Health](#) reported a [second](#) measles case related to international travel on February 14, 2024. In Sydney, an infectious adult recently returned from southeast Asia. On January 24, [2024](#), NSW Health advised people that one confirmed measles case in the [Australian Capital Territory](#) was infectious while transiting through Sydney. On January 23, 2024, Victoria Health confirmed ([Alert number 240124](#)) a new measles case in a returned overseas traveler. NSW Health confirmed a local measles case in [September 2022](#).

Canada Measles Outbreak

The [government](#) of Canada is reporting measles cases in 2024. As of March 3, 2024, there are four measles cases ([York Region](#)), another four pending ([Toronto](#)), and cases in [British Columbia](#). In early [February](#), measles was detected in an unvaccinated [child](#) in [Montreal](#). [Canada's](#) national vaccine coverage estimates for 2-year-olds in 2022 were similar in 2021 compared to 2019, with about 90% of children vaccine for measles, but 2% of 2-year-old children had not received any vaccine in their lifetime. In 2022, two measles patients were [genotype B3](#).

England Measles Outbreak

In January 2024, the U.K. Health Security Agency ([UKHSA](#)) [declared](#) a national measles incident in parts of England's [West Midlands](#) and London regions. From October 2023 through May 2024, 1,749 laboratory-confirmed measles cases were reported.

Europe Measles Outbreak

The European CDC ([ECDC](#)) issued an epidemiological alert for measles outbreaks in 2024, including reports on ongoing outbreaks in Austria, Cyprus, France, [Germany](#), the Netherlands, Portugal, and Romania. In 2023, the [WHO European Region](#) reported over 42,200 measles cases in 41 of the 53 Member States.

Eurosurveillance published a [Rapid Communication](#) in February 2024, identifying three measles virus genetic mutations in 18 countries, resulting in a loss in polymerase chain reaction test sensitivity. These researchers said measles variants have been detected in 18 countries since 2021. On February 15, [2024](#), Eurosurveillance reported that Italian researchers described five genotype D8 measles variant detections from areas in and around Milan, Italy. Genotypes [B3 and D8](#) were identified in Canada in 2023.

India Measles Outbreaks

The U.S. CDC reported in September [2023](#) that India has said about 24,000 measles cases over the past year. The WHO announced in August 2023 that India had vaccinated over [348 million](#) children between 2017 and March 2023.

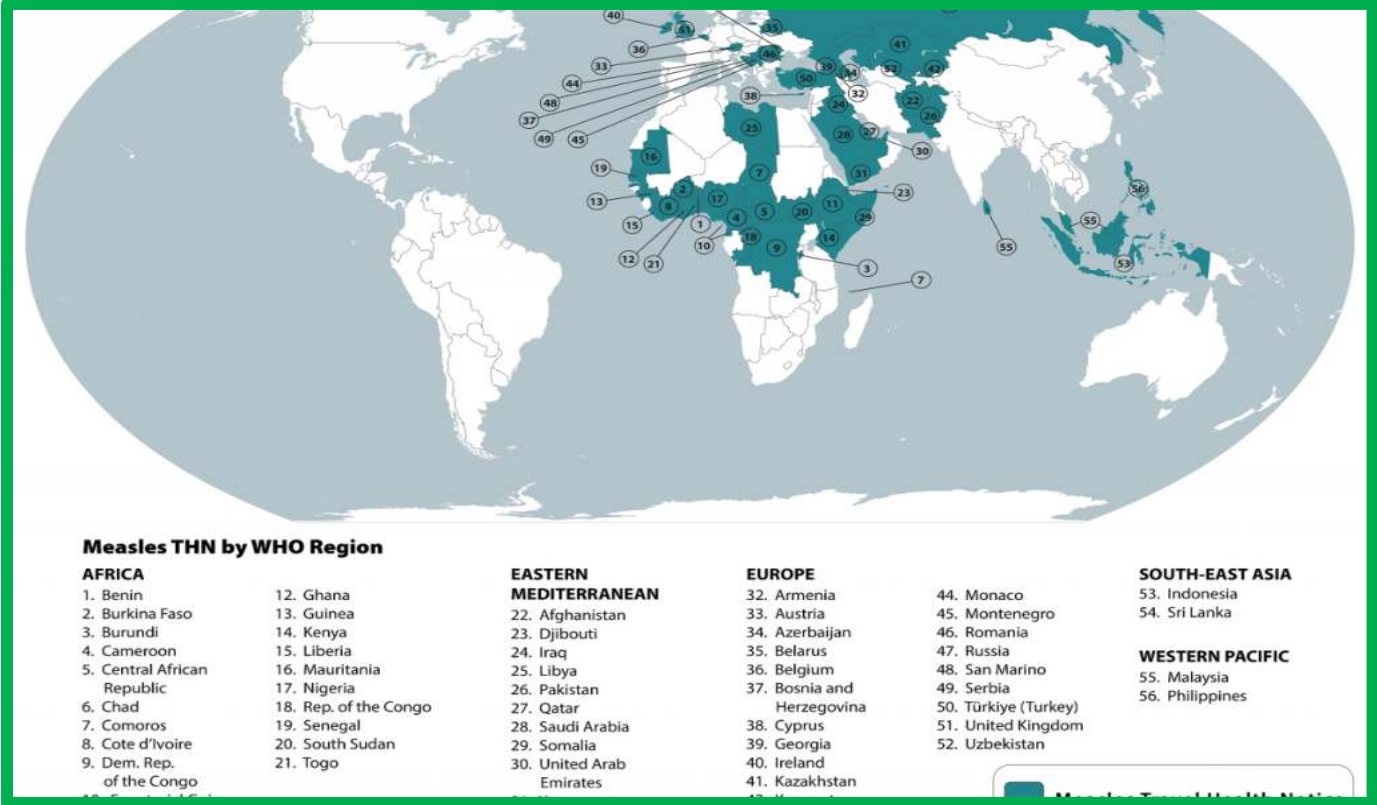
Pan American Health Organization Measles Outbreaks

The Pan American Health Organization ([PAHO](#)) issued an [epidemiological alert](#) on October 31, 2024, due to the recent identification of clusters and cases of measles in the Americas. The PAHO reported over [14,000](#) measles cases in 2024. In 2023, 14,884 suspected measles cases were reported in the Americas. The [PAHO](#) estimated that in 2023, more than 1.7 million children in 28 countries and territories of the Americas, including [Canada](#) and [Costa Rica](#), did not receive an initial dose of the measles vaccine by their first birthday.

Philippines Measles Outbreaks

On May 2, 2024, the [U.S. Embassy](#) in Manila confirmed a measles health alert. The [Philippines](#) Department of Health reported the ongoing measles outbreak reached over [2,500](#) in 2023. The Philippines reported 589 confirmed measles cases in [2022](#) and 206 cases in 2021.

56 COUNTRIES IDENTIFIED IN MEASLES TRAVEL ADVISORY



October 23, 2024 • 2:26 pm CDT [Don Ward Hackett](#) US CDC October 18, 2024 (Precision Vaccinations News)

The World Health Organization recently reported that measles outbreaks have been reported in 103 countries in the last five years. According to an updated travel advisory, outbreaks have expanded in 2024.

The U.S. Centers for Disease Control and Prevention (CDC) [reissued](#) a Global Level 1 Travel Health Advisory on October 18, 2024, that lists 56 countries impacted by measles outbreaks. The CDC says international travelers are at risk of measles if they have not been fully vaccinated at least two weeks before departure or have not had measles in the past and travel internationally.

Even in the United States, [measles outbreaks](#) have been reported this year in Chicago, Oregon, and New York City. As of October 17, 2024, a total 269 measles cases were reported by 32 U.S. jurisdictions.

AN OROPOUCHE VIRUS (OROV) OUTBREAK IN THE AMERICAS HAS LEFT MANY PUBLIC HEALTH OFFICIALS UNPREPARED TO RESPOND DUE TO THE UNPRECEDENTED NUMBER OF CONFIRMED CASES.



Fact checked by [Robert Carlson, MD](#) Published November 19, 2024 Fact checked November 20, 2024 US CDC November 2024 (Precision Vaccinations News)

Since late 2023 and throughout 2024, ***AN OROPOUCHE VIRUS (OROV) OUTBREAK IN THE AMERICAS HAS LEFT MANY PUBLIC HEALTH OFFICIALS UNPREPARED TO RESPOND DUE TO THE UNPRECEDENTED NUMBER OF CONFIRMED CASES.***

In the WHO region of the Americas, OROV outbreaks and thousands of cases have been confirmed across Bolivia, Brazil, Peru, Colombia, and Cuba, and imported cases have been detected in travelers in the USA and Europe.

Oropouche is spread primarily by the bite of infected midges and mosquitoes.

According to a study published by The Lancet Infectious Disease on November 15, 2024, city size is a significant factor in OROV outbreaks.

Epidemic data show that outside the Amazon region, the frequency of OROV cases was 3.9 times higher in small municipalities than in large cities.

These researchers wrote, 'Our results confirm that the novel OROV reassortant lineage spread from the Amazon to other regions in early 2024, successfully establishing local transmission.'

'One factor influencing this trend is the planted areas of some agricultural products, such as banana plantations, were positively correlated ($r=0.39$, $p<0.0001$) with OROV cases.'

An example of this study's findings may be Cuba, where OROV cases were reported throughout the Caribbean Island in 2024.

From a prevention perspective, no Oropouche [vaccines](#) are available as of November 19, 2024.

The U.S. CDC has also issued Travel Health Advisories regarding visiting outbreak areas and international travelers returning to [Florida](#).

Oropouche virus has been found in [semen](#), but it is unknown if it can be spread through sex, says the CDC.

DISEASE X



<https://www.aljazeera.com/program/flatten-the-curve/2024/10/17/disease-x-are-we-ready-for-the-next-killer-pandemic>

Disease X: Are we ready for the next killer pandemic?

COVID-19 led to a golden age of medicine but also **VACCINE HESITANCY**. We explore global readiness for the next outbreak. COVID-19 killed seven million people and brought the planet to a standstill.

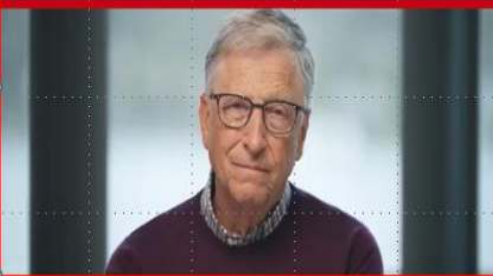
FIVE YEARS SINCE IT WAS DISCOVERED, OUR GREATEST DISEASE EXPERTS SAY FAR WORSE PANDEMICS ARE IMMINENT AND THE WORLD IS UNPREPARED.

