

# CDC Caught Cooking the Books on COVID Vaccines

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## STORY AT-A-GLANCE

- › COVID-19 has been a pandemic of false positive tests; the thing that kept the fraud going was the fact that laboratories were using excessively high cycle thresholds (CTs) when processing the PCR tests, resulting in false positives
- › Now, as over 100 million Americans have been “vaccinated” against COVID-19, the CDC is lowering the CT from 40 to 28, but only when diagnosing vaccine breakthrough cases – cases where fully vaccinated individuals are diagnosed with COVID-19
- › To make matters worse, the CDC also will no longer record mild or asymptomatic infections of those who were immunized as “COVID cases.” The only cases that now count as COVID cases for someone immunized with the COVID-19 vaccine are those that result in hospitalization or death
- › While healthy people continue to be misdiagnosed as having COVID-19 when they really don’t, thanks to an excessively high CT, the CDC is simultaneously minimizing the number of breakthrough cases by using a CT that will minimize the number of false positives
- › Other countries are also manipulating data to boost COVID-19 vaccine efficacy and hide breakthrough cases. In the U.K., COVID-19 will only be listed as the cause of death if the patient actually died from an active case of COVID-19 and nothing else

For many months now, we've known the COVID-19 pandemic was the result of statistical manipulation and a fraudulent testing strategy. I detailed this scheme in "[COVID-19 Testing Scandal Deepens](#)" and "[Astonishing COVID-19 Testing Fraud Revealed](#)."

Now, as the infection has become endemic in most parts of the world and the mass vaccination drive is in full swing, U.S. health authorities are massaging data and revising testing recommendations yet again – this time to hide the ineffectiveness of the vaccines. As reported by Off-Guardian, May 18, 2021:<sup>1</sup>

*"The US Center for Disease Control (CDC) is altering its practices of data logging and testing for 'Covid19' in order to make it seem the experimental gene-therapy 'vaccines' are effective at preventing the alleged disease ...*

*The trick is in their reporting of what they call 'breakthrough infections' – that is people who are fully 'vaccinated' against SARS-Cov-2 infection, but get infected anyway. Essentially, COVID-19 has long been shown – to those willing to pay attention – to be an entirely created pandemic narrative built on two key factors:*

- 1. False-positive tests. The unreliable PCR test can be manipulated into reporting a high number of false-positives by altering the cycle threshold (CT value).<sup>2</sup>*
- 2. Inflated Case-count. The incredibly broad definition of 'Covid case,' used all over the world, lists anyone who receives a positive test as a 'Covid19 case,' even if they never experienced any symptoms.*

*Without these two policies, there would never have been an appreciable pandemic at all, and now the CDC has enacted two policy changes which means they no longer apply to vaccinated people."*

## **CDC Is Cooking the Books on COVID Breakthrough Cases**

Originally, the CDC recommended labs use a CT of 40<sup>3</sup> when testing for SARS-CoV-2 infection. This despite using a CT above 35 was known to create a false positive rate of 97%.<sup>4</sup> In short, by using an exaggerated CT, healthy people were deemed stricken with COVID-19, and the fraud was further propped up by introducing the fallacy that **asymptomatic carriers** were responsible for a large portion of the spread.

Now, the CDC has suddenly lowered the CT considerably – from 40 to 28 or lower<sup>5</sup> – in what appears to be a clear effort to hide COVID-19 breakthrough cases in those injected with the COVID-19 vaccine.

**“ The CDC has put new policies in place which effectively created a tiered system of diagnosis. Meaning, from now on, unvaccinated people will find it much easier to be diagnosed with Covid19 than vaccinated people. ~ Off-Guardian May 18, 2021 ”**

To understand just how significant of a change this is, consider that the CT refers to the number of cycles the PCR test is run at, and each cycle doubles the magnification of the viral RNA fragment that the test supposedly looks for.

That means a switch from 40 to 28 reduces the magnification, i.e., the sensitivity of the test, by more than 4,000 times. The end result is far fewer positive test results. However, this only applies to people who are being tested for breakthrough infection.

So, as vaccinated individuals are contracting the illness, they're now less likely to register as positive cases, which makes the "vaccine" appear more protective than it might be in actuality.

