

Monkey Pox – another pre-planned pandemic

by Craig Paardekooper (based on a talk by Meryl Nass)

Prior to 2022, Monkey Pox was an extremely rare disease. So why were so many preparations made BEFORE the Monkeypox outbreak?

During the entire period 2018-2022 there were a total of only 11 cases in the entire world – and no reported deaths were caused in the West until July 30th 2022 ! More people die from trees falling on them. So what can explain all this preparation ?

- FDA liscence : 2019
- Table Top Exercise : 2021
- CDC Congo Study : Ran 2017-2022 . Results pending
- Vaccine Manufacturing plant : Completed 2021
- Monkey Pox vaccine orders in
 - 2020 : 1.4 million doses
 - June 2022 : 500,000 doses
 - July 2022 : 5 million doses

All these orders for a virus that had infected only 11 people up until July 2022 and killed none in the West up until that time. (Since July 2022 the estimated number of cases has risen to 25K cases, and allegedly 5 deaths with Monkey Pox in the west – see later on “covering for adverse reactions of COVID”). The point being that all these cases only appeared AFTER the doses were ordered.

These preparations culminated in the announcement of a world-wide pandemic of Monkey Pox by Tedros adhanom ghebreyesus of the WHO. Despite the fact that his board of advisors voted against this, Tedros, a person with no medical qualifications, except a PhD in public health, simply overrode all of his medical experts and announced that the entire globe was subject to a Monkey Pox pandemic.

Table-Top Event 2021

This was a high profile exercise, attended by the leaders of the WHO and UN

CDC Congo Study ending 2022

There were 1600 participants. The study was set to run from February 2017 till August 2022

Vaccine Manufacturing Plant 2021

The fill-and-finish plant finally completed in 2021

U.S. Government Orders Another 2.5 Million Doses of Monkeypox Vaccines from Bavarian Nordic

** Bavarian Nordic to supply an additional 2.5 million doses of JYNNEOS® vaccine, bringing deliveries in 2022 and 2023 to a total of nearly 7 million doses

* Filling capacity is being expanded with a U.S. based contract manufacturer who will fill the vaccines using existing bulk vaccine from previous orders from BARDA

* Tech transfer to the contract manufacturer and manufacturing planned for 2022

* Company upgrades its financial guidance for 2022

COPENHAGEN, Denmark, July 15, 2022 – Bavarian Nordic A/S (OMX: BAVA) announced today that the U.S. Biomedical Advanced Research and Development Authority (BARDA), part of the Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services, has ordered an additional 2.5 million doses of liquid-frozen JYNNEOS®, a non-replicating smallpox vaccine and the only FDA-approved vaccine against monkeypox.

The new order follows two previous orders from BARDA in June and July 2022 for 500,000 and 2.5 million doses respectively which, together with an order from BARDA in 2020 for 1.4 million doses, will bring the total deliveries in 2022 and 2023 to nearly 7 million doses. This additional order will be filled at a U.S. based contract manufacturer using bulk vaccine already manufactured and invoiced under previous contracts with BARDA and currently stored at Bavarian Nordic. A tech transfer of the process to the contract

A Brief History of Monkey Pox

- The first case of Monkey Pox in animals was reported in 1958
- The first case of Monkey Pox in humans was reported in 1970
- The first cases in the USA were reported in 2003.
- The first case of Monkey Pox in Nigeria was reported in 2017
- During the period 2018-2022 there were a total of 11 cases in the entire world - 11 cases of which 6 were suspected of being due to co-morbidities
- Until July 30th 2022, there were no reported deaths from Monkey Pox in the west

Monkey Pox is an extremely rare disease infecting a tiny number of people, and an even smaller number of fatalities

Lab or Natural ?

There are too many mutations in the current strain of Monkey Pox compared to previous variants, for the current variant to have arisen naturally. However, the governments are pushing strongly for the natural origins idea – and using exactly the same scientific spokespersons who promoted the natural origins for Sars Cov 2 (Rambaut & Worobey).

Monkey Pox Vaccine – the proposed cure

The vaccine licensed for Monkey Pox is the same vaccine licensed for Smallpox. There are 3 vaccines for Smallpox – **Dryvax**, **ACAM2000** and **Jynneos**. 2 doses are required, 4 weeks apart. Dryvax is not available. ACAM 1 dose, Jynneos 2 doses.