Not enough research has been done into many of the organisms that cause infectious diseases.

THE WORLD HEALTH ORGANIZATION IS PARTICULARLY CONCERNED ABOUT DISEASE X, AN UNKNOWN PATHOGEN THAT COULD CAUSE A CATASTROPHIC OUTBREAK. SOCIETAL APATHY AND ANTI-VACCINATION ATTITUDES HAVE SKYROCKETED DUE TO A TIDE OF CONSPIRACY THEORIES AND MISINFORMATION.



Gates proposes using AI to stifle free speech; the UN is aiming to be in control of AI, globally



THE PROCESS IS THE PUNISHMENT AND WILL SILENCE MILLIONS



DID THE US HELP CREATE COVID-19? EX-CDC CHIEF CARPET-BOMBS THE OFFICIAL NARRATIVE

23 Nov, 2024 21:08 RT

Dr. Robert Redfield suggests that the virus was engineered in a lab and the US was involved

Despite various debunkings, the Western establishment is still policing Covid-19 narratives nearly five years later – even when the latest bombshell suggests a US national security coverup.

A FORMER HEAD OF THE US CENTERS FOR DISEASE CONTROL (CDC) IS BEING ACCUSED OF SPREADING FAKE NEWS FOR MAKING STATEMENTS THAT FALL OUTSIDE THE ACCEPTABLE COVID-RELATED DOGMA THAT THE WESTERN ESTABLISHMENT DEEMS ETCHED INTO HISTORY AS INDISPUTABLE FACT.

CENSORSHIP
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Redefining Intelligence Gathering
in Saudi Arabia with AI and Big Data

In Saudi Arabia, big data is revolutionizing intelligence across various sectors. By harnessing large volumes of data from diverse sources, generated at high speeds, and encompassing both structured and unstructured types, big data provides critical insights for strategic decision-making. This transformation enhances national security, economic stability, healthcare, and more, positioning Saudi Arabia at the forefront of data-driven innovation and efficiency.

Dr. Robert Redfield, the virologist who served as CDC director during President Donald Trump's first term, [said on a recent](#) podcast that the Covid virus was "intentionally engineered as part of a biodefense program," and that "the US role was substantial," citing research funded by the "National Institutes of Health, the State Department, USAID, and the Defense Department."

He specifically attributed the probable creation of "some of the original viral lines" to a researcher at the University of North Carolina, although conceded that he couldn't actually prove it. Yeah, well, that's what hearings with the power to compel evidence and testimony under threat of imprisonment are for – not a podcast. How about getting that researcher on the stand?

"Scientists agree that there is no evidence to suggest that Covid-19 originated in a lab in any country," [Newsweek wrote](#) in reporting on Redfield's remarks. Actually, there is at least some smoke to suggest a potential fire. In 2021, Newsweek itself contacted Dr. Anthony Fauci, who served as director of the National Institute of Allergy and Infectious Diseases (NIAID) during Trump's first term. **FAUCI CLARIFIED THAT THE RESEARCH THE US "SUPPORTED IN CHINA, WHERE CORONAVIRUSES ARE PREVALENT, SOUGHT TO UNDERSTAND THE BEHAVIOR OF CORONAVIRUSES CIRCULATING IN BATS THAT HAVE THE POTENTIAL TO CAUSE WIDESPREAD DISEASE.** The body of science produced by this research demonstrates that the bat coronavirus sequences published from that work NIH supported were not SARS-CoV-2."

FAUCI ADDED THAT THE US-BACKED GAIN OF FUNCTION RESEARCH WASN'T APPLIED TO VIRUSES THAT COULD INFECT HUMANS. GUESS IT'S JUST AN INCREDIBLY WILD AND UNLUCKY COINCIDENCE THEN THAT THE GLOBAL EPICENTER FOR THE OUTBREAK JUST HAPPENED TO TAKE PLACE NEAR A LAB FUNDED BY WASHINGTON IN CHINA, WHERE THEY WERE DOING GAIN OF FUNCTION WORK ON SOME VIRUSES – JUST NOT ON THE EXACT VIRUS THAT HAPPENED TO CAUSE GLOBAL MAYHEM.

And we're supposed to just take Fauci's word for it, I guess. We're talking about the same guy who appeared on TV in a cloth mask covered in the logo of his favorite sports team and told everyone to do the same as though the only thing standing between life and death was a pair of grandma's pantyhose wrapped around your face. Then he told Americans [not to invite](#) unvaccinated family members over for

the holidays, despite the fact that it failed to actually prevent transmission or infection.

During the podcast interview, Redfield also reframed China's responsibility in a way that would likely annoy the Western establishment. "When you look at the accountability for China, their accountability is not in the lab work and in the creation of the virus. Their accountability is not following the international health regulations after they realized they had a problem," he said, seemingly implying that it was American interests that spearheaded the research project.

Again, why is mainstream America learning about this via some obscure show? This guy even testified at a Covid congressional hearing, but his position was far from audible. "It was told to me that they wanted a single narrative, and that I obviously had a different point of view," Redfield previously said, according to the BBC. "Science has debate and they squashed any debate," he added, in a nod to Fauci. ***THE WHITE HOUSE HAS ADMITTED THAT THERE ISN'T EVEN CONSENSUS ACROSS THE US GOVERNMENT ON THE COVID VIRUS' ORIGIN, YET THEY SEEM ENTIRELY SATISFIED WITH THE LACK OF ANSWERS.***

Despite the lingering uncertainties, the establishment press is quick to dismiss anyone who doesn't support the theory that it came from some random bat or other animal that some dude ate in China. ***THE SCIENTIFIC COMMUNITY AND THE WESTERN ESTABLISHMENT GATE-KEEP THEIR COVID-RELATED NARRATIVES AS CONSENSUS, AND ANYONE WHO DARES TO DEVIATE IS WRITTEN OFF AS A KOOK – EVEN IF THE DISSENTING VIEW, IN THIS CASE, IS EXPRESSED BY ONE OF AMERICA'S LEADING HEALTH AUTHORITIES DURING THE COVID FIASCO.***

This is the same 'scientific community' that largely shrugged off the social applications of their 'science' when it led to things like surfers wandering along empty beaches alone being chased down and tackled by cops in the interest of public health. ***IT'S THE SAME COMMUNITY THAT'S EQUALLY INTOLERANT OF ANY DISSENT RELATED TO THEIR MANMADE CLIMATE CHANGE THEORY.***

Why is debate even remotely controversial when there are still so many unanswered questions? And it's not like the issue is benign or entirely in the rear-view mirror. ***SOME PEOPLE ARE STILL SO TRAUMATIZED BY THE TSUNAMI OF OFFICIAL GOVERNMENT PROPAGANDA RELATED TO THE OVERWHELMINGLY SURVIVABLE (AND NOW LARGELY FORGOTTEN) VIRUS THAT THEY HAVEN'T***

STOPPED REGULARLY RUNNING OUT TO TOP UP ON THEIR COVID JABS, WHICH HAVE NEVER ACTUALLY MET THE TIME-TESTED DEFINITION OF A VACCINE.

Recently, some American jurisdictions have even taken action to stop people jonesing for their next injection to treat their state-sponsored psychological trauma a half-decade later. Officials in Texas and Florida have actively blocked jab promotion and marketing campaigns. A regional public health authority in Ohio has recently blocked it from even being available.

Last year, the House Oversight Committee [identified](#) a “highly credible” senior CIA officer who told them that the CIA had offered financial incentive to a group of analysts working on the Covid origin question to support the natural transmission theory over the lab leak theory. If CIA involvement can’t be dismissed, then why ignore the possibility of other related national security agencies’ involvement?

Achieving greater transparency on the discreet role of government agencies in the Covid debacle sounds like the perfect job for Trump’s new nominee for health secretary, Robert F. Kennedy Jr., who has long suspected the involvement of the CIA in the assassination of his uncle, President John F. Kennedy, citing the former president’s refusal to send troops to Vietnam.

Western governments from the US to France have classified Covid-related information and deliberations. Sounds like it would be a good time to reopen the conversation, starting with the public release of any secret ‘Covid files’ – all in the interest of science, of course.

US PLAYED ‘SUBSTANTIAL’ ROLE IN CAUSING COVID PANDEMIC – EX-CDC CHIEF

Several US government agencies helped to fund lab work that led to the creation of the coronavirus, according to Robert Redfield



21 Nov, 2024 09:12 RT

Robert Redfield, a former director of the US Centers for Disease Control (CDC), has claimed that Covid-19 was artificially developed, and that the US played a “substantial” role in starting the pandemic.

Redfield, who led the agency under the administration of US President Donald Trump, made the claim in an interview that was released on November 14, but only drew media attention this week.

Speaking to author and podcaster Dana Parish, **HE SUGGESTED THAT THE VIRUS WAS “INTENTIONALLY ENGINEERED AS A PART OF A BIODEFENSE PROGRAM.” “WHEN YOU LOOK AT THE ACCOUNTABILITY FOR CHINA, THEIR ACCOUNTABILITY IS NOT IN THE LAB WORK AND THE CREATION OF THE VIRUS,” BUT IN THEIR FAILURE TO QUICKLY REPORT THE INCIDENT TO HEALTH**

AUTHORITIES WORLDWIDE INCLUDING THE CDC, WHEN THEY REALIZED THE VIRUS WAS ON THE LOOSE, HE SAID.

HOWEVER, THE US “ROLE WAS SUBSTANTIAL,” HE ADDED. “THEY FUNDED THE RESEARCH, BOTH FROM NIH [NATIONAL INSTITUTES OF HEALTH], THE STATE DEPARTMENT’S USAID AND THE DEFENSE DEPARTMENT.”

<https://youtu.be/AhSAQTVLkvQ>

According to the former CDC chief, the “scientific mastermind behind the research” was Dr. Ralph Baric, widely regarded as one of the world’s leading experts on coronaviruses.

Redfield suggested that the professor, who works at the University of North Carolina at Chapel Hill, was “very involved in this research.” “I think he probably helped create some of the original viral line”, Redfield said, admitting he did not have any proof. “I think there is a real possibility that the virus’s birthplace was Chapel Hill.”

