



Vaccination Decisions

with Judy Wilyman PhD



Newsletter 263:

The Definition of a True Pandemic: is COVID19 caused by a Virus or the Flu Vaccine?

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Many things can be hidden in disease statistics - there are lies, damned lies and statistics.

In Australia if you do not turn on your TV you would not know there is a 'pandemic'. And if you do not do a medical test then there would not be so many 'cases' of this 'new' disease. These tests [are not identifying SARS-CoV-2](#), the virus that is claimed to cause COVID-19 disease, and many of the 'cases' do not have any signs of disease. In Australia the cases are from testing the healthy population.

This is all about the criteria used to diagnose this disease and the extra surveillance that is being done in healthy people to find claimed 'cases' of this new disease. Here is a summary of the main points that demonstrate that this is a *p*andemic and not a pandemic of an infectious agent:

- *The definition of a 'global pandemic' was changed in 2009 - it is an arbitrary definition (described below)*
- *A mathematical model was used to predict a 'global pandemic' with flawed scientific assumptions to wildly over-exaggerate the deaths in all countries.*
- *Australia called the global pandemic (21 January) before the World Health Organisation had even assessed the human-human transmission of the virus in Wuhan, China - the only country where it existed at the time (41 cases). This was claimed to be a "precautionary measure" as NO cases existed in Australia. Then 100,000 test kits arrived in Australia on 18 March 2020 - the [day before the virus was downgraded in the UK](#) - ready to provide the 'cases' **in healthy people** for the predicted '**second wave**' in the southern hemisphere winter.*
- *The virus that is claimed to be the cause [has not been identified in any of the deaths or cases of this disease](#). Causality has not been proved because clinical symptoms (flu-like illness) and non-specific tests for common coronaviruses are being used for diagnosis.*
- *And the lung disease that is being observed is affecting the nervous system and could be plausibly linked to [damage from the flu vaccine](#) – which is the common factor in the majority of these deaths.*
- [Vasculitis](#) and other neurological damage is a common side-effect of vaccines and the majority of the deaths are occurring in the aged-care facilities - just after the flu vaccine campaigns have been run. Could the [flu vaccine be causing](#) this spike in deaths in aged-care facilities as [pneumonia has a non-infectious cause](#) as well?
- China mandated the flu vaccine on [1 December 2019](#) for the first time.
- Italian doctors stated they began to see the first patients in November 2019, soon after the flu vaccines were administered.
- European numbers show a correlation between [influenza vaccine and coronavirus deaths](#).

This is a well planned pandemic as described in [Event 201](#) that was put on by the corporate partners who use the media to communicate their message on vaccines in global health policies. They also influence the design of the [International Health Regulations](#).

In this newsletter I am going to describe to you how disease statistics can be manipulated to give the appearance of a pandemic by a [well primed and controlled mainstream media](#). See Event 201 at the John Hopkins Centre for Health Security to confirm this fact.

Disease diagnosis is a grey area of medicine and changes in diagnostic criteria and extra surveillance for cases can be used to create the appearance of an increase in one disease and a decrease in another.

A fundamental flaw in the description of this outbreak as a pandemic is the fact that it is based on a change in the definition of a pandemic. If the WHO had not changed the definition in 2009 there could not have been a *prediction of a 'global pandemic' in 2020*.

Prior to May 2009 the definition of a pandemic included "a pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide *with enormous numbers of deaths and illness.*" This last phrase was removed in 2009, so that a pandemic could occur '*when there are more cases of that disease than normal*'.

The definition no longer needed to include 'enormous numbers of deaths and illness'. However, the definition still requires that it must be a virus to which "the human population has no immunity" yet in the current situation we are testing for coronaviruses that humans will have some immunity to because they are very common.

A 'case' is now being defined in 2020 as the presence of the virus (infection) in a person *without any symptoms of disease*. In other words a healthy person can now be a 'case' of COVID19 simply based on a test result - [that is not specific for SARSCov2](#). In other words, the medical profession is not proving that the disease is caused [by this infectious agent](#).

And the government *can find more cases* of 'COVID19' by testing the healthy *asymptomatic* people and then claiming that there is a risk if they test positive to an antibody test that is ***not identifying the virus***.

It is the asymptomatic healthy population that enables herd immunity to develop in the population - particularly as we already have some immunity to coronaviruses. But in this outbreak the healthy people are now *cases of disease* and we are being locked down and asked to social distance - actions that are [the opposite to the scientific evidence](#) for controlling infectious diseases for which we have some immunity.

The more surveillance you do, the more cases of healthy people or people with mild flu-like symptoms, that you will find.

So what does the FDA say about the ability of an antibody test to identify SARSCov2?

The FDA says (quote) that "[antibody tests should not be used to diagnose an active COVID19 infection](#)". This is because there are many false positives due to past infections with *common coronaviruses*. The test *does not distinguish antibodies to specific strains of these coronaviruses*. There are also many false negatives even when the person is *actively infected*.

In Australia, the government mandated the flu vaccine for the first time for all visitors and healthcare workers for aged-care facilities on *1 May 2020* - just before the well predicted "second wave" of the 'pandemic' in June-July.

Healthy Victorians are now being locked down again based on PCR and serology/antibody tests ***that do not identify the claimed causal virus***. Australia has conducted 3,935,124 tests [with 'positive tests' amounting to 0.4%](#). In Victoria there have been [2,300 cases](#) reported to date but a 'case' can be a healthy person and the number of deaths is very low and mostly in the aged-care facilities.

'Cases' in healthy people are being emphasised by the [Victorian Health Department website](#) and the media, ***not deaths due to this disease***.