Effectiveness

There is no data on effectiveness for MonkeyPox, simply because there have been so few cases of MonkeyPox to test the effectiveness of the vaccine. As a consequence, the deployment of the MonkeyPox vaccine **IS AN EXPERIMENT.**

Safety

- There is no evidence to support using this vaccine in pregnancy, lactation or children – since it has been tested on none of these.
- There is no information on male or female fertility effects
- There is no information on carcinogenicity

2% Serious Adverse Event : According to the label, about 2 % of recipients had a serious adverse event - between 1.3 and 2.1% of recipients had a cardiac event of special interest.

10% Higher Troponin Levels : According to the FDA review document, there were 10% and 18% of subjects with Troponin elevations in the two sub-studies. This suggests that somewhere between 1 in 10 and 1 in 6 people will have a troponin elevation or EKG abnormality indicating some degree of cardiac damage due to the shot.

Myocarditis : ACAM2000 causes a 10x higher rate of Myocarditis than the COVID vaccine.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2880337/>

[Drug Des Devel Ther](#), 2010; 4: 71–79.

Published online 2010 May 25. doi: [10.2147/dddt.s3687](https://doi.org/10.2147/dddt.s3687). PMID: [20531961](https://pubmed.ncbi.nlm.nih.gov/20531961/)

ACAM2000™: The new smallpox vaccine for United States Strategic National Stockpile

[Aysegul Nalca](#) and [Elizabeth E Zumbrun](#)

Abstract

...Dryvax® (NY DOH) had a questionable safety profile since it consisted of a pool of vaccinia virus strains with varying degrees of virulence, and was grown on the skin of calves

The US government has therefore recently supported development of an improved live vaccinia virus smallpox vaccine. This initiative has resulted in the development of ACAM2000™ (Acambis, Inc.™), a single plaque-purified vaccinia virus derivative of Dryvax®, aseptically propagated in cell culture. Preclinical and clinical trials reported in 2008 demonstrated that ACAM2000™ has comparable immunogenicity to that of Dryvax®, and causes a similar frequency of adverse events. Furthermore, like Dryvax®, ACAM2000™ vaccination has been shown by careful cardiac screening to result in an unexpectedly high rate of myocarditis and pericarditis. ACAM2000™ received US Food and Drug Administration (FDA) approval in August 2007, and replaced Dryvax® for all smallpox vaccinations in February 2008. Currently, over 200 million doses of ACAM2000™ have been produced for the US Strategic National Stockpile.

Robert Malone provides a useful summary of the adverse effects of Monkey Pox vaccines here - [Monkey Pox Vaccines - by Robert W Malone MD, MS \(substack.com\)](#)

Meryl Nass provides a useful summary of the adverse effects of Monkey Pox vaccines here - [Unpleasant truths about the Moneypox vaccine \(substack.com\)](#)

Kanekoa Substack also provides a useful summary regarding how Monkey pox is being used as a cover for Covid vaccine adverse effects here - [Twitter Censors Pfizer-Injured Israeli COVID Vaccine Director \(substack.com\)](#)

A 2015 military study showed that 1 in 220 developed myocarditis following use of ACAM2000 vaccine, and 1 in 30 developed sub-clinical myocarditis.

A 2018 military study showed that the incidence of myocarditis was 5.23 per 1000 vaccinees, or 1 in 191.

Vaccination Among US Army Personnel – Fort Hood, Texas, 2018

Anna M Mandra^{1 2}, Michael J Superior³, Sarah Anne J Guagliardo^{1 2}, Elisabeth Hesse^{2 4}, Laura A Pacha⁵, Ralph A Stidham⁶, Debra C Colbeck³, David E Hrnir⁷, Noemi Hall^{2 8}, Brett W Petersen¹, Agam K Rao¹

Affiliations + expand

PMID: 33719991 DOI: 10.1017/dmp.2020.478

Abstract

Objective: In March 2018, the US Department of Defense (DOD) added the smallpox vaccination, using ACAM2000, to its routine immunizations, increasing the number of persons receiving the vaccine. The following month, Fort Hood reported a cluster of 5 myopericarditis cases. The Centers for Disease Control and Prevention and the DOD launched an investigation.