REDFIELD PREVIOUSLY SAID THE COVID-19 PANDEMIC, WHICH KILLED MORE THAN SEVEN MILLION PEOPLE WORLDWIDE AND CAUSED A GLOBAL ECONOMIC DOWNTURN, MOST LIKELY STARTED WITH A LAB LEAK IN WUHAN, CHINA, AND SUGGESTED THAT THE DEBATE ON THE VIRUS’S ORIGINS WAS “SQUASHED.” HE HAS ALSO CRITICIZED THE WORLD HEALTH ORGANIZATION (WHO) FOR FAILING TO HOLD BEIJING ACCOUNTABLE.

One of the prevailing theories of the origin of the Covid pandemic is that the virus was transmitted to humans from an animal, possibly a bat, at a food market. China has maintained that the virus is of natural origin, and has dismissed the laboratory leak theory as an attempt to smear the country for political reasons.

UNICEF LAUNCHES EMERGENCY TENDER FOR MPOX VACCINES

2 Sep, 2024 11:44

Up to 12 million doses are expected by 2025, depending on production capacity, to combat the disease

The United Nations Children’s Fund (UNICEF) has initiated an emergency tender to procure mpox, formerly known as monkeypox, vaccines for the worst-affected countries.

It follows the recent surge in cases of the viral illness across multiple African nations, which led the World Health Organization (WHO) to declare mpox a public health emergency of international concern, similar to how it approached Covid-19 in 2020.

UNICEF, in partnership with the Gavi vaccine alliance, Africa Centres for Disease Control and Prevention (Africa CDC), the Pan American Health Organization, the WHO, and other partners, made the announcement in a joint statement on Saturday.

It highlighted that, depending on manufacturers’ production capacities, agreements could be made for up to 12 million doses through 2025. The WHO is in the process of reviewing information provided by vaccine manufacturers on August 23, with the evaluation for Emergency Use Listing expected to be finalized by mid-September.

“Addressing the current mpox vaccine shortage and delivering vaccines to communities who need them now is of paramount importance,” Leila Pakkala, Director of UNICEF’s Supply Division, stated.

Africa CDC Director General Dr. Jean Kaseya echoed the urgency of the situation, emphasizing that timely vaccine procurement and distribution are vital for protecting vulnerable populations in the hardest-hit regions.

WHO Director-General Tedros Ghebreyesus also addressed the situation during a recent briefing, expressing confidence that the outbreak can be contained with coordinated efforts. “With the governments’ leadership and close cooperation

between partners, we believe we can stop these outbreaks in the next six months,” Ghebreyesus stated.

Mpox was first identified as a distinct illness in 1958 among laboratory monkeys in Denmark, while the first documented cases in humans were recorded in 1970 in the Democratic Republic of the Congo (DR Congo), Liberia and Sierra Leone. When it began spreading rapidly in late 2022, the WHO declared an emergency and renamed the disease mpox, to avoid “racist and stigmatizing language.”

The WHO has reported more than 18,000 cases of mpox and 629 deaths so far this year in the DR Congo. However, many of these cases are still classified as suspected, pending laboratory confirmation, according to WHO spokesperson Dr Margaret Harris.

According to the Africa Centres for Disease Control and Prevention (Africa CDC), in 2024, approximately 2,863 confirmed cases and 517 deaths from the disease have occurred across 12 African countries, including previously unaffected nations like Burundi, Kenya, Rwanda, and Uganda.

WEF: HOW TO PREPARE FOR DISEASE X



<https://www.weforum.org/events/world-economic-forum-annual-meeting-2024/sessions/preparing-for-a-disease-x/>



DISEASE X - WHAT IT IS, AND WHAT IT IS NOT

CEPI 17th January 2024



Preventing future pandemics means preparing for both known and unknown viral disease threats. That's why scientists are focusing some of their viral defence research on a hypothetical future 'Disease X'. With the concept of Disease X at the heart of international efforts to be better prepared, CEPI looks at what people most want to find out about this unknown pathogen.

Using ['Answer the Public'](#), we analysed some of the most popular search terms related to Disease X across four countries, Ethiopia, India, the UK, and the United States, which were among the top countries searching 'Disease X' over the past 12 months, according to [Google Trends](#) at the time of publishing.

Those questions, and CEPI's answers, are below.

What is Disease X?

Disease X - sometimes referred to as Pathogen X - is the name given by scientists and the World Health Organization to an unknown pathogen that could emerge in future and cause a serious international epidemic or pandemic. In February 2018, Disease X was included in the [WHO's updated Blueprint list](#) of diseases for which investing in research and development should be an international priority. It is also a [priority for CEPI's research and development](#) investments.

Does Disease X really exist? And could Disease X kill you?

Disease X itself is hypothetical: it does not exist. But the concept of Disease X describes a very real and growing threat to human health – and one the world must prepare better to respond to. The most recent Disease X to emerge was the SARS-CoV-2 virus that causes COVID-19. Because we were not properly prepared to defend ourselves against it, COVID-19 swiftly spread and caused a deadly pandemic, killing millions worldwide. Safe and effective vaccines have significantly reduced COVID-19's mortality and morbidity, [saving an estimated 20 million lives in the first year of their roll-out](#).

Will Disease X happen? And when is Disease X coming?

No-one can predict where or when the next Disease X will emerge. What is certain, however, is that a future Disease X is out there and will, at some point, spill over from animals into people and begin to spread in a disease outbreak. Recent history shows us that outbreaks of pathogens capable of causing severe disease and death

in people are becoming increasingly frequent. In the 21st century alone, there have been outbreaks of [SARS-CoV-1](#), [MERS](#), [Zika](#) and many other new and re-emerging viral diseases.

[Research published in 2022](#) found that the chance of a pandemic, with a similar impact to COVID-19, is about 1 in 50 in any year. This means the lifetime probability of anyone reading this experiencing a pandemic similar to COVID-19 is about 38 percent. Unfortunately, environmental change is [a major contributor to that increasing risk](#).

Will Disease X cause the next pandemic?

While it's likely that the next pandemic threat could emerge as a novel Disease X, there's also a risk of already known pathogens mutating and/or re-emerging and then spreading into international disease epidemics—such as has happened with [Chikungunya virus](#)—or pandemics.

Where will the next Disease X come from?

Novel diseases emerge all the time in all parts of the world, often making the leap from animals such as bats into humans. Scientists believe the next Disease X is highly likely to be caused by a new virus that will emerge from one of around 25 [families of viruses](#) that have already shown their capability to cause disease in people.

How can we prepare for Disease X if it doesn't exist yet?

Just because we can't precisely predict its features or the time of its arrival, that doesn't mean we can't plan for Disease X. By getting to know as much as we can about the 25 or so viral families that are most likely to harbour a novel Disease X, scientists can get a head start in creating new medical defences such as vaccines and treatments that can be swiftly adapted to target a new viral disease.

CEPI's [100 Days Mission](#) is a plan to make new vaccines against known or novel infectious diseases within three months of their pandemic threat being recognised.

Can we predict the next Disease X?

By its very nature, we cannot predict what Disease X will be or where it is likely to occur. However, we can narrow our focus.

We know that the viruses that put humanity at greatest risk come from 25 or so virus families. Armed with knowledge about these viral families, combining our global resources, and harnessing the latest advances in vaccine science, the world can better prepare for the next Disease X.

Recent advances in artificial intelligence (AI), for example, have made it possible to quickly and effectively model viral mutations and derive vaccine targets based on these predictions.

To accelerate the application of these AI tools for epidemic and pandemic preparedness, CEPI has established a number of partnerships to estimate the ability of a novel viral variant to [escape immunity](#), [rank viral families](#) according to epidemic or pandemic risk, and generate state-of-the-art [immunogen designs](#) to speed up development of future vaccines against novel viral threats.

In [August 2024](#), CEPI and WHO emphasized the importance of expanding research to encompass entire families of pathogens that can infect humans as well as focusing on individual pathogens. Pushing forward a broader-based approach can help enhance the world's preparedness for a future Disease X.

If it took just 100 days to make a safe and effective vaccine against any viral pandemic threat, we could contain outbreaks before they spiral out of control. This goal is known as the 100 Days Mission. Achieving this goal is what it will take to stop the next Disease X.

To help the world quickly respond to Disease X, CEPI continues to fund the development of promising vaccine platform technologies – from molecular-clamp technology to self-amplifying RNA platforms - to help the world rapidly manufacture vaccines against many different types of disease and stop outbreaks of pathogenic threats.

We are also evaluating the development of new approaches using rapid-response vaccine platforms for our priority pathogen targets, and building ‘vaccine libraries’ for some of the most threatening viral families. These repositories of knowledge and capabilities to advance vaccine research, development and manufacturing are designed to give the world a head start against newly-emerging viral threats.

STUDY SHOWING ‘HIGH LIKELIHOOD’ OF LINK BETWEEN COVID VACCINES AND DEATH REPUBLISHED IN PEER-REVIEWED JOURNAL

The largest COVID-19 vaccine autopsy study to date has been republished in a peer-reviewed journal after twice being censored. The study’s lead author said it provides “robust evidence” that the vaccines can cause death, meeting the FDA’s criteria for “an immediate market withdrawal.”

by [Suzanne Burdick, Ph.D.](#)



THE [LARGEST COVID-19 VACCINE AUTOPSY STUDY TO DATE HAS BEEN REPUBLISHED IN A PEER-REVIEWED JOURNAL — AFTER TWICE BEING CENSORED, ACCORDING TO \[NICOLAS HULSCHER\]\(#\), THE PAPER’S LEAD AUTHOR AND AN EPIDEMIOLOGIST AT THE \[MCCULLOUGH FOUNDATION\]\(#\).](#)

[Science, Public Health Policy and the Law](#) on Nov. 17 published the study, which had been previously withdrawn from [Preprints with The Lancet](#) and [Forensic Science International](#).

Hulscher told [The Defender](#) the study's republication signals a "pivotal victory for transparency and accountability in [science](#)." It also marks "a significant setback" for actors in the [biopharmaceutical complex](#) and "their [Academic Publishing Cartel](#)," Hulscher said.

Hulscher's co-authors include [Dr. Harvey Risch](#), [Dr. Peter A. McCullough](#) and [Dr. William Makis](#).

