Smallpox vaccine to prevent monkeypox could cause global smallpox (vaccinia) epidemic; I warn, do not be that stupid, understand you have damaged the immune systems of m (b)illions with COVID vaccines

Experts are saying smallpox vax 85% effective in monkey pox; this is NOT good news, for millions/billions are now immunocompromised from COVID vax; CDC sounds alarm for gay-bisexual men

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First, I would ask POTUS Biden to go back out to the nation and address his prior statement about monkeypox risk which was misinformed and served to scare the nation (‘**Everybody Should Be Concerned’ About Monkeypox, Biden Warns’).**There was no basis for Biden to say what he did and whomever cleared him to say that e.g. para ‘concerned about monkeypox’, should be fired. This has caused needless concern by the general population. The legacy media must be shut down for the utter reckless manner in which they report on this monkeypox and it is clear they are seeking to cause panic and hysteria when the general population, children, low-risk persons etc. are not at risk. Based on all we know today; the fear mongering MUST be stopped.

Now an i) update from CDC on the risk-group that monkeypox is focused in (as of Monday 23rd May 2022), ii) updated evidence of transmission by WHO expert, iii) some preliminary thoughts on the failed COVID mRNA vaccine, iv) the WHO pandemic treaty, and then v) further details on this issue of smallpox vaccination and monkeypox with a special shoutout to Dr. Vinay Prasad for his balance and common sense in this.

i)Update from CDC on the risk-group that monkeypox is focused in:

"CDC officials sound alarm for gay and bisexual men as monkeypox spreads in community. PUBLISHED MON, MAY 23 20223:12 PM EDTUPDATED 6 HOURS AGO

The Centers for Disease Control and Prevention on Monday alerted gay and bisexual men that monkeypox appears to be spreading in the community globally, warning people to take precautions if they have been in close contact with someone who may have the virus and to be on the lookout for symptoms.

Dr. John Brooks, a CDC official, emphasized that anyone can contract monkeypox through close personal contact regardless of sexual orientation. However, Brooks said many of the people affected globally so far are men who identify as gay or bisexual."

ii)WHO Expert: Monkeypox likely spread by sex at 2 raves in Europe

We knew this and have said this. Then why the hysteria and misinformation and duplicity by the media? "We know monkeypox can spread when there is close contact with the lesions of someone who is infected, and it looks like sexual contact has now amplified that transmission"…"Health officials say most of the known cases in Europe have been among men who have sex with men"…"It's very possible there was somebody who got infected, developed lesions on the genitals, hands or somewhere else, and then spread it to others when there was sexual or close, physical contact," Heymann hypothesized. "And then there were these international events that seeded the outbreak around the world, into the U.S. and other European countries."

iii)The failed COVID mRNA vaccine:

Let me start with this for it remains critical: the COVID vaccines, the mRNA platform, is a complete failure! This vaccine will harm and kill and is killing innocent healthy people coerced into taking it to put bread on the table. The vaccine is ineffective (you may say it's a gene delivery platform, an injection and not a vaccine and I agree) and not properly safe. It is dangerous and I state

and warn AGAIN, do not take it, do not take any more of it, do not under any circumstance give to your children. No healthy child. None!

This vaccine is non-sterilizing and the non-neutralizing vaccinal antibodies (Abs) binds to the virus's spike (infectiousness of the virus) but does not stop infection or eliminates the virus. In fact, it enhances/facilitates infection. We have been saying this one year now (Vanden Bossche, Yeadon, McCullough, myself etc.). The vaccinal Abs and its sub-optimal immune pressure is causing selection pressure (Darwinian natural selection) to select the fittest, most infectious variants/clades to then become the new dominant more infectious variant. Among these, could be a more virulent/lethal variant. This could devastate humanity and if we wish to keep this pandemic ongoing for 100 years, with needless ineffective booster after booster, then we keep vaccinating with these failed mRNA vaccines.

Remember, we have the data (UK, Denmark, Scottish etc.) that shows the 2 nd shot and the 3rd (1st booster) shot causes massive infection in the vaccinated, resulting in hospitalization, and death. Persons 50 years and over are at greatest risk as per data. If we want to harm and weaken and 'slow kill' the population with IMO a 'bioweapon', we keep going with these mRNA vaccines. This vaccine functions as a bioweapon. These vaccines have had no benefit, skews only to harm and again, do not, under no condition, give your children these vaccines.

iv)WHO pandemic treaty:

This intended WHO pandemic treaty (**Global leaders unite in urgent call for international pandemic treaty)** is huge and under no condition must the US cede any public health responding or decision-making to WHO, a bunch of inept, incompetent, corrupted, officials. This hill we defend. The US must withdraw from WHO fully. The WHO is a failed public health agency that functions today to waste (corrupt/misuse) donor money and has zero credibility. The WHO initially claimed and devastatingly so that there was no human-to-human transmission of COVID virus in China and this was a pure lie by WHO, blocking for China. This damaged the world. They also praised China for it's