Methods: The investigation consisted of a review of medical records, establishment of case definitions, causality assessment, patient interviews, and active surveillance. A 2-sided exact rate ratio test was used to compare myopericarditis incidence rates.

Results: This investigation identified 4 cases of probable myopericarditis and 1 case of suspected myopericarditis. No alternative etiology was identified as a cause. No additional cases were identified. There was no statistically significant difference in incidence rates between the observed cluster (5.23 per 1000 vaccinated individuals, 95% CI: 1.7-12.2) and the ACAM2000 clinical trial outcomes for symptomatic persons, which was 2.29 per 1000 vaccinated individuals (95% CI: 0.3-8.3).

Conclusions: Vaccination with ACAM2000 is the presumptive cause of this cluster. Caution should be exercised before considering vaccination campaigns for smallpox given the clinical morbidity and costs incurred by a case of myopericarditis. Risk of myopericarditis should be carefully weighed with risk of exposure to smallpox.

Another study was carried out in 2004 with Dryvax, one of the smallpox vaccines. The study found that the incidence of myocarditis was 7.5 times higher among the vaccinated than amongst the unvaccinated, with a probability of 0.0147.

Interestingly, Myocarditis was predominantly amongst males (58 out of 59 cases) and white (51 out of 59 cases) – similar to the reactions with the COVID vaccines.

Myopericarditis following smallpox vaccination

Mark K Arness ¹, Robert E Eckart, Suzanne S Love, J Edwin Atwood, Timothy S Wells, Renata J M Engler, Limone C Collins, Sharon L Ludwig, James R Riddle, John D Grabenstein, David N Tornberg

Affiliations + expand

PMID: 15383408 DOI: [10.1093/aje/kwh269](https://doi.org/10.1093/aje/kwh269)

Abstract

Myopericarditis has been a rare or unrecognized event after smallpox vaccinations with the New York City Board of Health strain of vaccinia virus (Dryvax; Wyeth Laboratories, Marietta, Pennsylvania). In this article, the authors report an attributable incidence of at least 140 clinical cases of myopericarditis per million primary smallpox vaccinations with this strain of vaccinia virus. Fifty-eight males and one female aged 21-43 years with confirmed or probable acute myopericarditis were detected following vaccination of 492,730 US Armed Forces personnel from December 15, 2002, through September 30, 2003. The cases were identified through sentinel reporting to military headquarters, active surveillance using the Defense Medical Surveillance System, or reports to the Vaccine Adverse Event Reporting System. The observed incidence (16.11/100,000) of myopericarditis over a 30-day observation window among 347,516 primary vaccinees was nearly 7.5-fold higher than the expected rate of 2.16/100,000 (95% confidence interval: 1.90, 2.34) among nonvaccinated, active-duty military personnel, while the incidence of 2.07/100,000 among 145,155 revaccinees was not statistically different from the expected background rate. The cases were predominantly male (58/59; 98.3%) and White (51/59; 86.4%), both statistically significant associations ($p = 0.0147$ and $p = 0.05$, respectively).

A study published by the CDC on 22nd June 2022 found a risk of myocarditis following vaccination with ACAM2000 of 5.7 per 1000 vaccinees, or 1 in 175 vaccinated. See - [Use of JYNNEOS \(Smallpox and Monkeypox Vaccine, Live, Nonreplicating\) for Preexposure Vaccination of Persons at Risk for Occupational Exposure to Orthopoxviruses: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](#)

The screenshot shows the CDC logo and navigation elements at the top. Below the search bar, the title of the study is displayed in a large, bold font. The title is: "Use of JYNNEOS (Smallpox and Monkeypox Vaccine, Live, Nonreplicating) for Preexposure Vaccination of Persons at Risk for Occupational Exposure to Orthopoxviruses: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022". Below the title, it indicates the publication date: "Weekly / June 3, 2022 / 71(22);734-742".

The CDC has also published a pdf guidance for the use of Jynneos, one of the small pox vaccines - [CDC Presentation](#)

Another military study carried out in 2003 found that there was a 3.6 fold increase in myopericarditis following small pox vaccination compared to unvaccinated.