HULSCHER TOLD THE DEFENDER THE STUDY PROVIDES "ROBUST EVIDENCE THAT [COVID-19 VACCINES](#) CAN CAUSE DEATH. This means that the FDA's [[U.S. Food and Drug Administration](#)] criteria for a Class I recall have been fulfilled, warranting an immediate market withdrawal."

The FDA defines a [Class I product recall](#) as "a situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or [death](#)."

Risch, professor emeritus of epidemiology at the Yale School of Public Health, told The Defender that the COVID-19 vaccine spike protein "can stay around in some people and continue to do inflammatory damage in any site where it gets to through the bloodstream."

In 'striking act of censorship' publishers withdraw study, shut down debate

The study's publication in [Science, Public Health Policy and the Law](#) is the latest twist in an ongoing saga as the authors have tried to get their research out to the public and scientific community, [Hulscher wrote on Substack](#).

The study results were first made public on July 5, 2023, as a preprint with The Lancet on [SSRN](#), an open-access research platform.

However, Preprints with The Lancet [removed the study](#) from the server within 24 hours, posting a statement that the study's conclusions were "not supported by the study methodology," [The Daily Sceptic](#) reported.

McCullough told The Epoch Times that the study was experiencing “[hundreds of reviews per minute](#)” before its removal.

Preprint servers offer a place for the public to view scientific reports and papers while they undergo peer review, making scientific findings available immediately and for free and opening them up to broader public debate.

The authors subsequently posted on the [Zenodo preprint server](#), while the review underwent peer review at Forensic Science International. It was downloaded over 130,000 times.

On June 21, 2024, after successful peer review, Forensic Science International [published the study](#).

Within weeks, the study became the top trending research paper worldwide across all subject areas, according to the [Observatory of International Research](#), Hulscher recalled.





Trending Papers

(Powered by *Altmetrics*)

7 days 14 days 30 days



A Systematic REVIEW of Autopsy findings in deaths after covid-19 vaccination

Forensic Science International

2024-06-22



Effectiveness and cost-effectiveness of an individualised, progressive walking and education intervention for the prevention of low back pain recurren

Lancet

2024-06-22



APOE3 Christchurch Heterozygosity and Autosomal Dominant Alzheimer's Disease

New England Journal of Medicine

2024-06-21



Temporal dynamics of woolly mammoth genome erosion prior to extinction

Cell

2024-07-01



Plasma proteomics identify biomarkers predicting Parkinson's disease up to 7 years before symptom onset

Nature Communications

2024-06-20



Infant Deaths After Texas' 2021 Ban on Abortion in Early Pregnancy

JAMA Pediatrics

2024-06-25



Rapid volcanic ash entombment reveals the 3D anatomy of Cambrian trilobites

Science

2024-07-01



National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022: a pooled analysis of 507 population-based surv

Lancet Global Health

2024-06-30

“Unfortunately,” Hulscher wrote on Substack, “in a striking act of censorship, Elsevier and Forensic Science International [withdrew the article](#) on August 2nd, 2024 in flagrant violation of their own [withdrawal policy](#) and [COPE guidelines](#).”

He said they “left no traces behind, completely wiping our paper from the webpage.”

Elsevier and Forensic Science International said that “members of the scientific community” — who remained anonymous, Hulscher pointed out — cited numerous concerns about the study, including inappropriate citation references, inappropriate methodological design and a lack of factual support for its conclusions.

The concerns were “unfounded,” Hulscher wrote. The study authors wrote a rebuttal defending their study and submitted a revised manuscript. However, Elsevier and Forensic Science International rejected the revised manuscript.

Hulscher noted that Elsevier and Forensic Science International “failed to follow the proper scientific discourse method of allowing debate in Letters to the Editor.” Instead, they shut down the possibility of debate by censoring the study.

“This type of academic [censorship](#) poses a serious threat to the progress of scientific discovery,” he said.

73.9% OF DEATHS REVIEWED BY AUTHORS LINKED TO COVID VACCINES

As The Defender previously reported, the study authors did a [systematic review of studies on autopsy findings](#) following COVID-19 vaccination.

They first searched [PubMed](#) and [ScienceDirect](#) for all published autopsy and [necropsy](#) — another word for autopsy — reports related to COVID-19 vaccination in which the death occurred after vaccination.

They screened out 562 duplicate studies among the 678 studies initially identified in their search. Other papers were removed because they lacked information about vaccination status.

Ultimately, they evaluated 44 papers containing 325 autopsies and one necropsy case. Three physicians independently reviewed each case and adjudicated whether

or not the COVID-19 shot was the direct cause or contributed significantly to the death reported.

THEY FOUND 240 OF THE DEATHS (73.9%) WERE FOUND TO BE “DIRECTLY DUE TO OR SIGNIFICANTLY CONTRIBUTED TO BY COVID-19 VACCINATION.” THE MEAN AGE FOR DEATH WAS 70.4 YEARS OLD.

Primary causes of death included sudden cardiac death, which happened in 35% of cases, pulmonary embolism and [myocardial infarction](#), which occurred in 12.5% and 12% of the cases respectively.

Other causes included [vaccine-induced immune thrombotic thrombocytopenia](#), [myocarditis](#), [multisystem inflammatory syndrome](#) and cerebral hemorrhage.

MOST DEATHS OCCURRED WITHIN A WEEK OF THE LAST SHOT.

The authors concluded that because the deaths were highly consistent with the known mechanisms for COVID-19 vaccine injury, it was highly likely the deaths were causally linked to the vaccine.

They said the findings “amplify” existing concerns about the vaccines, including those related to vaccine-induced myocarditis and myocardial infarction and the [effects of the spike protein](#) more broadly.

They also said the studies have implications for unanticipated deaths among vaccinated people with no previous illness. “We can infer that in such cases, death may have been caused by COVID-19 vaccination,” they wrote.

The authors acknowledged some potential biases in the article.

First, they said, their conclusions from the autopsy findings are based on an evolving understanding of the vaccines, which are currently different from when the studies evaluated were published.

They also noted that systematic reviews have bias potential in general because of biases that may exist at the level of the individual papers and their acceptance into the peer-reviewed literature.

They said publication bias could have affected their results because the [global push for mass vaccination](#) has made investigators hesitant to report adverse events.

They also said their research did not account for confounding variables like concomitant illnesses, drug interactions and other factors that may have had a causal role in the reported deaths.

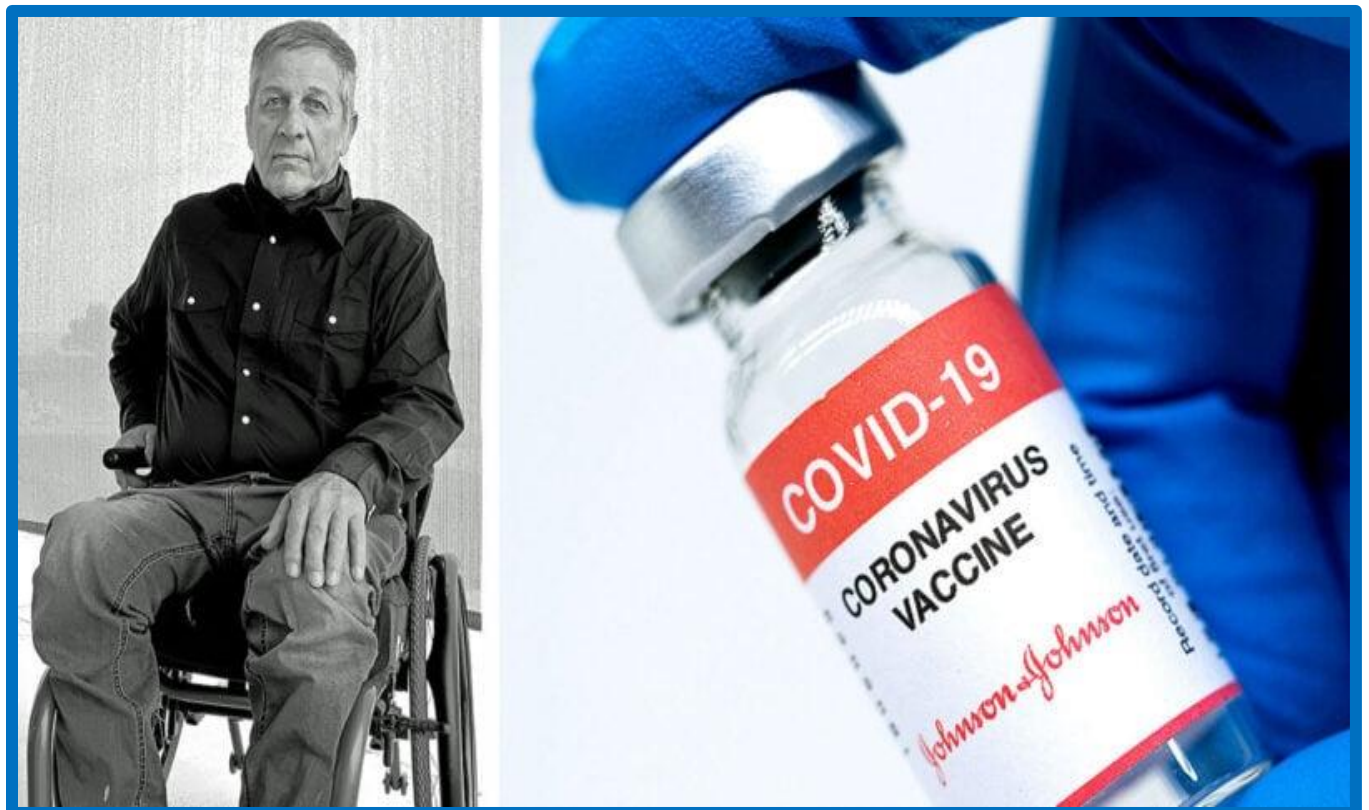
[Suzanne Burdick, Ph.D.](#)

Suzanne Burdick, Ph.D., is a reporter and researcher for The Defender based in Fairfield, Iowa. November 20, 2024

EXCLUSIVE: IDAHO MAN PARALYZED 10 DAYS AFTER GETTING J&J COVID VACCINE

An Idaho man who received a COVID-19 vaccine when his employer “strongly implied” he should get the shot was left paralyzed 10 days later from a blood clot. Doug Cameron, who preferred not to get the vaccine, was 64 and healthy when he received his only J&J COVID-19 vaccine on April 5, 2021.

by [Suzanne Burdick, Ph.D.](#) November 20, 2024



An Idaho man who received a COVID-19 vaccine when his employer “strongly implied” he should get the shot was left paralyzed 10 days later from a blood clot.