COVID lockdown response and this too was a pure lie for the Chinese initial lockdown was a humanitarian and catastrophic failure. This was to mislead other global nations to lockdown to gain the same success China had, which was a pure lie. There was no Chinese success, similar to the devastation and failure we see now (April-May 2022) in Shanghai and Beijing with the insane ZERO-COVID lockdowns (**Dr. Redfield: China's failed 'zero-COVID' policy proves lockdowns don't work).**

China's lie that there was no human-to-human transmission when there was human-to-human transmission, their closures of their borders to incoming yet allowing flights to leave China, the WHO (Tedros) lying for China in agreement and praising a failed lockdown response designed to trick and coerce the world (US) into lockdown, and Fauci going on several media talk shows at the same time claiming Americans had nothing to worry about, seriously hobbled and damaged the US's response. The tri-fector hydra of China-WHO-Fauci was devised to confuse POTUS Trump and mislead him and at some level, we must give him great praise for going against Fauci et al. and closing the border to China, albeit I argue it should have been closed much sooner. Recall Biden and Pelosi were some of the high level officials then (early 2020) railing against POTUS Trump for that bold move.

v)Smallpox vaccination and monkeypox:

Now to the core focus of this substack, 'monkeypox'. Someone very high level in COVID pandemic response, top level intellect, came to me and said "Paul, I do not think it is even real". He further said that they are well capable of juicing this up and creating this panic out of nothing. Fabricated. He said he needs to see a real case, a real image. He is not convinced. He shared his thoughts that were quite interesting. He asked me if I believed him. I said 'very possible'. Given the cast of characters we have had to deal with who have led this pandemic response. Why can't they bring a fake monkeypox outbreak/epidemic?

When you have hysterical idiots like Eric Feigl-Ding rushing to write the utter claptrap garbage he wrote for 2 years on COVID and being wrong on all, then I

smell a rat. These idiots have zero credibility and reside in their own mental world to not realize NO ONE listens to the junk they spew. I will read the writing of independent journalists like Jordan Schachtel all day long, for he gets it. Jeffrey Tucker of Brownstone. He gets that the public simply wishes the truth, the facts, no more lies, no opinions, no junk science. Just honesty.

To me, anything is possible if viewed from the vantage of the last 2 years 2 months of pure lies by governments and their moronic duplicitous COVID experts. That we needed to do nothing, absolutely nothing in response to COVID, nothing. Not one single action. No mass testing with a flawed PCR test, no mass quarantine etc. None. If you were unwell, just stay home. Just always protect the vulnerable. Yet look at what we were subjected to by people 'doing good by us'. Harms and death. None of it was needed. And the devastating part of this was that not only were the lockdown lunatic policies useless, but those implementing them knew way before that they were useless.

I told him you know what my brother, I could also 'get there', in that malevolent subversive people can fabricate anything to achieve dark nefarious subversive aims. I am no conspiracy theorist and deal with actual data and facts myself, so I need to see a bit more. I have to trust but this cast of characters have zero credibility. But I am open to all things, and he is impeccable, topmost, so he got me thinking. I have some thoughts and will leave that there for now, so put a pin in it for now. Let us assume that this is a real situation of credible monkeypox cases in Europe and North America, so as to have this discussion.

First, assuming it is real, we need to calm down and think this monkeypox issue through and use the effective public health tools we already have. The risk is being grossly exaggerated by the media, the governments, and inept medical experts, banging their fear drum. This monkeypox emergence appears to be localized to a certain high-risk group and principally transmitted with close intimate-type contact (largely in men who have sex with men). Acute contact tracing is optimal and the right course of action at this time (as well as update diagnostic capability for orthopoxviruses and PPE for relevant health professionals; also, no ignorance and stigmatization and we have to PSA to

MSM on what signs and signals to look for). This virus is not easily spread human-to-human as it demands very close physical contact. One needs to have close physical contact with the lesions/pustules (content of the lesions/pustules). It can also be transmitted via respiratory droplets from lesions/blisters in the mouth of an infected person.

To get our arms around monkeypox (if it has emerged as reported) and to address it successfully, we should seek to collect data from females in such similar same-sex relationships to establish if there is a risk differential by gender. Dr. Howard Tenenbaum (electronic communication) raises a very important point relevant to monkey pox characterization and could help with other such infection surveillance. He remarked para "One other extremely important measure would be to assess COVID vaccine status, especially the number of doses. If the entire gay community (or nearly whole) is vaccinated, then we will not learn much BUT if there is a dose response we will! And that would be between Moderna and Pfizer (dose response due to mRNA loads) and a dose response vis a vis the numbers of shots taken."

So how should we optimally move forward at this time?

i)Importantly, there must be no stigmatization or demeaning based on sexual preference, we focus on the pathogen; stigmatization damaged the proper response to HIV as an example, even by the medical and research community as the focus was not on the pathogen; the lesson has been learnt

ii)Implementation of acute contact tracing

iii)Update diagnostic capability for orthopoxviruses

iv)In preparation, assess relevant Personal Protective Equipment for relevant health professionals and secure as needed

v)PSA (message) MSM and persons in bisexual relationships on what signs and signals/symptoms to look for in their sexual partners.