Had a CT of 28 been used all along, we would have had nowhere near the number of "cases" currently touted and the pandemic would have been declared over sometime in 2020. Conversely, were a CT of 40 or higher used to diagnose breakthrough cases, you can be sure the numbers would be far higher than currently reported.

## **Mild Infections No Longer Count**

To boost the appearance of vaccine efficacy even further, the CDC also will no longer record mild or asymptomatic infections in vaccinated individuals as "COVID cases." The

only cases that now count as COVID cases – if the patient has been vaccinated against COVID-19, that is – are those that result in hospitalization or death.<sup>6</sup>

Meanwhile, if you're unvaccinated and come down with a mild case, or if you test positive at a higher CT and have no symptoms, you still count as a COVID case. As explained by Off-Guardian:<sup>7</sup>

*"The CDC has put new policies in place which effectively created a tiered system of diagnosis. Meaning, from now on, unvaccinated people will find it much easier to be diagnosed with Covid19 than vaccinated people. Consider...*

***Person A** has not been vaccinated. They test positive for Covid using a PCR test at 40 cycles and, despite having no symptoms, they are officially a 'covid case.'*

***Person B** has been vaccinated. They test positive at 28 cycles, and spend six weeks bedridden with a high fever. Because they never went into a hospital and didn't die they are NOT a Covid case.*

***Person C**, who was also vaccinated, did die. After weeks in hospital with a high fever and respiratory problems. Only their positive PCR test was 29 cycles, so they're not officially a Covid case either."*

As of April 30, 2021, the CDC had received a total of 10,262 reports of **vaccine breakthrough infections**,<sup>8</sup> which it admitted was a "substantial undercount," as they're using a passive surveillance system that relies on voluntary reporting from state health departments.<sup>9</sup> May 17, 2021, the number of breakthrough cases was slashed to 1,949, as the new guidance that only takes hospitalizations and deaths into account took effect.<sup>10</sup>

## **Double Standards Drive Public Abuse**

By keeping the old rules for unvaccinated people – which results in a large amount of false positives and an overcount of "cases" – and applying new rules for vaccinated individuals that result in a significant number of false negatives and an undercount of

cases, you end up with statistics that conform to the propaganda of the mainstream media, which falsely suggests COVID-19 is far more prevalent among unvaccinated people and that the vaccine works far better than it actually does.

All of this is to support getting as many people vaccinated with this worse than worthless, dangerous "vaccine." As noted by Off-Guardian:<sup>11</sup>

*"This is a policy designed to continuously inflate one number, and systematically minimize the other. What is that if not an obvious and deliberate act of deception?"*

When asked why the CDC would not include asymptomatic or mildly symptomatic cases if they've been vaccinated, CDC director Dr. Rochelle Walensky said that it's because vaccinated asymptomatic and mildly symptomatic people carry very little virus.<sup>12</sup>

Convenient isn't it? This reply was never given when they were counting asymptomatic, falsely positive COVID tests as "cases," equating them instead to deaths to increase fear in order to drive people to get vaccinated.

As I've explained on many previous occasions, in order to be infectious, you need a sufficiently high viral load, and the viruses must be live in order to replicate. A significant problem with the PCR test is it cannot differentiate between dead or inactive viral debris and live virus.

The reason a healthy person can test positive for COVID-19 is because the test, when used at a high CT, will magnify noninfectious or harmless segments of DNA that are not related to infectious viral particles. So, again, the CDC is now admitting asymptomatic people pose no real infection risk, but they only apply this logic to those who have been vaccinated while continuing the lying charade for the unvaccinated.

## **Lockdowns Should Not be Based on Mass PCR Testing**

More and more information is coming out showing how PCR testing has been misused. As noted in one German study, posted on the preprint server medRxiv, May 19, 2021:<sup>13</sup>

*"RT-PCR testing as a tool for mass screening should not be used alone as a base for pandemic decision making including measures such as quarantine, isolation, and lockdown."*

They based this conclusion on the fact that only 40.6% of positive test results had used a CT of 25 or lower. At this low CT, a positive test result has a decent chance of being accurate, which means even if symptoms are mild, the patient is likely to be infectious.