Myopericarditis following smallpox vaccination among vaccinia-naive US military personnel

Jeffrey S Halsell ¹, James R Riddle, J Edwin Atwood, Pierce Gardner, Robert Shope, Gregory A Poland, Gregory C Gray, Stephen Ostroff, Robert E Eckart, Duane R Hospenthal, Roger L Gibson, John D Grabenstein, Mark K Arness, David N Tornberg,
Department of Defense Smallpox Vaccination Clinical Evaluation Team

Affiliations + expand

PMID: 12824210 DOI: [10.1001/jama.289.24.3283](https://doi.org/10.1001/jama.289.24.3283)

Results: Among 230,734 primary vaccinees, 18 cases of probable myopericarditis after smallpox vaccination were reported (an incidence of 7.8 per 100,000 over 30 days). No cases of myopericarditis following smallpox vaccination were reported among 95,622 vaccinees who were previously vaccinated. All cases were white men aged 21 years to 33 years (mean age, 26.5 years), who presented with acute myopericarditis 7 to 19 days following vaccination. A causal relationship is supported by the close temporal clustering (7-19 days; mean, 10.5 days following vaccination), wide geographic and temporal distribution, occurrence in only primary vaccinees, and lack of evidence for alternative etiologies or other diseases associated with myopericarditis. Additional supporting evidence is the observation that the observed rate of myopericarditis among primary vaccinees is 3.6-fold (95% confidence interval, 3.33-4.11) higher than the expected rate among personnel who were not vaccinated. The background incidence of myopericarditis did not show statistical significance when stratified by age (20-34 years: 2.18 expected cases per 100,000; 95% confidence interval [CI], 1.90-2.34), race (whites: 1.82 per 100,000; 95% CI, 1.50-2.01), and sex (males: 2.28 per 100,000; 95% CI, 2.04-2.54).

Is the Monkey Pox Pandemic a Cover for Effects of the COVID mRNA Vaccines ?

COVID mRNA Vaccines cause a high incidence of shingles (Herpes) and myocarditis.

Herpes arises because the COVID vaccines damage the immune system. The immune system normally keeps viruses such as Herpes in check. Once the immune system is damaged then diseases such as Herpes can become prolific.

By “coincidence” Monkey Pox is also characterised by shingles, and the Monkey Pox vaccine causes a high incidence of myocarditis and heart damage – and therefore provides an ideal cover for COVID vaccine effects. Rather than blame the COVID vaccine, governments can blame a new pandemic of Monkeypox – and make even more money for pharma by buying Monkey Pox vaccines.

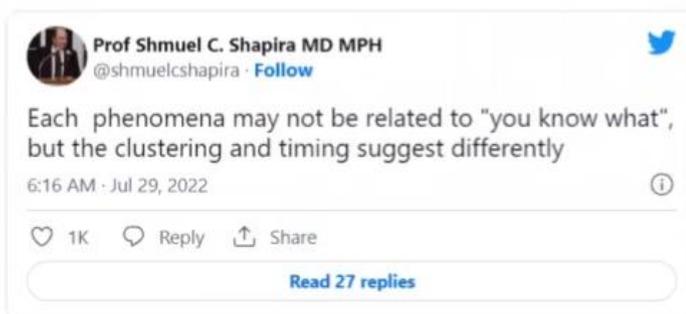
As if this was not evident enough, the head of Israel’s Biological Institute – Prof Shmuel Shapira has publicly stated that –

Physician and Scientist Prof. Shmuel Shapira MD has been the Director of the Israel Institute for Biological Research for 8 years from 2013 to 2021. He recently claimed that mRNA vaccinations caused the monkeypox outbreak, as reported by [Kanekoa Substack](#).

Prof. Shapira, who suffered from an adverse reaction following his third Pfizer vaccine, was suspended by Twitter last week and was compelled to remove a tweet where he linked the monkeypox outbreak to the Covid vaccines.

“Monkeypox cases were rare for years. During the last years, a single case was documented in Israel. It is well established the mRNA vaccines affect the natural immune system. A monkey pox outbreak following massive covid vaccination: “Is not a coincidence,” Shapira wrote on his Twitter.

Each incident may not be tied to the vaccine, but the clustering and timing suggest differently, the professor added last week.



On Tuesday, Prof Shapira wrote again regarding the obscured long-term side effects of the mRNA vaccine.

