WHO issues GREATLY REDUCED case and death numbers for moneypox today

Since I am the only person I have seen producing pointed criticisms of WHO's prior case and death claims, I may be responsible for this shift from guesswork to actual data



I began this article 2 days ago and this morning the WHO thankfully corrected its stats on moneypox, which I discuss further down the article.

Every article I had been reading about moneypox was filled with errors, presumably because it was based on press releases that were incorrect. I can find no evidence that the disease is rapidly spreading (though it might be) nor that it is severe, nor that any special treatments are recommended by those in the know. The drug TPOXX, the purchase of which for the Strategic National Stockpile was Obama's gift to Ron Perelman, one of his biggest donors, was shown not to work.



NEWS | 16 August 2024

Hopes dashed for drug aimed at monkeypox strain spreading in Africa

Early results from clinical trial show that the antiviral tecovirimat is no better than placebo against a virus type called clade I.

By Mariana Lenharo

"The <u>drug tecovirimat</u> [TPOXX] did not accelerate healing for people in a clinical trial in the Democratic Republic of the Congo (DRC) who were infected with a concerning strain of the monkeypox virus, according to the US National Institutes of Health (NIH)."

But the media onslaught would make you think we are dealing with smallpox or Ebola. (The mortality rate was said to be 30% for Variola major, the most aggressive form of smallpox.)

In the Democratic Republic of Congo (DRC) more than half the population is 14 or under. The baseline mortality rate for Congolese children is around the highest in the world. 5-10% die in their first year from all causes. Babies die from dehydration from otherwise mild viral illnesses, from pneumonia or diarrhea. Here is a snapshot of gross health services in the DRC. Out in the bush (and the DRC is nearly 1/3 the size of the continental US, so there is a lot of bush) there are no health services. And according to this website, in 2007 there were only 5 motor vehicles per 1,000 people, most in the capital, Kinshasa—1,500 miles by road from the current outbreak. So it is hard to drive your sick child to the doctor. So it is very conceivable that babies may be dying from dehydration, or unwillingness to drink due to oral ulcers from moneypox. But there is no possible way to generate reliable statistics in the eastern Congo.

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ESSENTIAL HEALTH SERVICES

Democratic Republic of the Congo

DRC's Pre-pandemic Context



92 million **Population**

65.1 years

Life expectancy from birth (Japan and Singapore have longest, about 85 years)



Effective Coverage Index (0–100)

Universal Health Care



57%

DTP3 coverage in children in 2019



1.2:1000

Doctors, nurses, midwives per capita Benchmark is 4.45 to achieve universal health coverage

85% In-facility births

345 per 100,000 live births

Maternal mortality ratio

(SDG 3.1 is 140/100,000 by 2030)

\$23 (4.9%)

Total health expenditure per capita (% of GDP) Benchmark in health financing is \$86/person or 5% of GDP to achieve universal health coverage

\$8 per capita (33%)

Out of pocket health expenditure (% of total health expenditure)

https://www.bbc.com/news/articles/cdjwz77mmgmo

The BBC article I linked to above provided numbers from 2 health centers in the DRC which had seen about 1100 total moneypox cases, in which a total of 8 children under age 5, and nobody older, were said to have died.

The doctors and parents who were interviewed thanked God for the medication that saved many patients, and requested more; however, the medication does not work (see the NIH study conducted in the Congo, above) and the illness resolves by itself after 2-4 weeks.

Based on these 2 clinics alone, moneypox mortality in the Congo would be 0.7%, all in children under 5. The mortality rate without moneypox for 0-1 year olds in Congo is 5-10%.

Healthy schoolchildren and adults will almost never die from this disease. It simply does not attack any organs sufficiently to cause them to fail.

Now on August 28, the WHO finally released the numbers of **confirmed** cases of moneypox and confirmed deaths associated with moneypox. It takes a long time to load. But give it time, for the information is worth waiting for.











2. Situation in Africa

This section of the report is jointly authored by the <u>WHO Regional</u>

<u>Office for Africa, the WHO Regional Office for the Eastern</u>

<u>Mediterranean⁴</u> and WHO Headquarters.

Since 1 January 2022, cases of mpox have been reported to WHO from 19 Member States across Africa. As of 25 August 2024, a total of 6 062 laboratory confirmed cases, including 55 deaths, have been reported to WHO.