This last suggestion (v) will go a long way to reduce exposure and transmission. This virus is not easily spread human-to-human as it demands very close physical contact, and as such, govern yourself accordingly. The vast majority of the population including children, are at very low risk. As more is learnt, we will update the intelligence and respond accordingly. Based on medical knowledge to date, the risk is exceedingly low for the general population and unless dramatically different evidence emerges, the media et al. needs to stop the fear mongering panic porn. We know the at-risk group, we have a reasonably clear understanding on how it is transmitted, and we know how to mitigate spread with appropriate PSA messaging and reach out, acute contact tracing, and isolation of infected etc. The vast majority of the population will largely be just very fine. The media et al. needs to stop the fear mongering panic porn.

The inept COVID medical experts and lockdown lunatics and global predators are at it again and these experts have already pivoted to smallpox vaccine and are saying the smallpox vaccine is 85% effective in monkeypox. This is NOT necessarily good news, for millions/billions are now potentially immunocompromised from the COVID vaccine. While a theoretical risk, by initiating smallpox vaccination, if the vaccine contains smallpox or vaccinia virus, we could potentially re-introduce smallpox and vaccinia to populations. This could be catastrophic.

We need some deep breaths and think about this carefully and as mentioned, arrest this monkeypox with tried and tested and successful public health containment tools like acute contact tracing/surveillance and isolation of infected/symptomatic persons. We focus where the risk behavior is and NOT mass vaccination of the population or ‘ring’ vaccination (key is we need to assess which vaccines are even available for if any contains smallpox or vaccinia or are replicating (means it can reproduce in human cells), that can be a catastrophe; this needs serious debate) and NOT mass chaos in the general low risk population by nonsensical, fear-mongering media messaging.

IMO, there is no basis, none, zero, for mass population/global vaccination with any vaccine as a response to monkeypox. IMO, only in the identified at-risk group e.g. bisexual, men who have sex with men etc. (persons who are at risk) if there is a decision to vaccinate. This has to be studied carefully for even HIV/AIDS persons who have been COVID vaccinated, they have 2 existing challenges beyond the risk of monkeypox which are 1) their immune suppressed state to begin with due to the HIV infection and 2) their compromised /dysregulated/damaged immune system (innate and acquired-adaptive) due the the devastation wrought by the COVID vaccine. So a decision to rush off vaccinating HIV positive persons (or certain groups) for monkeypox risk must be taken very seriously. The COVID vaccine has done tremendous damage to immune systems and we have no idea what the response will be even with non-replicating vaccines, if HIV positive persons (or similar) are mandated to be vaccinated.

The known suppression of the immune system for 2 weeks post COVID vaccine has been a serious concern as vaccinees have always been vulnerable to COVID and other viral infections/pathogen during this immediate post shot period. White blood cells are depressed during this period and thus why there are so many adverse events, hospitalizations, and deaths in the first 2-3 weeks post vaccine. The fact that the CDC and NIH etc. do not count these as occurring among the ‘vaccinated’ was to defraud the data to make it look like its a pandemic among the unvaccinated. The duplicitous CDC fraudsters count the first 2 weeks post vaccine as ‘unvaccinated’ which is IMO a means to deceive and manipulate the data.

Fauci, Francis Collins, Walensky, Bourla et al. thus failed to inform vaccinated persons how vulnerable they were for a period right after the jab. Yet I think it is more than this. Worse than this. We may have extensively damaged our innate and acquired-adaptive immune systems due to the COVID vaccine, in a way that vaccinated persons are at risk of developing a broad range of illnesses. Our immune systems may now be seriously compromised (in vaccinated persons) due to the COVID vaccine. We warned about this (Vanden Bossche,

Yeadon, myself etc.) and our fears may well be materializing. Monkeypox may be the tip.

I will start with this statement before delving deeper: Stop the panic porn, stop lying to the public. Focus on where the risk is, NOT the general population. If it is being spread principally by sexual contact and among men-who-have-sex-with-men, then say so, and we orient the debate properly and no politics. We orient the debate where the risk behavior is. Reporting suggests: '‘The community transmission is largely centered in urban areas and we are predominantly seeing it in individuals who self-identify as gay or bisexual, or other men who have sex with men."

We keep the debate only on the mechanisms of transmission (viral transmission mechanics) and not on sexual preferences etc. It appears to be transmitted as a sexually transmitted disease (STD) and thus we react in public health as we would for STDs. Do we do anything extra societally as to this monkeypox? No. Do we be scared? No. Do we wear masks? No. Do we shut down anything, schools, business, society? No. Do we do some contact tracing? If we think it warrants. Do we mass quarantine? No. There is no need. Do we order shelter-in-place? No. We just live life as normal and turn off the insane corrupted media. That is all. Turn it off!