Doug Cameron, who previously avoided getting a COVID-19 vaccine, was 64 and healthy when he received his first and only [Johnson & Johnson](#) (J&J) COVID-19 vaccine on April 5, 2021.

He was a manager at [TLK Dairy Farms](#) in Mountain Home, Idaho, where he had worked for 15 years.

[COVID-19 vaccines](#) had been available for months at local pharmacies when TLK Dairy Farms hosted an on-site vaccination clinic to encourage vaccination.

“They were seeing that a lot of people weren’t getting the shot, and they decided to bring the shot to the farm,” Cameron told [The Defender](#). His company’s leadership team didn’t mandate that he get the shot. “They just strongly implied” that they expected it, he said.

Cameron said the “intimidation” to get a COVID-19 shot “was extremely strong all the way around” for him and his co-workers.

“People can deny it all they want,” he said, “but the fact of the matter is that if they had never brought it and never pushed it on people, I know a lot of people would’ve never got it — I am one of those people.”

Cameron told them he didn’t want a COVID-19 shot. “They said, ‘Well, you’re a manager and it’d be good if your name was first on the list of people’” who signed up to receive a shot.

Cameron said, “Well, OK,” and got the shot. He sat for 15 minutes as instructed by the clinic workers, then hopped back in his pickup truck to continue working around the 10,000-acre farm.

That was Monday. The next day, he didn’t feel quite right. His hips hurt a lot. Sitting or lying down was uncomfortable. “That just kept getting worse,” he said.

More symptoms occurred, including urinary incontinence and erectile dysfunction. Cameron wanted to finish his workweek. He told his wife, Carla, he would go to a clinic on Saturday to get checked out.

Local clinic refused to see him

On Saturday, Cameron called [St. Luke's](#) clinic in Mountain Home. "I've got problems and I think it's associated with the COVID shot," he said.

The clinic staff asked Cameron if he had received his shot at their clinic. "No," he said. "Then we don't want to see you," they responded.

On Sunday, Cameron went to the emergency room at the local hospital where doctors declared him positive for a COVID-19 infection. They ordered bloodwork and sent him to Boise for an MRI.

The MRI and bloodwork failed to reveal the cause of Cameron's symptoms. "Go home and if anything else happens, you let us know," the Boise doctors told him.

'I went to bed about 10 o'clock. Two o'clock I woke up and was paralyzed'

Cameron stayed home from work due to his COVID-19 diagnosis. However, he didn't feel any COVID-19 symptoms — no cough or fever — so he kept working at his own farm where he and his wife had 50 head of cattle.

On Wednesday evening, Cameron felt like he'd "just drank poison." He told his wife he was going to lie down to sleep.

"I went to bed about 10 o'clock. Two o'clock I woke up and was paralyzed," he said.

An ambulance rushed him to a hospital first in Mountain Home, then in Boise. "The next thing I know, they're doing all these tests. They can't figure out what's the matter with me."

Cameron kept telling the staff that it was the vaccine. They kept responding, "No, it's not the vaccine."

"Well, that's the only thing that it could be," Cameron kept saying, as he had no prior history of significant illness and was not on any medications.

Two days before he developed paralysis, the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention ([CDC](#)) [paused the use](#) of the [J&J COVID-19 vaccine](#) due to reports of [blood clots](#). "You'd think the doctors would kind of put two and two together," Cameron said.

Although most staff didn't openly admit the vaccine had caused his paralysis, Cameron said some of his doctors filed a [Vaccine Adverse Event Reporting System \(VAERS\) report](#), signaling that they thought the vaccine was the cause.

“Eventually, they found that I had a blood clot in my leg and it went up my spine and hemorrhaged,” Cameron said. The result was [transverse myelitis](#) — inflammation of the spinal cord — and paralysis.

At one point, a nurse gave him a drink of water and he began choking because the paralysis — which began in his lower body — had reached his throat. The staff put him on a [ventilator](#), gave him [remdesivir](#) and fentanyl, and kept him in the ICU for two weeks.

While there, he began receiving [plasmapheresis](#), a treatment for cleaning the blood. Later, he went to a rehab center in Salt Lake City, Utah, where he continued the treatment and did physical therapy.

By July 2021, Cameron regained muscle use in his neck and upper chest. However, he remains paralyzed from the diaphragm and below. Cameron shared documentation with The Defender to corroborate his story.

J&J ‘dropped him like a hot rock’

When The Defender asked Cameron if he felt J&J had taken [responsibility for the injury](#) their product caused him, he said, “No.”

“We contacted Johnson & Johnson,” his wife Carla said. “They’re very much aware of what happened to Doug, but they have dropped him like a hot rock.”

The U.S. government also has yet to take responsibility for the injury caused by J&J’s vaccine — which it [authorized for emergency use](#) on Feb. 27, 2021.

Carla and Doug in January 2022 submitted a [COVID-19 vaccine injury claim](#) with the U.S. Department of Health and Human Services’ [Countermeasures Injury Compensation Program](#) (CICP). The program “provides compensation for covered serious injuries or deaths that occur as the result of the administration or use of certain countermeasures,” including COVID-19 vaccines.

Carla said that whenever she calls to check in on their claim, she is told, “Yeah, it’s still sitting on somebody’s desk for medical review.”

Doug’s injury resulted in about \$2 million in medical expenses, she said. The couple said they’re grateful to have insurance — but insurance hasn’t covered everything. Doug’s paralysis has cost them roughly \$170,000 out-of-pocket, forcing them to sell

their cattle. “We went through every bit of savings we had,” Doug said. “And there was a GoFundMe campaign — we went through that, too.”

Fired for not being able to walk

More devastating yet, when Cameron tried to return to his job at TLK Dairy Farms, his boss fired him because he could no longer walk. “We can’t have you,” the boss said. “And I thought, ‘shit, I got the goddamn shot because you wanted me to get the shot — and now here I am paralyzed. I want to come back to work and you don’t want me,’” Cameron said.

Cameron said he still finds it hard to believe that his employer of 15 years would turn him away. “I worked on their dreams and they took away my dreams. They’re still living their dream, and I’m living my nightmare.” He tries to stay positive and help other people where he can, including speaking publicly about his injury to educate others on the risks of the COVID-19 vaccines.

Cameron spoke to the Idaho Southwest District Health Board before its historic vote to [remove COVID-19 vaccines from its clinics](#). He knows many people injured by Pfizer and Moderna’s COVID-19 shots. He believes all the COVID-19 shots were inadequately tested for safety before being pushed on the public. “The people of the world were the guinea pigs.”

After TLK Dairy Farms let him go, other businesses were thankfully open to hiring Cameron — who still has the use of his arms and maneuvers in a wheelchair. He started a job at Lowe’s in Boise where he enjoyed helping people pick out materials for building projects.

However, the 65-mile commute each way was taxing so he took a position at JK Armament, an ammunition company just a four-minute drive from his house. The people at his new job treat him well and he appreciates the work, but it’s all indoors, Cameron said. “I’d love to be back on the farm.”

[Suzanne Burdick, Ph.D.](#)

Suzanne Burdick, Ph.D., is a reporter and researcher for The Defender based in Fairfield, Iowa.



MARK OF THE BEAST: INFRARED QR CODE, MICRONEEDLE VACCINATION SMART PATCH MARK

<https://rumble.com/v56ddsq-mark-of-the-beast-infrared-qr-code-microneedle-vaccination-smart-patch-mark.html>

<https://youtu.be/aUW-DiZWexs>



THE MARK, NAME
OR NUMBER OF THE

666. THE NUMBER OF THE PRINCE, BEAST, ANTICHRIST, MAHDI, 12TH IMAM

<https://rumble.com/v561ko5-666.-the-number-of-the-prince-beast-antichrist-mahdi-12th-imam.html>

The NUMBER OF MOHAMMED BIN SALMAN '666'

HISTORIC PEACE AGREEMENT

Primes
666
9

(22 letters, 3 words)

"HISTORIC PEACE AGREEMENT" = 666 (Primes)

H I S T O R I C 316 P E A C E 82 A G R E E M E N T 268 666
19 23 67 71 47 61 23 5 53 11 2 5 11 2 17 61 11 11 41 11 43 71

Move Up			Primes										Move Down		
a	b	c	d	e	f	g	h	i	j	k	l	m			
2	3	5	7	11	13	17	19	23	29	31	37	41			
n	o	p	q	r	s	t	u	v	w	x	y	z			
43	47	53	59	61	67	71	73	79	83	89	97	101			

BeingJustified.com

Saudi Arabia will not recognize Israel without Palestinian state, says Crown Prince



September 18, 2024

The NUMBER OF MOHAMMED BIN SALMAN '666'

THIRD TEMPLE OF ISRAEL

Primes
666
9

(19 letters, 4 words)

"THIRD TEMPLE OF ISRAEL" = 666 (Primes)

T H I R D 181 T E M P L E 224 O F 60 I S R A E L 201 666
71 19 23 61 7 71 11 41 53 37 11 224 47 13 23 67 61 2 11 37 201

Move Up			Primes										Move Down		
a	b	c	d	e	f	g	h	i	j	k	l	m			
2	3	5	7	11	13	17	19	23	29	31	37	41			
n	o	p	q	r	s	t	u	v	w	x	y	z			
43	47	53	59	61	67	71	73	79	83	89	97	101			

BeingJustified.com

Revelation 17:9 And here is the mind which hath wisdom. The seven heads are seven mountains, on which the woman sitteth.

5,000 (5) 'Princes'

Abdulaziz (Ibn Saud) (1902-53)

Saud (1953-64) Faisal (1964-75) Khalid (1975-82) Fahad (1982-2005) Abdullah (2005-15) Salman (2015-)

MBS (b 1985)

HOUSE OF SAUD SAUDI ROYAL FAMILY NEWS & INFORMATION

HOUSE OF SAUD A Family at War

SEVEN SAUDI KINGS

Revelation 17:10-11 And there are seven kings: five are fallen, and one is, and the other is not yet come; and when he cometh, he must continue a short space. **AND THE BEAST THAT WAS, AND IS NOT, EVEN HE IS THE EIGHTH, AND IS OF THE SEVEN, AND GOETH INTO PERDITION.**

A BIBLICAL BOTTOMLESS PIT OF EVIL: SEVEN SAUDI KINGS AND THE BEAST

<https://rumble.com/v562805-a-biblical-bottomless-pit-of-evil-seven-saudi-kings-and-the-beast.html>

HOUSE OF SAUD A Family at War

ARAB NEWS

Revelation 13:3 And I saw one of **HIS [PRINCE, BEAST, ANTICHRIST] HEADS AS IT WERE WOUNDED TO DEATH**; and **HIS DEADLY WOUND WAS HEALED**: and all the world wondered after the beast.