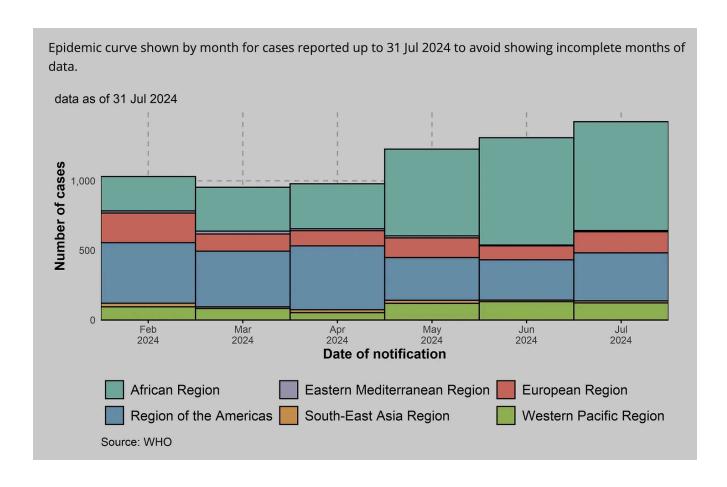
In **2024**, as of 25 August 2024, **14 countries have reported 3 659 confirmed cases**, including **32 deaths.** The three countries with the majority of the cases in 2024 are Democratic Republic of the Congo, (n = 3 244), Burundi, (n = 231), and Central African Republic, (n = 45).

A significant number of suspected cases, that are clinically compatible with mpox are not tested due to limited diagnostic capacity and never get confirmed. Work on integrating these data is currently ongoing and will be included in future updates of this report. Not all countries have robust surveillance systems for mpox, so case counts are likely to be underestimates.

This year, in all of Africa, there have been only 3,659 confirmed moneypox cases and 32 deaths.

Recall that in the last two weeks numbers like >20,000 cases and over 500 deaths, mostly in children, were being bandied about when WHO declared this to be a Public Health Emergency of International Concern? Well, now you know the truth, as I suspected: there have been only 32 confirmed deaths in all of Africa. All year

WHO has updated this chart of worldwide reported cases of moneypox today. I had provided an earlier version. It should make clear that the story of an out-of-control epidemic is just that: a story. A narrative. To control you, grab some donations, convince you that epidemics arise from human contact with wild animals, support the biosecurity agenda and get the Pandemic Treaty passed.

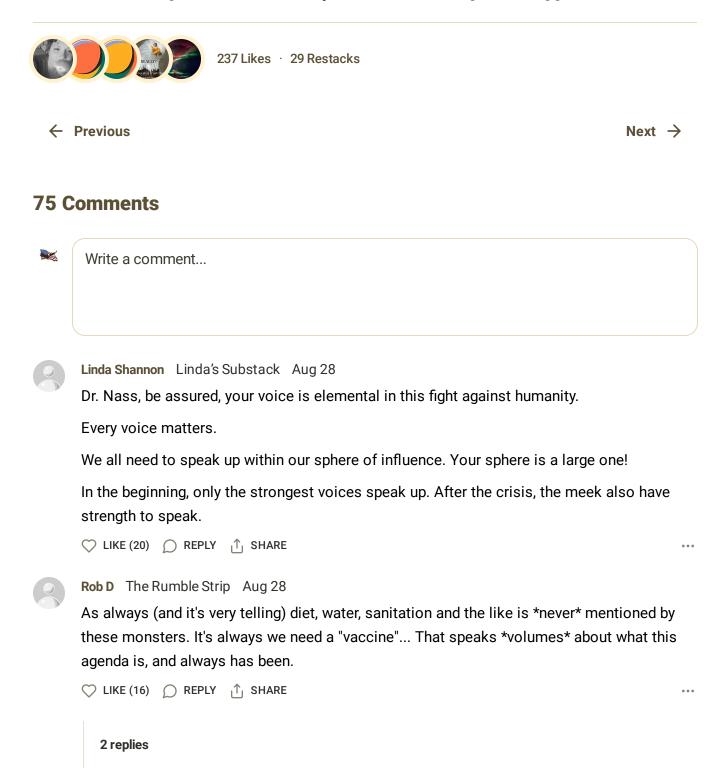


Of course, there could be many more cases. But with the WHO embarking on massive vaccination campaigns and asking for about \$150 million to combat this terrible scourge, well, you do need to present some real data along with the outstretched hand. And the real data do not justify the media fear porn, or any of the rest of this campaign. Send these poor people oral rehydration kits and nurses who can give babies who need them iv fluids and bandages (like tegaderm) to cover the wounds and prevent spread, because these are all that is actually needed.

Stop the hoopla about a moneypox epidemic. **Stop the myocarditis-inducing vaccines**. If the WHO and great powers cared about Africans, they would provide all young

children mosquito-proof bednets to impact the nearly 500,000 African children who die yearly from malaria. 500,000 children, not 32.

And trash that bogus Pandemic Treaty, built on a bed of gross exaggerations and lies.



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