It is spread among men who have sex with men (MSM) mainly as per reporting. Contact trace there. Focus there. Do not taboo it. Do not react and behave in a manner that causes stigmatization and smears and attacks on MSM. Stop now! Calm down and have rational discussions. Use the routine public health tools that work and operate as normal. The rise in European and North American cases may likely be due to travel that is exporting out of traditional foci. Focus there where it seems to be the foci, and with some outreach, some PSAs, some acute surveillance to characterize. Yes, we always keep an eye on ‘unusual’ occurrences and while the extra cases in North America and Europe raises some questions, what the media etc. is engaging in is inexcusable fear mongering.

If it is as reported, showing up in mainly males, young males and MSM (some reports due to gay parties), then it will be prudent to acute focus there and begin

a second and third generation type of surveillance system, if there is that much of a concern and if cases rise. Again, if the reports of mainly in MSM. Now as with HIV when it initially emerged, what helped more acutely characterize the virus and thus efforts to tamp down the transmission and to see where it was, we implemented what was known as second and third generation surveillance systems in low-risk mothers (prenatal and antenatal clinics) and in heterosexual relationships. The expectant woman etc. stands always as the lowest risk group for sexually transmitted diseases given her likely monogamy.

We must take a quick look at transmission risk among HIV infected persons and how it may be instructive here given the transmission picture that has emerged thus far. Knowing we are early in the situation. The issue we realized was that MSM and bisexuals were causing the HIV to be transmitted broadly (and into the heterosexual communities) when they engaged in contact with non-homosexual partners. MSM can have (and have been known to have) partners outside of the homosexual community. At the height of the HIV epidemic, heterosexual husbands who also visited sex workers etc. took the virus home to low-risk women who thought they were in monogamous low-risk relationships. Heterosexual husbands who visited sex workers who were also injecting drug users were also at heightened risk of exposure. We also had to focus on the hydra and the floating migrant worker as part of the transmission chain. So, looking at the bisexual community for monkeypox and also women seeking pre-natal and antenatal pregnancy services could be of value as it was for HIV in understanding the virus. It will help us understand the extent of spread.

When a virus like HIV spread into the lowest risk expectant mother population, we knew the virus was spreading extensively due to high-risk behaviors by their partners. Highly monogamous expectant women were not to be HIV infected (always the lowest risk group in terms of high-risk behaviors in any society) unless getting it from their husbands and we traced backwards to understand what was happening and where to acutely focus surveillance and prevention and control strategies.

Again, I do not think this type of sophisticated acute surveillance is needed and we may well be ahead of our skis, but I am only giving this explanation as a tip, a brother to another brother tip, to the idiotic public health persons in USA and Canada and elsewhere who showed in COVID that they are full-fledged epidemiological morons! Complete buffoons. Academically sloppy and cognitively dissonanced. In that if the foci is in MSMS, then this is where you focus and do not 'pretend' for politics and the like. Pure dolts for everything, every single COVID restrictive policy and action these inept health officials and governments in Canada, US, UK, Australia etc. took failed, all lockdowns, all school closures, all mask mandates, all shelter-in-place, all social distance, all. Every COVID restrictive policy failed! They, these craven government and health officials killed people with their fraudulent over-cycled over sensitive used RT-PCR test and the lockdowns. They killed people with their lockdown lunacy!

This type of acute heightened surveillance is not needed but if there is more spread outside of Africa, we may want to focus on these low-risk groups to better understand the extent of spread beyond the MSM group if this is the principle at-risk/high-risk group for monkey pox dissemination. If what the media is reporting as to the predominance of monkey pox cases. We may also wish to focus on injecting drug users who tend to engage in other high-risk behaviors. If human-to-human spread is occurring in persons who are engaging in close physical contact through sexual intimacy etc. and as being reported at this time, and likely with persons who are symptomatic at some level, then this is where the debate and focus should be.

I guess that will not happen for the media will not talk about this. This aspect will be covered up and sidelined if this monkeypox became a larger spread issue. This is the putrid politics and games we face. I talk it as it is, so you will always get the truth from me.

I write here as an infectious diseases' epidemiologist, COVID expert, and with training in bioterrorism and biowarfare. I write having worked at World Health Organization, PAHO, the Canadian Government, IDSA, and US government in

various epidemiology, EBM roles. That actually shows I may be an idiot too! So do not pay attention to that part of me!

I actually had some schooling under Dr. Donald Henderson at Johns Hopkins school of bioterrorism, who eradicated smallpox. It was in bioterrorism and biological warfare preparations if/when a city is attacked with chemical, radiological, and biological weapons. I asked Dr. Henderson to supervise my doctorate and he agreed, but for funding, better funding, I went to McMaster under the founder of EBM Guyatt. The EBM school at McMaster should be closed now as it is sold out to big pharma and grants. Sadly. The garbage COVID research and fraud corrupted studies by Pfizer and Moderna and FDA, in olden days, EBM giants would have torn it up. No more, follow the money!