Revelation 13:12 And **HE [FALSE PROPHET, POPE, PONTIFF]** exerciseth all the power of the **FIRST BEAST BEFORE HIM**, and causeth the earth and them which dwell therein to **WORSHIP THE FIRST BEAST, WHOSE DEADLY WOUND WAS HEALED**.

Revelation 13:14 And **deceiveth** them that dwell on the earth by the means of those miracles which **HE [FALSE PROPHET, POPE, PONTIFF]** HAD POWER TO DO IN THE SIGHT OF THE BEAST; saying to them that dwell on the earth, that they should **MAKE AN IMAGE TO THE BEAST, WHICH HAD THE WOUND BY A SWORD, AND DID LIVE**.



THE BEAST WHO
WAS WOUNDED BY A

The NUMBER OF MOHAMMED BIN SALMAN '666'

ROYAL FAMILY OF SAUD

Primes
666
9

(17 letters, 4 words)

"ROYAL FAMILY OF SAUD" = **666** (Primes)

R O Y A L 244 F A M I L Y 213 O F 60 S A U D 149 **666**
61 47 97 2 37 13 2 41 23 37 97 47 13 67 2 73 7

Move Up					Primes										Move Down										
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
2	3	5	7	11	13	17	19	23	29	31	37	41	43	47	53	59	61	67	71	73	79	83	89	97	101

BeingJustified.com

The NUMBER OF MOHAMMED BIN SALMAN '666'

the kingdom of the beast

Reverse Franc
Baconis
666
9

(20 letters, 5 words)

"the kingdom of the beast" = **666** (Reverse Franc Baconis)

t h e 96 k i n g d o m 232 o f 66 t h e 96 b e a s t 176 **666**
14 38 44 32 36 26 40 46 24 28 24 42 14 38 44 50 44 52 16 14

Move Up										Reverse Franc Baconis														Move Down																											
Z	z	Y	y	X	x	W	w	V	v	U	u	T	t	S	s	R	r	Q	q	P	p	O	o	N	n	M	m	L	l	K	k	J	j	I	i	H	h	G	g	F	f	E	e	D	d	C	c	B	b	A	a
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52

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FIVE-FOLD SINS RESULTING IN MEN'S ETERNAL DAMNATION:

1. *Worship the beast. (6X). (Rev. 13:4, 13:8, 13:12, 14:9, 14:11)*
2. *Worship the beast's image. (6X). (Rev. 13:14, 13:15, 14:9, 14:11, 16:2, 19:20)*
3. *Take the beast's mark. (6X). (Rev. 13:16, 13:17, 14:9, 14:11, 16:2, 19:20)*
4. *Take the beast's number. (2X). (Rev. 13:17, 13:18)*
5. *Take the beast's name. (2X). (Rev. 13:17, 14:11)*

Commentary: There are a total of eighteen (18) verses that indicate the eternal sins of damnation that result from worshipping the beast, worshipping his image and taking his mark of identification. Three (3) denotes God's emphasis and intensity. Six (6) denotes the evil number of man = 18, or 6+6+6 = 18, or 666 . . . "Here is wisdom. Let him that hath understanding count the number of the beast: for it is he number of a man; and his number is Six Hundred and threescore and six (666)." (Rev. 13:18). Worshipping the beast, his image and taking his mark are the eternal sins that men commit during the Tribulation.

There are a total of ten (10) combined references of evil men taking the beast's mark, number or name. These three descriptions are synonymous with being identified with (or belonging) to the beast and his system. Ten (10) denotes God's allness or physical completeness regarding things on earth. These ten references indicate man's complete earthly evilness and damnation resulting from taking either the mark, number or name of the beast and his kingdom.

These men are so deceived and evil, that they not only allow themselves to worship the beast and his fake image, but they allow themselves to be physically 'branded' or marked in order to be identified with the beast. Evil men obtain this mark, number or name so they can also participate in the global economy in terms of buying and selling. They have to be identified as having this mark, number or name, physically evident on either their right hand or forehead, in order to be allowed to execute a purchasing or selling transaction. Once evil men worship the beast, his image and take his mark (or number, name), they are damned.

There are three verses regarding a very specific, powerful and clear angelic warning given to men on earth, to NOT worship the beast, or his image, or take his mark (name, number). Three (3) denotes God's emphasis and intensity.

... "And the third angel followed them, saying with a loud voice, If any man worship the beast and his image, and receive his mark in his forehead, or in his hand, The same shall drink of the wine of the wrath of God, which is poured out without mixture into the cup of his indignation; and he shall be tormented with fire and brimstone in the presence of the holy angels, and in the presence of the Lamb. And the smoke of their torment ascendeth up for ever and ever: and they have no rest day nor night, who worship the beast and his image, and whosoever receiveth the mark of his name." (Rev. 14:9, 14:10, 14:11)

Twice (2) the message is directed at men. The angel repeats himself indicating that the message is for men and what behavior is judged eternally sinful (for ever and ever). Men who worship the beast, his image and take his mark will;

- 1. Experience God's wrath.*
- 2. God's wrath will not be diluted, or held back, but given in full strength.*
- 3. They will be thrown into the lake of fire and brimstone for torment.*
- 4. Their torment will be forever and ever (eternity).*
- 5. Their torment will be witnessed by holy angels.*

6. *Their torment will take place in the presence of the Lamb.*
7. *They will have no rest day or night, forever and ever (eternity).*

There are seven (7) specific results that stem from men worshipping the beast, his image and taking his mark (name or number). Seven (7) denotes God's divinely determined completeness as to his purpose or plan. Eternal punishment in the lake of fire and brimstone, day and night is the strongest wrath that God gives evil men (and Satan, beast/antichrist and false prophet). There is a specific mention that this torment takes place in the presence of the Lamb. These men, while in their torment, will see or consciously be aware of the existence of Jesus Christ. This will provide added pain, anguish and misery since they will be painfully made aware of the choice of their decisions (to worship the beast, his image and take his mark). They were warned not to do what they did.

The Bible gives plenty of examples of the glory that is given to those who did NOT worship the beast, his image or take his mark. Yet, despite the angelic warning . . . despite the 3 ½ year testimony of two witness and prophets . . . despite the witnessing of Tribulation Saints . . . despite the flying angel who proclaimed the gospel of Jesus Christ . . . evil men still chose to worship the beast, his image and to take his mark, name or number.

They chose to ignore the messages, the warnings, and the testimonies. And now, they are in the lake of fire and brimstone, and will have to pay the price for their evil decision(s), for eternity. They see Jesus Christ, and have become painfully aware of what they could have had through Jesus Christ and instead, they chose the false, empty promises of Satan by worshipping the beast, his image and taking his mark, name or number.

Their extreme bitterness and woeful regret will emotionally torment them for eternity, in addition to the physical pain, suffering and torment that they will experience in the lake of fire for eternity. Through their decision to follow Satan, God gave them exactly what they wanted. They did not want anything to do with Jesus Christ, who paid for their sins with his own blood. As such, God gave them over to Satan, since it was their free decision or choice, and what they desired while they were physically alive on earth.

These evil men did everything humanly possible to ignore warnings, to blaspheme God, to ignore the gospel of Jesus Christ, and instead they accepted and believed

in lies, worshipped Satan, the beast and his image. Evil men even went so far as to physically defile their bodies (flesh) by taking the branding (mark, number or name) of the beast. All of these actions and behaviors enabled evil men to give themselves totally and wholeheartedly over to Satan through his system of the beast/antichrist and the false prophet.

There are two visions describing what John the Apostle saw, regarding men who were overcomers (them that had gotten victory) by NOT worshipping the beast, his image or taking his mark, number or name.

. . . “And I saw as it were a sea of glass mingled with fire: and them that had gotten the victory over the beast, and over his image, and over his mark, and over the number of his name, stand on the sea of glass, having the harps of God. And they sing the song of Moses the servant of God, and the song of the Lamb, saying, Great and marvelous are thy works, Lord God Almighty; just and true are thy ways, thou King of saints. Who shall not fear thee, O Lord, and glorify thy name? for thou only art holy: for all nations shall come and worship before thee; for thy judgements are made manifest.” (Rev. 15:2, 15:3, 15:4).

. . . “And I saw thrones, and they sat upon them, and judgement was given unto them: and I saw the souls of them that were beheaded for the witness of Jesus, and for the word of God, and which had not worshipped the beast, neither his image, neither had received his mark upon their foreheads, or in their hands; and they lived and reigned with Christ a thousand years.” (Rev. 20:4).

Men who do NOT worship the beast, his image and take his mark are described as;

- 1. They are in heaven (stand on a sea of glass).*
- 2. They have harps of God.*
- 3. They sing praises and worship Jesus Christ for their salvation.*
- 4. They acknowledge that God’s judgements came to pass.*
- 5. They are given thrones upon which they sit upon.*
- 6. They are given judgement.*
- 7. They live and reign with Christ for a thousand years.*

There are seven (7) specific results that stem from men NOT worshipping the beast, his image and taking his mark (name or number). Seven (7) denotes God’s divinely determined completeness as to his purpose or plan. These blessings or glories are

the complete opposite of what awaits those men who DID worship the beast, his image and took his mark, name, number.

- 1. The righteous are in heaven for eternity versus evil men who are in the lake of fire and brimstone for eternity.*
- 2. The righteous are joyful and play harps versus evil men who are bitter, resentful, angry, tormented, cry and wail in anguish.*
- 3. The righteous sing the praise of and worship Jesus Christ versus evil men who once praised and worshipped Satan (through the beast, his image and in taking his mark).*
- 4. Righteous men acknowledge that what God said would come to pass, in fact did come to pass (made manifest) versus evil men who ignored and rejected warnings, the gospel and testimonies of the truth.*
- 5. The righteous are given thrones in heaven versus evil men who are drowning in torment in the lake of fire.*
- 6. The righteous are given judgement versus evil men who are judged.*
- 7. The righteous live and reign with Christ verses evil men who die and fall with Satan.*

The avoidance of doing these five (5) eternal sins is one of the most important themes, in the entire book of Revelation. Men must avoid doing these things, literally at all costs. Even to the point of being beheaded or martyred. Men's eternal destinies depend on it. Worshipping the beast, his image and taking his mark, name or number result in eternal damnation. There is no way of sugar coating or downplaying this reality.