The current CDC nucleic acid (RT-PCR) test kits for SARS-CoV-2 generate "[30% false-positive and 20% false-negative results](#) in the best state public health laboratory", Dr. Sin Hang Lee reported in a peer-reviewed article published in the ***International Journal of Geriatrics and Rehabilitation***, an online journal based in Japan"

A case can be a healthy person that has a PCR or serology test that comes back positive and this result does not prove that this person has SARSCov2 the virus that is claimed to

cause COVID19 disease. Both of these tests only identify the family of coronaviruses that cause the common cold - many people will be positive to these tests.

There is a possibility of wrong diagnosis, *unless the whole virus has been lab cultured and sequenced from the patient. And this is not done in any patient because it is uneconomical.*

In other words, the statistics of cases and deaths in this "pandemic" are completely flawed. There is no proof that the deaths that have occurred **are not being caused** by neurological damage from the **flu vaccine**. This is particularly the case as according to the latest serological and immunological studies, the [overall lethality of COVID19 is about 0.1%](#) - the same range as a strong seasonal influenza.

The majority of the deaths are occurring in the aged-care facilities, in the elderly who have recently had the flu vaccine. These cases all have serious underlying health issues (co-morbidity) and a recent flu vaccine. This year many countries have mandated the flu vaccine for the first time and flu campaigns have occurred just prior to the spike in deaths that have occurred in the northern and the southern hemisphere.

Perhaps the vaccine is being used to give the appearance that it is a new viral disease and then a vaccine could be produced that would be [the "end solution" as Bill Gates has stated](#) - the unqualified billionaire that is influencing global health policies that are mandating vaccines.

In Italy a doctor has stated that "COVID19 is a neurological issue probably affecting the central nervous system or a neurotransmitter and he can testify that it is not contagious". He says it was around before the first case of this disease from China was presented in the media.

He saw the first cases around December 2019 and early January 2020 and it was being treated with drugs that are inhibitors of neuronal functions at different levels. It is a problem of the lungs – diffuse edema and no-one was wearing masks or gloves and no caregivers were infected from this lung disease when it was first observed.

This evidence does not support the claim that we have a 'global pandemic' of new coronavirus, for which we have no immunity. This lie has been used by governments to lockdown populations and remove fundamental freedoms in society **without scientific evidence**.

Resources

1. [German Official Leaks Ministry Interior Ministry Report Denouncing Corona as a 'Global False Alarm'](#) - Global Research
2. [Latest Facts of COVID19 by Dr. Kelly](#) - Dr. Kelly Victory, Public Health expert, confirms that social distancing and lockdown of the healthy population are not based on scientific evidence.
3. [Manufactured Pandemic: Testing people for any strain of a coronavirus, Not Specifically SARSCov2, that is claimed to cause COVID19](#) [Disease](#) - Global Research
4. [Is there evidence for wearing facemasks for SARSCov2 virus?](#) - This article shows there is no evidence to suggest that facemasks will prevent COVID19.
5. [Multiple doses could be necessary to protect from coronavirus Bill Gates says](#) - why is a an unqualified billionaire determining mass medication of the population?
6. Join [a class action to oppose the mandatory flu vaccine](#) required to enter aged-care facilities and for some employment.
7. [Serbia protests succeed in forcing government to drop lockdown measures](#) -
8. [Legal Action against the Lockdown of Healthy People in Melbourne](#)

About Dr. Judy Wilyman PhD

I have been studying the vaccination topic both formally and informally since 1993 when I vaccinated my first child. Like most people questioning vaccines, I have not come from an anti-vaccination position and the debate is not about pro or anti-vaccination. It is about safety, efficacy and necessity for each vaccine on the schedule. Are they all safe? And are they all effective and necessary?

In 2015 I completed a PhD at the University of Wollongong answering these questions.



My thesis is titled 'A critical analysis of the Australian Government's rationale for its vaccination policy'. In Chapter 7, I present a discussion of the claims made by the government about the safety and efficacy of vaccines that are not supported by scientific evidence.

Bachelor of Science, University of NSW
Diploma of Education (Science), University of Wollongong
Master of Science (Population Health), Faculty of Health Sciences, School of Public Health, University of Wollongong.

PhD in: [A critical analysis of the Australian government's rationale for its vaccination policy](#) (the science, politics and ethics of Australia's vaccination policies), UOW School of Humanities and Social Inquiry.

Website: [Vaccination Decisions](#)

Supporting Public Interest Research

I would like to thank everyone who has supported my research and newsletters over the last 5-10 years. If you have appreciated this unfunded independent research and debate of children's health I hope you will consider a [\\$5 donation](#) for the up-keep of my website and continuation of my voluntary newsletters.

Only funded research is promoted to the public and universities do not promote student research. Hence the need for my website and newsletters to promote my independent research that is in the public interest.

My website [Vaccination Decisions](#) became necessary because the University of Wollongong [is not required to rectify the academic record to the public](#) when organised lobby group activists, such as Australian Skeptic Inc /

SAVN, and other activists from the powerful industry-medical complex provide false information about my university research in the mainstream media.

Additionally, my book - [Vaccination: Australia's Loss of Health Freedom](#) - is now available. This book describes the history of the control of infectious diseases in Australia with an added chapter on the strategies that have been used to remove health freedom in Australia.

The Australian government NCIRS (the vaccine research and surveillance unit) has attempted to denigrate my research because I have shown that children's health has significantly declined as the Australian government added vaccines to the vaccination program. Peter McIntyre and Margaret Burgess are the founding directors of the NCIRS and they did not investigate this link. Here is my rebuttal of the false information these government vaccine advisors have provided about my research in the Vaccine journal - 3 years after my PhD research was published. The two other authors of this paper (Leask and Wiley were also NCIRS researchers) - [Judy Wilyman's response to Peter McIntyre and Margaret Burgess's Vaccine article that attempts to discredit my PhD.](#)



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