

Sudden Spike in Coronavirus Cases Only Means New Method of Counting

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[Source](#)

“All right, people, we want to inflate case numbers in the epidemic. How do we do it? Forget testing for the coronavirus. How about this? We run a test for ‘the epidemic disease’, pneumonia. If any kind of pneumonia turns up positive, we’ll just SAY this is a case of coronavirus, with no proof. Any objections? Good. Get busy.”

Mainstream news outlets are reporting a spike in the number of coronavirus cases in China. The news stories also mention this sudden rise is [the result of a new method of counting](#).

NO tests for the presence of the coronavirus are now necessary, in China. Read that sentence again.

The new method of counting? CT scans (computed tomography scans) of the chest.

The scans are used to diagnose standard traditional lung diseases.

For example, pneumonia.

And pneumonia is called THE “coronavirus illness.”

There is only one problem. Deaths from pneumonia, in China, appear to be 300,000 per year – which comes to 3 million per decade (I’m making a major downward estimate, based on

correcting an error and referring to a trusted source.) These deaths certainly occurred in time periods before the purported emergence of the new coronavirus. Pneumonia has been around forever.

Get it? A test for ordinary pneumonia—CT Scan—now becomes a test that delivers a diagnosis of “new epidemic coronavirus.”

ABSURD.

Ordinary pneumonia has many causes listed in medical literature—bacteria, fungi, various viruses. You can add in massively polluted air, which hangs over major Chinese cities, such as Wuhan. No “coronavirus” needed.

In the rush to diagnose as many people as possible, we have this fake method of counting cases.

In my 1988 book, *AIDS INC.*, I published the new 1987 CDC definition of AIDS. It took up 14 pages. Forcing yourself to plow through it, you would see the CDC was using every trick in the book to inflate case numbers. A person could even be diagnosed without a positive HIV test—a bizarre contradiction, since HIV was supposed to be the hallmark of AIDS. I counted about 25 diseases/infections that could be called indicators of AIDS.

In every so-called epidemic, there is something called a “surveillance definition” of the disease. This is used to cast a wide net of potential symptoms and markers, in order to “identify the possibly infected and therefore contain the spread.” However, quite soon, “surveillance” and “possibly infected” are forgotten, and medical officials and reporters simply take the new expanded case numbers, yielded by the new definition, and report them as real.

More grist for the propaganda mill, for inducing fear, obedience to authorities, and more profits for drug and vaccine makers.

I recall that, during my research for *AIDS INC.*, I queried the FDA about the most widely used diagnostic test for HIV, the ELISA antibody test. A positive-reading test would, of course, imply "AIDS." Another patient, another case number added to the total.

I received a letter in the mail from an FDA employee. The one page had no printed FDA seal or masthead. Obviously, this person did not want to connect his comment to the Agency. He informed me that the HIV ELISA test was used for checking stocks of blood supply only, and HAD NEVER BEEN APPROVED FOR MAKING AN INDIVIDUAL DIAGNOSIS. His meaning was clear. The FDA refused to certify the test as accurate for individuals. Yet, again, it was the most widely used tool for labeling people "HIV positive" and "AIDS-infected." It was also the most widely used tool for counting (and inflating) overall AIDS case numbers.

Playing games with people's lives.

In *AIDS INC.*, I ran this ELISA scam to ground. I found multiple "authoritative medical sources" who offered various formulas for AIDS testing. For example, if the ELISA registers positive, take another ELISA. If that is also positive, then go to the gold standard antibody test, called the Western Blot. But in the medical literature, there are ample references which refute the Western Blot as reliable. It, too, has deep inherent flaws.

Notice that, in both 1987 AIDS, and the latest coronavirus "epidemic," diagnostic tests which supposedly identify the presence of a virus **can be bypassed**. This is quite astonishing, when you think about it. After all, *the presence of the virus is supposed to be THE sole evidence of an epidemic in the first place.*

This is why I've published my analyses of SARS (2003) and Swine Flu (2009). In both cases, the virus "disappeared." Many

patients diagnosed with SARS and Swine Flu didn't have any trace of the virus.

The rabbit hole is deep.