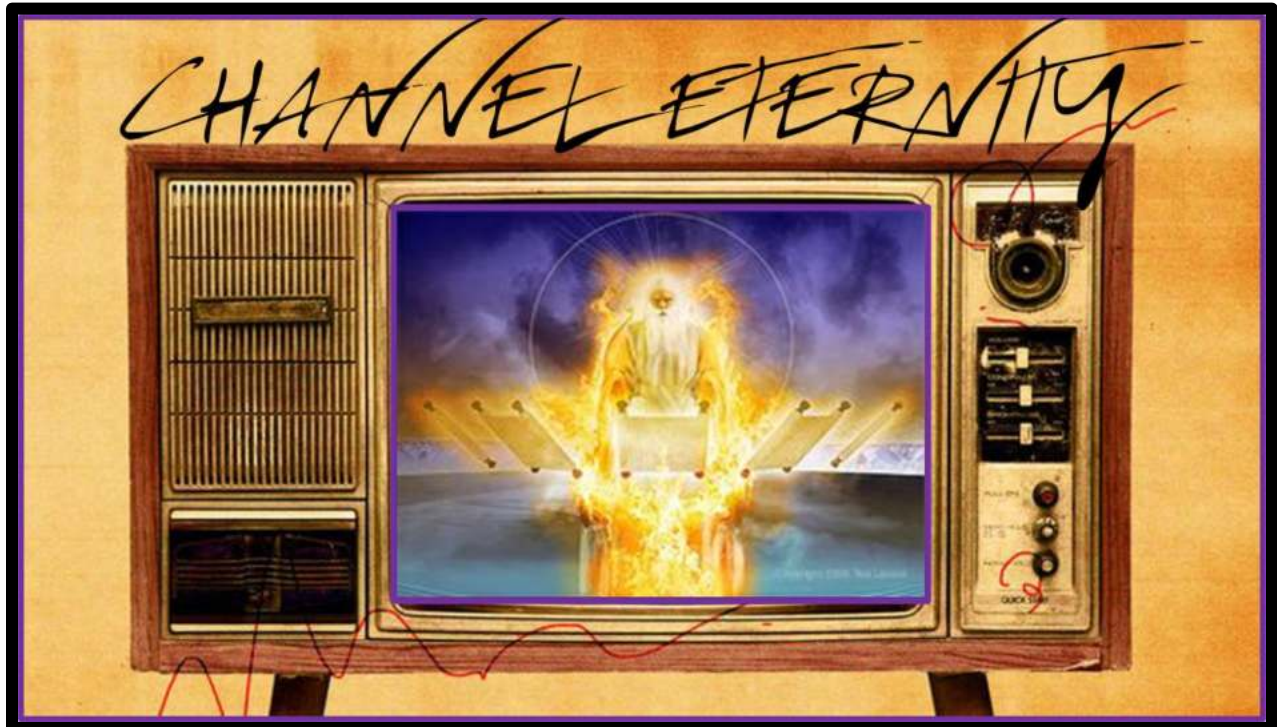
The avoidance of doing these five (5) eternal sins is one of the most important themes, in the entire book of Revelation. Men must avoid doing these things, literally at all costs. Even to the point of being beheaded or martyred. Men's eternal destinies depend on it. Worshipping the beast, his image and taking his mark, name or number result in eternal damnation. There is no way of sugar coating or downplaying this reality.

12 REFERENCES TO JUDGE / JUDGING / JUDGEMENT:

1. . . . “And they cried with a loud voice, saying, How long, O Lord, holy and true, dost thou not **JUDGE AND AVENGE OUR BLOOD** on them that dwell on the earth.” (Rev. 6:10).
2. . . . “And the nations were angry, and thy wrath is come, and the time of the dead, that **THEY SHOULD BE JUDGED**, and that thou shouldest give reward unto thy servants the prophets, and to the saints, and them that fear thy name, small and great; and shouldest **DESTROY THEM WHICH DESTROY THE EARTH.**” (Rev. 11:18).
3. . . . “Saying with a loud voice, Fear God, and give glory to him; for **THE HOUR OF HIS JUDGEMENT IS COME:** and worship him that made heaven, and earth, and the sea, and the fountains of waters.” (Rev. 14:7).
4. . . . “Who shall not fear thee, O Lord, and glorify thy name? for thou only art holy: for all nations shall come and worship before thee; for **THY ARE MADE MANIFEST.**” (Rev. 15:4).
5. . . . “And I heard the angel of the water say, Thou art righteous, O Lord, which art, and wast, and shalt be, **BECAUSE THOU HAST JUDGED THUS.**” (Rev. 16:5).
6. . . . “And I heard another out of the altar say, Even so, Lord God Almighty, **TRUE AND RIGHTEOUS ARE THY JUDGMENTS.**” (Rev. 16:7).
7. . . . “And there came one of the seven angels which had the seven vials, and talked with me, saying unto me, Come hither; I will shew unto thee **THE JUDGEMENT OF THE GREAT WHORE** that sitteth upon many waters:” (Rev. 17:1).
8. . . . “Therefore shall her plagues come in one day, death, and mourning, and famine; and she shall be utterly burned with fire: for **STRONG IS THE LORD GOD WHO JUDGETH HER.**” (Rev. 18:8).
9. . . . “Standing afar off for the fear of her torment, saying, Alas, alas that great city Babylon, that mighty city! For **IN ONE HOUR IS THY JUDGEMENT COME.**” (Rev. 18:10).
10. . . . “For **TRUE AND RIGHTEOUS ARE HIS JUDGEMENTS:** for **HE HATH JUDGED THE GREAT WHORE**, which did corrupt the earth with her fornication, and hath **AVENGED THE BLOOD OF HIS SERVANTS** at her hand.” (Rev. 19:2).

11. . . . *And I saw the dead, small and great, stand before God; and the books were opened: and another book was opened, which is the book of life: and **THE DEAD WERE JUDGED OUT OF THOSE THINGS WHICH WERE WRITTEN IN THE BOOKS, ACCORDING TO THEIR WORKS.***" (Rev. 20:12).

12. . . . *"And the sea gave up the dead which were in it; and death and hell delivered up the dead which were in them: and **THEY WERE JUDGED EVERY MAN ACCORDING TO THEIR WORKS.**"* (Rev. 20:13).



JUDGING OR JUDGEMENT IS DESCRIBED AS;

God is the judge and provides judgements or decisions based on the actions, behaviors and deeds of men and angels.

Judgement is a decision requested to be made on behalf of someone (Tribulation Saints) who were wrongfully hurt (beheaded).

Someone (nations) are caught bloody red handed and are angry knowing that they will be judged for their actions, behavior and evil deeds. They are angry because

they didn't get away with it and were caught. They know they are going to have pay a price which they can't afford.

Judgement is a request that someone be righted a wrong done to them.

Judgement is a request for a reward promised based on a stated outcome.

Judgement is based on timing. An evil act is done, its results are noted and accounted for. Time comes for the evil act to be judged and the resulting judgement exercised or made manifest.

Judgement, or the decision of what should be done has to be acted upon or made to occur (sent to prison). This is known as making a judgement manifest or physically exercised. This is the doing of what should be done.

Witnesses in the public gallery indicate that God's judgements are "true and righteous." This means that the public gallery can attest to the fact that God did take everything into account, all the details, actions, deeds, events, behaviors, statements, intents and came to the correct and truthful conclusion regarding the matter. Nothing was left out. Everything was taken into consideration as evidence, properly evaluated and applied against the benchmark, standard and/or law that was being applied. God's administration of justice and his resulting judgements are found to be accurate, spot on, truthful, correct, no question about it. In Biblical words, "true and righteous."

God is described as judging the "great whore" a.k.a. Babylon City (the great worldly capital of the beast's/antichrist's kingdom).

God is strong, meaning he can't be swayed or weak in the sense that he lets some evil slide a bit in terms of not being judged or of receiving judgement. He is firm in his judgements and not weak-kneed. He does not fold under public pressure. He can't be influenced, bribed, manipulated or pushed by a particular special interest group, lobby or entrenched political ideology or group. He is strong, firm, steadfast, unwavering in the application of his administration of justice.

The wrath of his resulting judgements is not watered down or filtered out or held back. He gives the criminal, evil-person no slack and gives them the fullest extent of prison term possible (eternity). They are not sent to a plush prison serving three square meals a day with a basketball court, but to a lake of fire and brimstone. God

does not ‘molly-coddle’ the evil, he gives them exactly what they deserve. He does not withhold his judgements, he pours out his wrath in full strength (at just the right time).

God’s judgement comes very swiftly, within “one hour.” There is no long drawn out period of rebuttals, challenges, reviews, counter-suits, passing on to a higher court, etc. A decision is made and done. The action of the decision is made manifest, very quickly. There is no delay in the manifestation of the decision. Babylon City is destroyed within one hour, split into three parts by a very great earthquake, consumed by fire and hammered by 100lb. hailstones (weight of a talent). Period.

There is no punishment meted out in stages, over a long period of time. There is no slap on the wrist that comes with an admonition to don’t do it again. The celestial sledgehammer is dropped quickly and decisively, no force is held back.

God’s judgement includes not only the living but also the dead. Jesus Christ opens his book of life, to see if a dead man’s name is in it. The book of life is not unlike an accounting ledger that records all the debits and credits amassed over a period of time. These debits and credits are referred to as “according to their works.” If a man’s name is found in his book of life, Jesus acknowledges as much to the Father and “confesses the man’s name even to the angels.” Through Jesus Christ and his book of life, God is able to righteously judge dead men. Jesus’ book of life accounts for everyone, past, present and future.

Numbers within numbers, meanings within meanings. Twelve (12) descriptions of judging or judgement and twelve (12) references or verses from throughout the book of Revelation. Judging / Judgement. (Def.); to form a conclusion about a subject or outcome, to decide as in a case of court, to give a verdict about someone or something in court as truthful, applying the administration of justice and truthfulness. Only God and Jesus Christ are the judges. Period.