So, is monkeypox the new COVID? IMO, we should calm down and not succumb to the fear mongering and recognize its the very same inept, incompetent, arrogant, illogical, irrational, stupid, absurd, specious, non-sensical, hubris-laden, moronic media and so called ‘television medical experts’ at it again. They, these ever preening abysmally stupid television medical experts, have shown an appalling lack of competence in all things COVID. They are matched only by the COVID Task Force experts. Pure idiots! Did I use enough descriptives as to the depth of breath-taking incompetence? Are there any others I may use?

So, calm down. No evidence that this monkeypox is a threat, it is very non-lethal thus far and likely will not be a public health threat based on all we do currently know. Is this an attempt to scare you and drive panic? Likely. Is judiciousness and prudence needed? Always it is needed. But within reason. Balance with the facts and the ‘likelihood. Is it a public health threat today? No. I see none, zero! Do we know what to do to contain monkey pox? Absolutely. Contact trace. Again, with all I know as of today, there is the media driving needless fear and panic. It’s reprehensible what they are doing.

As of today, there have been zero deaths due to the cases that have emerged in Europe and North America (I believe near 100 to date and principally in young men). Stop the lying, Mr. news media and idiotic ‘medical expert’ talking heads

on television that children are at risk. I ask you, where is the evidence of this? Where? What data? You have none and you know it! You lie as usual to panic parents. Filthy animals you are! Pure filthy stink nasty demonic animals trying to do this, scaring the public needlessly.

So as more is learnt, calm down and turn off FOX and CNN. The same idiots are on their spewing garbage drivel to you. Moronic idiots as usual in the media. Relax. If there are issues to be concerned about, you know folk like me will advise immediately. You know I love to write;-).

Above all, take no more COVID vaccines based on what we know today as to the ineffectiveness and improper safety profile. COVID is and was done! It is continuing due to the continued vaccination with the non-sterilizing, non-neutralizing vaccine with antibodies (Abs) that are targeting the infectiousness of the virus (the spike) yet can only bind to the virus's spike epitope but not sterilize (eliminate) the virus. You as the ones being vaccinated, are driving the variants/clades/sub-variants. Say NO! None for your children. Not one health official in US, Canada, UK, anywhere… has made any case as to why these failed COVID vaccines are needed in low-risk healthy children. You will be part of harming and killing children with these vaccines. Your children. This is the hill you hold; this is the hill you as parents be prepared to lay your life down on. This is it, all your life now comes to now, all of our lives!

Fauci and Walensky and Bourla of Pfizer and Bancel of Moderna and the kingpin himself Francis Collins of NIH, and the new addition to the clown car show, the blinker Ashish Jha, show they are grossly inept, incompetent, idiotic, and do not think of the health and well-being first. They think fame and money$. Some say nefarious. I do not know enough to comment on that in a properly informed manner, but it is clear. It is either pure ineptness or malfeasance. One of the two or a combination. You decide. I have my own thoughts.

So, with that open, let me begin on monkey pox and I have to start with smallpox as this is being used to panic you. Smallpox vaccine (smallpox is caused by the variola virus (variola major or variola minor), it is of the genus

orthopoxvirus; humans are the only known reservoir) is emerging as a topic of conversation and possible importance in the emergence of monkeypox. IMO, too many unknowns in the era of having mass vaccinated the populations with COVID vaccines, to consider vaccinating for monkeypox with smallpox vaccines; too much damage from COVID vaccines. Smallpox vaccines on top of COVID ineffective and harmful vaccines is insanity! I remind you that "Inoculation with vaccinia virus is highly effective for the prevention of smallpox infection, but it is associated with several known side effects that range from mild and self-limited to severe and life-threatening."

We have to think outside of the box, and challenge conventional wisdom for everything they did (COVID lockdown lunatics) has not worked and they continue to be clueless. A critical statement thus to set the table:

"Increasing the number of vaccinated persons will inevitably lead to increases in morbidity and mortality due to vaccinia, and current evidence suggests net harm would result if smallpox vaccine were made available to the general public on a voluntary basis."

SOURCE:

Belongia & Naleway: Smallpox Vaccine: The Good, the Bad, and the Ugly

First, we have said, Vanden Bossche, McCullough, myself etc. that these sub-optimal ineffective and harmful COVID vaccines must be stopped! Completely. They cannot be justified. Zero! None in children! Pfizer (Bourla) and Moderna (Bancel) and Fauci and Walensky and Francis Collins are criminals for pushing this on near statistical zero risk healthy children.

I warn, this is in part to scare you to vaccinate your child with COVID vaccine and even smallpox vaccine. Be warned. They, scientists, are saying good news, I am saying not good news if you went thinking you morons that you can vaccinate people for monkeypox with the smallpox vaccine.

Slow your roll on this one, the same players are involved, hysterical, and the same complicit media! Slow your roll!