“Myocarditis, fatal arrhythmias, 20% increase in strokes, facialis, Herpes Zoster, tinnitus (ear ringing), gynecological excessive bleeding, monkey-pox, obscured long term side effects. No worries. Be happy,” he wrote.



Prof Shmuel C. Shapira MD MPH
@shmuelcshapira · [Follow](#)



Myocarditis, fatal arrhythmias, 20% increase in strokes, facialis, Herpes Zoster, tinnitus (ear ringing), gynecological excessive bleeding, monkey-pox, obscured long term side effects.

No worries. Be happy.

5:49 AM · Aug 2, 2022



♥ 8.3K 💬 Reply ↗ Share

[Read 142 replies](#)

More from **Kanekoa Substack**:

Professor Shmuel Shapira, M.D., MPH, served as the Director General of the Israel Institute for Biological Research (IIBR) between 2013 and 2021, where he led Israel's effort to develop a coronavirus vaccine.

Prof. Shapira is also the founder and head of the Department of Military Medicine of the Hebrew University Faculty of Medicine and IDF Medical Corps. He is a Senior Research Fellow at the International Institute for Counter-Terrorism (ICT) at Reichman University in Israel.

Advertisement - story continues below

Shapira previously served as Deputy Director General of the Hadassah Medical Organization and as the Director of the Hebrew University Hadassah School of Public Health. He is a Full Colonel (Res.) in the Israel Defense Forces (IDF) and served as the IDF Head of Trauma Branch.

On June 8, 2022, Shapira **said**: "I will continue and ask why give an outdated fifth vaccine that does not prevent disease and apparently causes many significant common side effects."

On July 5, 2022, Shapira **discussed** the "son of a 36-year-old Australian friend" who developed "severe ventricular arrhythmias and went into heart failure" only "days after the second Pfizer vaccine".

"The compensation is automatic by the Australian government," he said. "Despite the behavior of their government they admit to the connection and the phrase 'no connection' does not appear in the lexicon."

On July 15, 2022, Shapira shared a chart of New South Wales COVID rates showing an increased risk of COVID infection with every new dose of the mRNA vaccine on which he **commented**:
"According to official data from Australia the more you are injected the more likely you are to get sick as the fourth injection jumps the chance dramatically. According to this study it is supposedly an anti-vaccine at least according to what I have been taught."

On July 18, 2022, Shapira **said**: "I am not anti-vaccine, I am anti-stupidity, anti-fake science, and anti-incompetent management."

On July 28, 2022, Shapira **said**: "T warned me to remove the T connecting MP to C. Each day I understand better where we live and in which year."

In other words, Twitter warned him to remove the tweet connecting monkeypox to the COVID vaccine.

Prof. [@shmuelcshapira](#), head of Israel Biological Institute (the most senior medical-scientific position in Israel) posted on the connection between monkeypox and you-know-what.

Twitter locked his account and forced him to delete it. They know more about biology than him 🤪

So Professor Shmuel Shapira, the director of Covid vaccine development for Israel, clearly believes that the Monkey Pox "outbreak" is being used as a cover for Covid Vaccine adverse effects – in particular for Herpes outbreaks caused by COVID vaccinations.

On Tuesday, Prof Shapira wrote again regarding the obscured long-term side effects of the mRNA vaccine.

"Myocarditis, fatal arrhythmias, 20% increase in strokes, facialis, Herpes Zoster, tinnitus (ear ringing), gynecological excessive bleeding, monkey-pox, obscured long term side effects. No worries. Be happy," he wrote.

It is also interesting that Professor Shapira acknowledges that the mRNA COVID vaccines destroy the natural immune system.

"Monkeypox cases were rare for years. During the last years, a single case was documented in Israel. It is well established the mRNA vaccines affect the natural immune system. A monkey pox outbreak following massive covid vaccination: "Is not a coincidence," Shapira wrote on his Twitter.

Finally Shapira has observed a strong correlation between number of doses of COVID vaccine given and an increased risk of COVID infection. In other words, the vaccine is increasing the risk of COVID infection with every dose taken.

Shapira says it looks as if the COVID vaccine is actually an "anti-vaccine" – that is, a medication designed to INCREASE infection, injury and death.

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