Only God and Jesus Christ do the judging. Period. Only God and Jesus Christ reward, withhold or punish. Period. Only God and Jesus Christ are judge, jury, and jailer. God has his wrath. Jesus Christ has the keys to heaven and hell. Having judgement and exercising judgement is derived from authority and rule. One can only be a judge if they have the authority to judge and the right to judge. One has to be competent

to judge, to be able to discern right from wrong, truth from lies, good from evil, just from unjust, righteousness from unrighteousness, clarity from deception, godly from ungodliness, saved from unsaved.

To be able to judge, one has to know all the facts, all the outcomes, all the intents, all the behaviors and apply these against a benchmark, a standard, a law that determines whether the data observed meet the benchmark, standard or law. Since God is omnipotent and knows everything occurring past, present and future, he is supremely just in knowing everything to take into account in performing judgement. He is the only one capable of exercising correct, truthful and righteous judgement because he can and does take everything into consideration when exercising his administration of justice.

Jesus Christ is the benchmark, the standard and/or the law. Jesus Christ paid our court fees, he paid the bail, and also paid a very expensive price so we wouldn't have to go to jail, to the dungeon, to the hangman or to the lake of fire. God's law of righteousness and truthfulness is;

Admit/Acknowledge/Accept that you are sinner. Ask God's forgiveness and repent of your sins.

. . .For all have sinned, and come short of the glory of God. (Romans 3:23)

. . .As it is written, There is none righteous, no, not one. (Romans 3:10)

. . .If we say that we have no sin, we deceive ourselves, and the truth is not in us. (1 John 1:8)

Believe Jesus is Lord. Believe that Jesus Christ is who He claimed to be; that He was both fully God and fully man and that we are saved through His death, burial, and resurrection. Put your trust in Him as your only hope of salvation. Become a son or daughter of God by receiving Christ.

. . .That whosoever believeth in him should not perish, but have eternal life. For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life. For God sent not his son into the world to condemn the world; but that the world through him might be saved. (John 3:15-17). For whosoever shall call upon the name of the Lord shall be saved. (Romans 10:13)

Call upon His name, Confess with your heart and with your lips that Jesus is your Lord and Savior.

...That if thou shalt confess with thy mouth the Lord Jesus, and shalt believe in thine heart that God hath raised him from the dead, thou shalt be saved. For with the heart man believeth unto righteousness; and with the mouth confession is made unto salvation. (Romans 10:9-10)



This is the benchmark, standard and/or law by which God judges men. If Jesus Christ finds a man who meets this benchmark, standard and/or law, he acknowledges and confesses the man's name before God as belonging to him and having meet the requirements. Jesus Christ acts as our lawyer, on our behalf, in the administration of God's justice. Jesus saves us in God's court of law and in the administration of God's justice.

THE GREAT WHITE THRONE JUDGEMENT

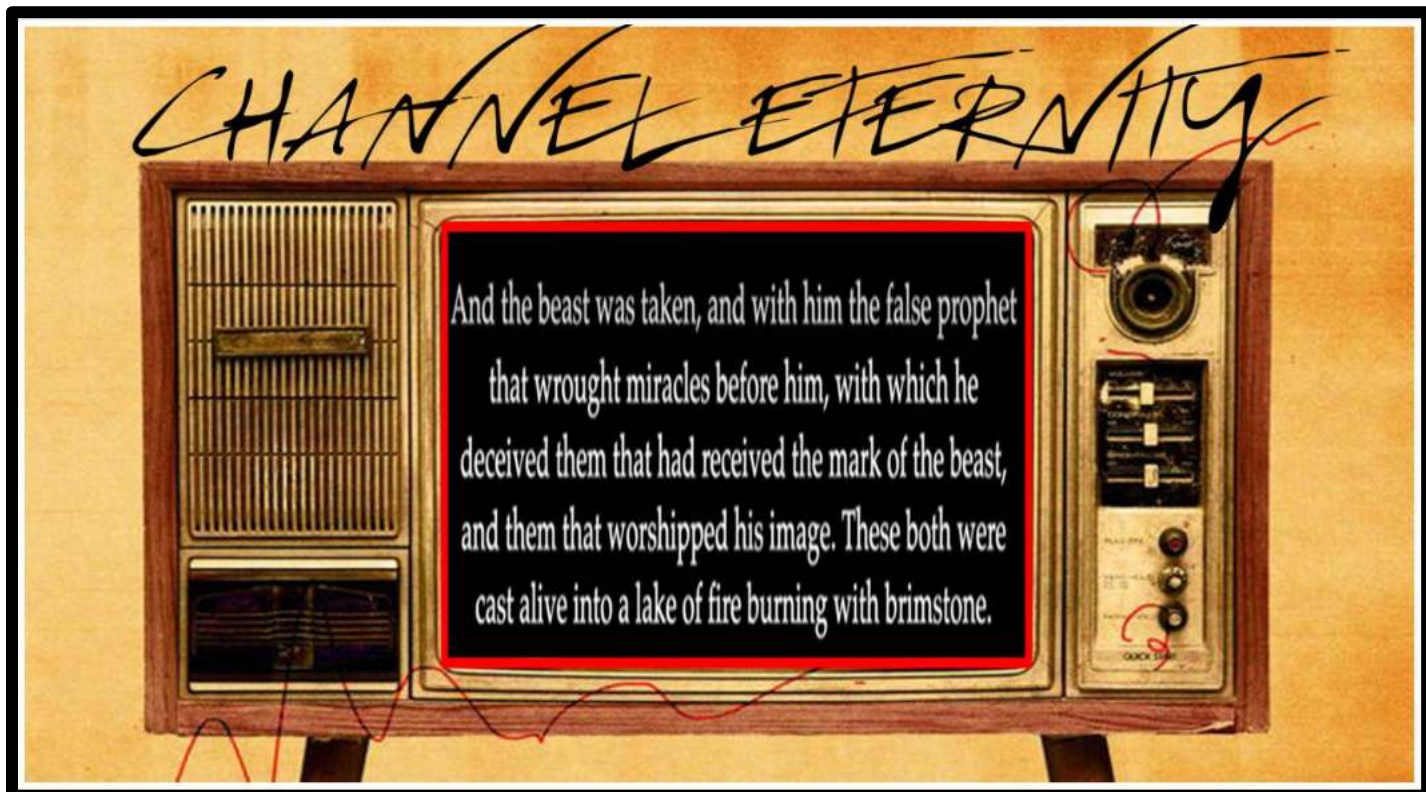


GREAT WHITE THRONE AND ETERNAL JUDGEMENT

<https://rumble.com/v5673cv-great-white-throne-and-eternal-judgement.html>



But the fearful, and **UNBELIEVING**, and the abominable, and murderers, and whoremongers, and sorcerers, and idolaters, and all liars, shall have their part in **THE LAKE WHICH BURNETH WITH FIRE AND BRIMSTONE: WHICH IS THE SECOND DEATH.**



SEVEN-FOLD REFERENCE TO LAKE OF FIRE JUDGEMENT:

1. *“He that hath an ear, let hear what the Spirit saith unto the churches; He that overcometh shall not be hurt of **THE SECOND DEATH (LAKE OF FIRE).**” (Rev. 2:11).*
2. *“The same shall drink of the wine of the wrath of God, which is poured out without mixture into the cup of his indignation; and he **SHALL BE TORMENTED WITH FIRE AND BRIMSTONE** in the presence of the holy angels, and in the presence of the Lamb: And the smoke of their torment ascendeth up for ever and ever; and they have no rest day nor night, who worship the beast and his image, and whosoever receiveth the mark of his name.” (Rev. 14:10-11).*
3. *“And **THE BEAST** was taken, and with him **THE FALSE PROPHET** that wrought miracles before him, with which he deceived them that had received the mark of the beast, and them that worshipped his image. These **BOTH WERE CAST ALIVE INTO A LAKE OF FIRE BURNING WITH BRIMSTONE.**” (Rev. 19:20).*
4. *“And the devil that deceived them was cast into **THE LAKE OF FIRE AND BRIMSTONE, WHERE THE BEAST AND THE FALSE PROPHET ARE**, and shall be tormented day and night for ever and ever.” (Rev. 20:10).*
5. *“And death and hell were cast into **THE LAKE OF FIRE. THIS IS THE SECOND DEATH.**” (Rev. 20:14).*
6. *“And whosoever was not found written in the book of life **WAS CAST INTO THE LAKE OF FIRE.**” (Rev. 20:15).*
7. *“But the fearful, and unbelieving, and the abominable, and murderers, and whoremongers, and sorcerers, and idolaters, and all liars, shall have their part **IN THE LAKE WHICH BURNETH WITH FIRE AND BRIMSTONE: WHICH IS THE SECOND DEATH.**” (Rev. 21:8).*

The lake of fire is also known as the ‘second death’. This is the final place of burning, everlasting torment for Satan, the antichrist, the false prophet and those un-saved, un-believing souls from throughout the ages found NOT to be in the book of life, at the white throne judgement, at the end of the Millennium. The lake of fire and second death are also reserved for those deceived during the Tribulation who took the mark of the beast and worshipped him and his image.

The evil dead are resurrected to be judged by Christ for their evil works and for their rejection of Him who offered himself for their salvation and forgiveness of their sins. As a result of their sins and judgment, they are cast into the lake of fire that represents a second death (the first death being physical body death and souls/spirits being in Hell). The evil dead are resurrected into bodies and cast into the lake of fire to be severely tormented, having no rest day or night, and are absent from a loving God and their Savior who offered himself for them.

THE GREAT IRONY IS THAT THESE PEOPLE RECEIVED EXACTLY WHAT THEY WANTED. THEY REFUSED CHRIST AND WANTED NOTHING TO DO WITH HIM, THEY WANTED TO EXIST IN ETERNITY WITHOUT COMMUNION WITH GOD AND CHRIST, ON THEIR OWN TERMS. THEY LITERALLY RECEIVED WHAT THEY ASKED FOR. THE STENCH OF THEIR PHYSICAL AND EMOTIONAL TORMENT RISES UP IN SMOKE, FOR ETERNITY.

God made both man and angels as eternal beings, hence they will exist forever in one state or another. Which state will any of us choose to exist in? The choice is up to us, and God grants us the freedom to make that choice for ourselves. For better or worse, we have no one to blame (certainly not God) except ourselves for whatever choices we make on earth.

**MOST PEOPLE DON'T REALISE THIS UNTILL IT'S TOO LATE: STANDING AT THE
JUDGMENT SEAT OF CHRIST**

<https://youtu.be/jlRHo7h5AwY>