COVID vaccinated persons have depressed subverted immune systems (documented) and thus are at risk for latent and existing pathogen (and cancers), that would not have infected them prior. Very valid to conjecture on this that it is the COVID vaccine and what it has done immune system wise, that has caused monkey pox to emerge in Europe and North America. COVID vaccinated persons could be at dramatic risk to monkeypox and a host of other pathogen/virus.

Next, it is true that persons under 40 years old do not have the smallpox vaccine (a vaccine that has had a questionable history as to safety), yet the real issue is the catastrophic outcome should we vaccinate millions and millions with smallpox vaccine who have subverted immune systems now due the sub-optimal non-sterilizing COVID vaccine. I warn, by taking people who have compromised immunity as are COVID vaccinated persons (e.g. increased risk of infection and are getting infected post vaccine), and as such immunocompromised, and you give them the smallpox vaccine for monkeypox (orthopoxvirus) prevention, you could create devastation.

I just described COVID vaccinated persons. Immunocompromised vaccinated persons. The smallpox vaccine can potentially then drive cases of smallpox as well as vaccinia in subverted immunity, immunocompromised COVID vaccinated persons, including among young people and children. This is at present a theoretical risk but can become a reality if how I explained it above is so.

The smallpox vaccine (based on vaccination with vaccinia virus is known to be very ruthless (potentially causing the orthopoxvirus ‘smallpox’ viral disease itself) in immunocompromised persons. The smallpox vaccine can also cause progressive vaccinia (vaccinia virus). Vaccinia induces both cellular and humoral immunity to variola virus (remember, smallpox is caused by the variola virus).

See these passages:

“Smallpox vaccine is less safe than other vaccines routinely used today. The vaccine is associated with known adverse effects that range from mild to severe. Mild vaccine reactions include formation of satellite lesions, fever, muscle aches, regional lymphadenopathy, fatigue, headache, nausea, rashes, and soreness at the vaccination site.13,18,19 A recent clinical trial reported that more than one-third of vaccine recipients missed days of work or school because of these mild vaccine-related symptoms.18…

In the 1960s, serious adverse events associated with smallpox vaccination in the United States included death (1/million vaccinations), progressive vaccinia (1.5/million vaccinations), eczema vaccinatum (39/million vaccinations), postvaccinial encephalitis (12/million vaccinations), and generalized vaccinia (241/million vaccinations).20 Adverse events were approximately ten times more common among those vaccinated for the first time compared to revaccinees.20 Fatality rates were also four times higher for primary vaccinees compared to revaccinees.21…

Progressive vaccinia (a.k.a. vaccinia necrosum, vaccinia gangrenosum) is defined as an uncontrolled replication of vaccinia virus at the vaccination site that leads to a slow and progressive necrosis of surrounding tissue.24 Satellite necrotic lesions typically develop, and ultimately vaccinia virus may be found in other tissues and organs.24 This condition typically affects individuals with incompetent immune systems.24,25 The cardinal clinical signs of progressive vaccinia include an unhealed vaccination site >15 days post vaccination, and the lack of inflammation or an immune response at the vaccination site.24,25 Untreated progressive vaccinia is fatal, but treatment with VIG or the antiviral cidofovir may be effective in some cases.”

SOURCE:

Belongia & Naleway: Smallpox Vaccine: The Good, the Bad, and the Ugly

“There are more than 100 million doses of another vaccine, ACAM2000. This is an older generation vaccine meant to prevent smallpox, but could

also be used to prevent monkeypox, McQuiston said. That vaccine, however, can come with significant side effects, and would be considered only for very close personal contacts of those with monkeypox infection, as well as health care workers."

SOURCE:

CDC investigating more monkeypox cases

Study this carefully, think properly. Take your time. Slow your roll with considering smallpox vaccine for monkeypox. Let us stop and examine what these monkeypox cases are about and if they are directly linked to the immuno-suppression due to the COVID vaccines. Again, as we have said repeatedly, stop the COVID vaccines!

Look at the sheer disasters we have made in COVID responding and the vaccines already. At present, there is no cause for concern based on what is being reported. We should look at the transmission in men-who-have-sex-with-men, as there are reports of heightened cases among young men. This needs investigation before this can be declared as credible, for it is unclear at the moment. Lots of the monkeypox news is unclear and really hysterical and meant to scare you. Drives needless fear. We keep an eye out but as of now, this is not a public health threat. Far from it.

Primer on monkeypox:

"Animal-to-human transmission can happen as a result of direct contact with the blood, bodily fluids, or cutaneous or mucosal lesions of infected animals…

Secondary or human-to-human transmission can happen through close contact with respiratory secretions, skin lesions of an infected person or recently contaminated objects…

Transmission via droplet respiratory particles usually requires prolonged face-to-face contact, putting health workers, family members and other close contacts of infected people at greater risk…

On Monday, the WHO signaled that some of the cases confirmed recently in Britain surfaced among gay men…

Although the current cluster of cases is in men who have sex with men, it is probably too early to make conclusions about the mode of transmission or assume that sexual activity was necessary for transmission, unless we have clear epidemiological data and analysis," Michael Skinner, a virology specialist from London's Imperial College, told Science Media centre(SMC) website…

The World Health Organization however says human-to-human transmission is limited.