The remainder of positive tests, 59.4%, were using a CT above 25, which means they were more likely to be false positives. As detailed in "[The Insanity of the PCR Testing Saga](#)," to obtain 100% confirmed real positives, you have to use a CT of 17.

Clearly, self-quarantining and [lockdowns](#) are irrational if nearly 60% of so-called COVID cases are noninfectious. The PCR test can also detect dead viral RNA for months after an active infection, making the test even more unreliable.

One country that has acknowledged the madness of mass PCR testing is Sweden which, at the end of November 2020, stopped relying on this test to determine cases. As noted on the Swedish Public Health Agency's website (translated from Swedish):<sup>14,15</sup>

*"The PCR technology used in tests to detect viruses cannot distinguish between viruses capable of infecting cells and viruses that have been neutralized by the immune system and therefore these tests cannot be used to determine whether someone is contagious or not.*

*RNA from viruses can often be detected for weeks (sometimes months) after the illness but does not mean that you are still contagious. There are also several scientific studies that suggest that the infectivity of COVID-19 is greatest at the beginning of the disease period.*

*The recommended criteria for assessing freedom from infection are therefore based on stable clinical improvement with freedom from fever for at least two days and that at least seven days have passed since the onset of symptoms. For those who have had more pronounced symptoms, at least 14 days after the illness and for the very sickest, individual assessment by the treating doctor."*

A COVID-19 working group met April 19, 2021, to discuss whether these rules needed to be updated in light of new variants. It was decided that no change in rules was needed.<sup>16,17</sup>

## **UK Is Also Manipulating Data to Hide Vaccine Failure**

Signs that other countries are starting to manipulate data to hide vaccine failure are also evident. For example, in the U.K., they've now dropped the rule that anyone having tested positive for SARS-CoV-2 within 28 days of dying is to be counted as a COVID-19 death.

Now that vaccines are out, COVID-19 will only be listed as the cause of death if the patient actually died from an active case of COVID-19 and nothing else. As reported by iNews:<sup>18</sup>

*"The modelling sub-group of the Government's scientific advisory committee Sage says that the 28-day definition was useful before widespread vaccination, because deaths in hospital within a month of a positive test were most likely due to COVID-19.*

*However now that tens of millions of the UK population have received their jabs, deaths from other causes could still show up in the daily data if they have previously tested positive for coronavirus.*

*A senior Sage source said: 'If the definition remains the same, these people would be counted as 'vaccine failures', whereas the vaccine prevented death from COVID, but they really died from something else.'"*

## **An Undeclared War Against the Public**

While many people around the world still believe COVID-19 has been one of the deadliest pandemics in modern history and those of us who have survived are the lucky ones, the facts indeed tell a very different story.

When you look at how case rates and death statistics have been collected and reported, and how those parameters have changed along the way, you realize that the pandemic was a mirage, created through the manipulation of data and nothing else.

More than a year and a half has been stolen from us in an undeclared war against the public. Even with mounting awareness of the facts, the deep state players responsible for this cruel hoax are not likely to call it quits. They have a long-term goal, and that is the complete takeover and control of the global wealth and population.

So, as we move forward, we can expect more cover-ups, more obfuscation, more attempts to whitewash the truth and protect the guilty parties. Case in point: The COVID Commission Planning Group, tasked with planning the creation of an "independent" investigative commission like that for 9/11,<sup>19</sup> is filled with people who have serious conflicts of interest.

As reported by the Miller Center,<sup>20</sup> the COVID Commission Planning Group is backed by charitable foundations that have been part of a technocratic alliance that for years, in some cases decades, have been plotting and planning for the wealth redistribution and global power grab we're now experiencing.

The chosen leader of this new planning group is Philip Zelikow, former executive director of the 9/11 Commission<sup>21</sup> and a member of the Bill & Melinda Gates Foundation's Global Development Program Advisory Panel.<sup>22,23</sup>

Zelikow, a former director of the Miller Center of Public Affairs at the University of Virginia, is also a current strategy group member of the Aspen Institute,<sup>24</sup> a technocratic hub that has groomed and mentored executives from around the world about the subtleties of globalization.