Symptoms in humans of monkeypox include lesions, eruptions on the face, palms or soles, scabs, fever, muscle ache and chills…

Most people recover within several weeks and monkeypox has only been fatal in rare cases…

It is usually a self-limited disease with symptoms lasting from two to four weeks."

SOURCE:

Good news: Smallpox vaccine 85% effective in preventing monkeypox

Key for you to know is this. The cases may be occurring due to exposures to a common source (several infected animals). This is what we pay attention to and if there is human-to-human spread, how infectious/extensive e.g. what is the reproductive number (R naught e.g. how many persons can one infected person spread to and if 1.0 and below, then this is great news as it appears to be). Human-to-human transmission appears to be a minimal (negligible and only with very close physical contact to bodily fluids, lesions, droplet etc.). Sexual intimacy appears to be a player and we should focus on messaging there. Usual containment measures are appropriate e.g. contact tracing, consideration of advisement and quarantine of ONLY persons in contact with bona fide infected persons, or who are symptomatic or in contact with symptomatic persons.

Balance is needed still. No mass vaccination. Again, smallpox vaccine has serious safety issues and can be deadly (driving smallpox and/or vaccinia) in the era of depressed immune systems in persons vaccinated with COVID vaccines.

There is no indication whatsoever of any asymptomatic transmission (best knowledge to date), the fraud and lie they sold to us in COVID. No asymptomatic transmission of monkeypox. if there is spread, it is via (based on our evidence to date) contact, actual contact person-to-person (infected persons/had illness to uninfected person). The cases so far are among men who have had sexual contact with other men (MSM) and thus close intimate physical touch. Besides close physical contact (e.g. sexual in MSM), the virus may spread by larger respiratory droplet infection (landing in an uninfected person's nasopharyngeal passages), as well as direct contact with the lesions or pustules in a symptomatic monkeypox infected person (potentially clothing with content from the infected lesions/pustules).

SOURCE:

CDC, CDC Advises Doctors to Be on Alert for Monkeypox as WHO Confirms Outbreaks in 11 Countries

Key statements:

"In 2021, the United States had two confirmed cases of monkeypox, one in Maryland and one in Texas. Both cases involved people who had recently traveled to Nigeria, where the virus is endemic.

According to the CDC, because the monkeypox virus is related to the virus that causes smallpox, the vaccine can protect people from getting monkeypox.

"Past data from Africa suggests that the smallpox vaccine is at least 85 [percent] effective in preventing monkeypox," the CDC stated.

"People who closely interact with someone who is infectious are at greater risk for infection: this includes health workers, household members and sexual partners," the WHO stated.

Monkeypox starts off with flu-like symptoms that include fever, muscle aches, and fatigue, as well as swelling of the lymph nodes. Within days after fever, a rash appears on the face and body, which can also include the genital or perianal area, the CDC states. The incubation period—time from infection to symptoms—can range from 5 to 21 days.

The disease usually self-resolves with the symptoms lasting from 2 to 4 weeks, although severe cases can occur and can even result in death, with recent death rates being around 3 to 6 percent, according to the WHO.

The United States has one confirmed case of monkeypox in Massachusetts, the first this year. The CDC said it is working with the state's health department to investigate the case. The patient involved has the West African strain of monkeypox virus, and is currently isolated, the CDC stated. He had recently traveled to Canada, where the first two monkeypox cases were confirmed late on May 19 in Quebec.

The CDC noted that in the case of the United Kingdom, there was a "temporally clustered group of cases involving four people who self-identify as gay, bisexual, or men who have sex with men."

"Some evidence suggests that cases among [men who have sex with men] may be epidemiologically linked; the patients in this cluster were identified at sexual health clinics," it stated. "This is an evolving investigation and public health authorities hope to learn more about routes of exposure in the coming days."

It adds that doctors should be more suspicious for the disease and consider it as a possible diagnosis if, in addition to having a characteristic rash, their patient has traveled to countries with recently confirmed cases of monkeypox; reports having had contact with anyone who had monkeypox, or suspected monkeypox, or have a rash similar in appearance to monkeypox; or is a man who regularly has close or intimate in-person contact with other men.'

Bottom line:

My understanding says relax, calm down, turn off CNN and FOX, two of the same idiotic misinformation outfits. This monkeypox virus is basic to Africa and is zoonotic and as such can jump from animals to humans. If it does, transmission is via close physical contact e.g. reports of spread between MSM (needs to be clarified), bodily fluid, touch of infected lesions/pustules, and possibly clothing from infected persons. Death rate is vanishingly low and no evidence more deadly for children. Based on all data we know of, globally. IMO, this is no public health concern, no threat, and as before, was never a virus to lose sleep over. We keep an eye on it, and we use traditional public health control measures e.g. contact tracing, if and when need be. No mass vaccination using smallpox vaccine and especially within the immune compromised devastation caused by the COVID vaccines. Smallpox vaccine in this context and era of depleted exhausted immune systems with all the ineffective and deadly boosting, could cause smallpox epidemics and vaccinia.

SOURCE:

Sarracenia purpurea

Check out this 1863 British Medical Journal treatment for smallpox, published 160 years ago, as a correspondence. Very interesting and I love the writing 160 years ago, content and style.

In conclusion, there are also very suspicious events taking place and which have taken place that raises massive questions:

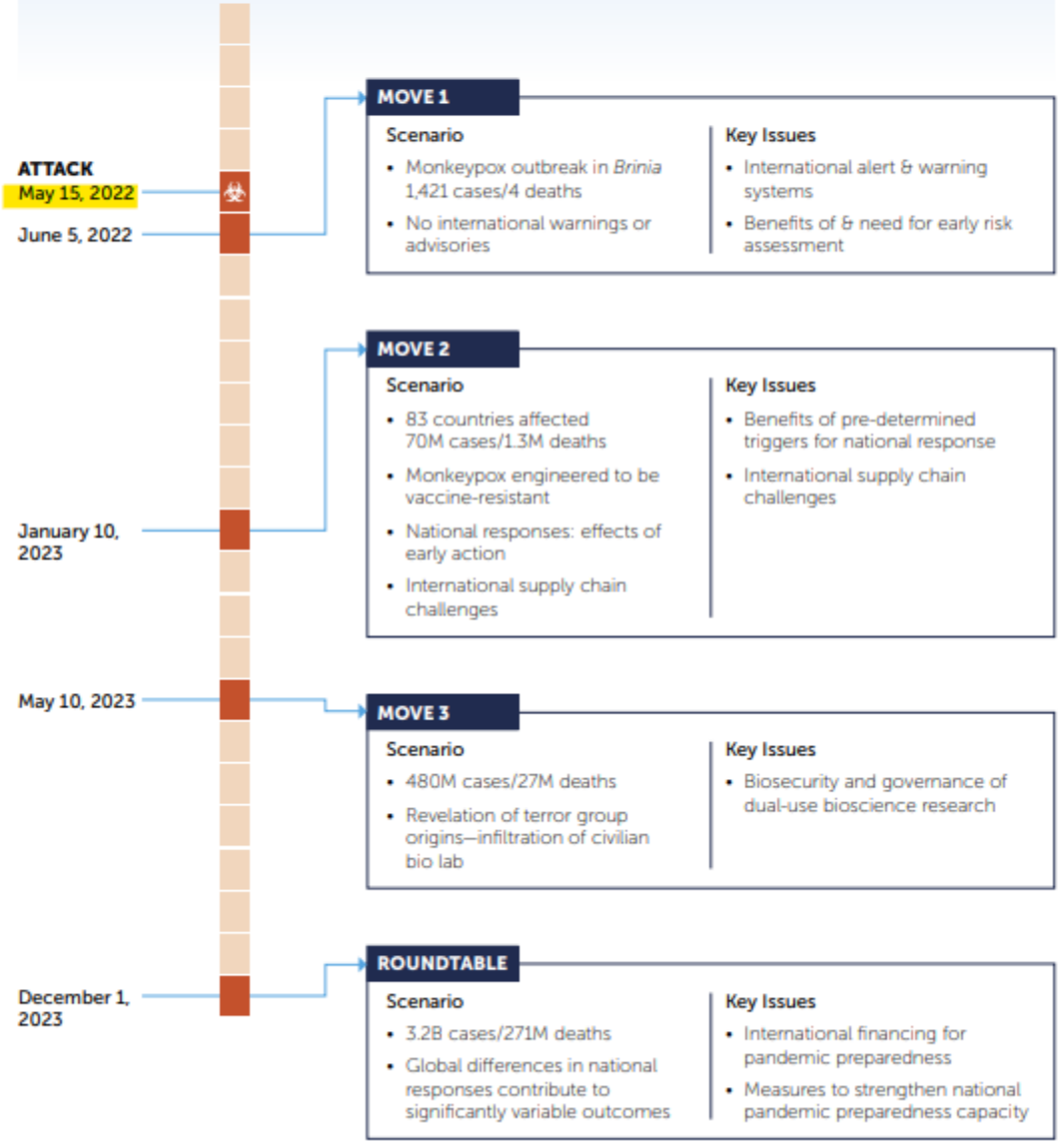
1)Simulation of a global pandemic of monkeypox was recently conducted

SOURCE:

Strengthening Global Systems to Prevent and Respond to High-Consequence Biological Threats

The discussion was organized into three sequential "moves" corresponding with scenario developments, followed by a roundtable discussion of broader biosecurity and pandemic preparedness issues. The step-by-step approach to revealing scenario developments reflected the limitations of information available to real-world decision makers, as well as the resulting uncertainty associated with a pandemic of unknown origin (see Figure 1).

Figure 1. Scenario Design Summary



https://palexander.substack.com/p/smallpox-vaccine-to-prevent-monkey?s=r