He also directed the Markle Foundation's Task Force on National Security in the Information Age,<sup>25</sup> the focus of which has been to make information relating to potential security threats discoverable and accessible to officials.<sup>26</sup>

## **Bioterror Is the New Never-Ending War**

In a May 16, 2021, article, Off-Guardian details Zelikow's conflicts of interest, and why the COVID-19 pandemic is unlikely to be resolved anytime soon, at least if the **technocratic deep state** looking for a **Great Reset** can prevent it:<sup>27</sup>

*"Zelikow's involvement, among other things, suggests we are in the second phase of a long war of terror waged with two weapons – military and medical – whose propaganda messaging is carried out by the corporate mainstream media in the pursuit of the World Economic Forum's Great Reset ...*

*You can be certain it won't end soon and that the new terrorists are domestic dissidents ... the commission justifying the government's claims about COVID-19 and injections (aka 'vaccines') will be hard at work writing their fictive report that will justify ex post facto the terrible damage that has occurred and that will continue to occur for many years ...*

*'Now is the time to just do what you are told,' as Anthony Fauci so benevolently declared ... The authorities have told us what's coming. Pay attention. Don't be fooled. It's a game they have devised. Keep people guessing. On edge. Relieved. Tense. Relaxed. Shocked. Confused.*

*That's the game. One day this, the next that. You're on, you're off. You're in, you're out. We are allowing you this freedom, but be good children or we will have to retract it. If you misbehave, you will get a time out."*

Indeed, **fear has been weaponized** with devastating effect over the past year, and it is what allows the **destruction of our freedoms**.

## **The Time to Stand for Freedom Is NOW**

In 2007, Naomi Wolf published "The End of America: Letter of Warning to a Young Patriot," in which she lays out the 10 steps to tyranny. She's now warning everyone, everywhere, that we are at Step 10. Once Step 10 locks into place, there's no going back. It'll be too dangerous to fight back.

The good news is the would-be tyrants have not won yet. That said, we have no time to spare. We have no time to remain idle, hoping it will all just go back to normal on its own. The answer is peaceful mass civil disobedience. It's time to say NO to any and all pandemic measures.

We must also rally behind legislation that prevents the alteration of laws that safeguard our freedoms. To that end, Wolf has started the [Five Freedoms Campaign](#), which you can find on her [Daily Clout website](#).

The campaign focuses on creating legislation to preserve key freedoms and prevent emergency laws from infringing on our freedom to assemble, worship, protest and engage in business. Legislation is also being crafted to open schools, remove [mask mandates](#) and eliminate requirements for [vaccine passports](#).

I have no doubt that we will ultimately stop the globalists' drive toward loss of personal freedoms and global tyranny. It's not going to be easy. It may take years, and it may get far worse before it gets better, but if we unite, there's no doubt we will win.

## Sources and References

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- <sup>3</sup> [FDA.gov CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions, July 13, 2020 \(PDF\) Page 35](#)
- <sup>4</sup> [Clinical Infectious Diseases September 28, 2020; ciaa1491](#)
- <sup>5</sup> [CDC.gov COVID-19 Vaccine Breakthrough Case Investigation Guidelines \(PDF\)](#)
- <sup>6</sup> [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting, Identifying and Investigating COVID-19 Breakthrough Cases](#)
- <sup>8</sup> [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting May 25, 2021](#)
- <sup>9</sup> [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting, How to Interpret These Data](#)
- <sup>10</sup> [CDC.gov COVID-19 Breakthrough Case Investigation and Reporting as of May 17, 2021](#)
- <sup>12</sup> [Twitter Leana Wen MD May 18, 2021](#)
- <sup>13</sup> [MedRxiv May 19, 2021 DOI: 10.1101/2021.05.06.21256289](#)
- <sup>14, 16</sup> [Folkhalsomyndigheten Updated November 30, 2020](#)
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- <sup>19, 20</sup> [Miller Center, COVID Commission Planning Group](#)
- <sup>21</sup> [The Last American Vagabond September 7, 2016](#)
- <sup>22</sup> [Source Watch Philip Zelikow](#)

- <sup>23, 25</sup> Miller Center, Philip Zelikow
- <sup>24</sup> Aspen Institute, Philip Zelikow
- <sup>26</sup> Markle.org
- <sup>27</sup> Off-Guardian May 16, 2021