

The Rise of Ev-D68 & the Death of the Flu

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Lions and Tigers and EV-D68!

Recently, The Centers for Disease Control and Prevention (CDC) has been reigniting fear of the enterovirus known as EV-D68, called back from its discovery in [1962](#). This virus was once considered uncommon, and caused flu-like symptoms. However, post-COVID, every old virus is new again and potentially *dangerous*.

The CDC states that EV-D68 is [not the flu and it is not COVID](#). It has the same symptoms as the common cold. It could also have serious complications that require hospitalization.

Confused yet?

The Disappearing Flu Act

Since the arrival of COVID, the common “flu” has all but disappeared from the medical lexicon. **Flu Season** no longer exists, even if all previous pandemics, going back to the 1500s, were considered to be blamed on the flu. Goodbye Flu Season! Hello **Stroke Season!**

That is what one medical expert, [Dr. Bhardwaj, MD, claims:](#)

...it turns out that after flu season, about three or four weeks later, there is a stroke season” Bhardwaj continued, “getting an annual flu shot can help prevent strokes.

Who knew? No matter, just remember to get that “annual flu shot,”... *for a flu that no longer exists.*

Pre-COVID, the flu was a top public health death threat. In 2005, the [CDC acknowledged a difference between flu death and flu-associated death](#), but it used the terms interchangeably. The effect of lumping all deaths into “flu deaths” served to create fear to drive people to the prescribed solution: the flu vaccine. The data showed that flu deaths were [more about PR than science](#). Especially when, in 2018, the [DOJ admitted the flu vaccine to be the most dangerous vaccine in the U.S.](#)

In 2013, according to Johns Hopkins scientist, [Peter Doshi](#), the flu is characterized as a syndrome with many causes:

promotional messages conflate “influenza” (disease caused by influenza viruses) with “flu” (a syndrome with many causes, of which influenza viruses appear to be a minor contributor). [Source](#)

The article stated that most flu cases are “bacteria cases,” “fungal cases,” “pollution cases,” “tainted food” cases, “eating GMO cases,” “weak immune system” cases, or something else. But they are not the flu. Further, he warned against the flu shot because why target something that may not be the cause in the first place?

This lack of precision causes physicians and potential vaccine recipients to have unrealistic assumptions about the vaccine’s potential benefit, and impedes dissemination of the evidence on nonpharmaceutical interventions against respiratory diseases. In addition, there are potential vaccine-related harms, as unexpected and serious adverse effects of influenza vaccines have occurred. I argue that decisions surrounding influenza vaccines need to include a discussion of these risks and benefits. [Source](#)

Today, the [“flu” is defined as](#): A disease caused by virus infecting the respiratory tract. Treatable by a medical professional.

Thus, by all definitions, EV-D68 *is* a flu. And, therefore, a flu vaccine for EV-D68 will be next.

Today's flu vaccines are [“entirely new” mRNA technology](#) that direct cells to make new proteins that the body has never seen before. Pfizer will be in charge of early tests that will ready the shot for an August 2023 release date. Moderna has also created a new vaccine that *aims* to provide combined protection against both flu and COVID-19. The FDA intends the [COVID booster to be an annual flu shot](#).

The [Universal flu vaccine](#) is a [quadavalant](#) annual flu shot considered to be a game changer. When it was first proposed a decade ago, people had little interest. Thanks to the rise of EV-D68, the shot should be [available within the next two years](#).

The Official EV-D68 Narrative

The [CDC website](#) states the *official* opinion:

*EV-D68 typically causes respiratory illness, which can be mild (like a common cold) or more severe. Non-polio enteroviruses, like EV-D68, are thought to be **very common**, with most infections causing no symptoms or only mild symptoms.*

[Pediatric doctors suggest](#) the worst; that EV-D68 has the potential to become a severe illness that can spread person to person through sneezing and coughing. Serious symptoms include muscle paralysis and muscle weakness, or Acute Flaccid Myelitis, another name for Polio... eyelid droop, inability to use arms or legs. It can last longer than a typical viral infection, more than 10 -14 days.

Nothing is common or typical since the introduction of the COVID mRNA inoculations for kids. Just as before, doctors remain uncertain [how to slow the progression of EV-D68](#). In other words, doctors have found no cure for the common flu. But any search will disclose that EV-D68 has been studied down to its nucleic acids and proteins, [which are patented](#).

History of EV-D68 In Children

In 2015, Enterovirus D68 was a top News Story for its [damaging effect on children](#). In 2014, CDC “confirmed a total of 1,116 people in 47 states and the District of Columbia” with [respiratory illness caused by EV-D68](#) and one confirmed death. To pump up the volume, the CDC called it “Non-Polio Enterovirus Infection” to describe features similar to polio in the most sensitive children who develop paralysis in the arms and legs.

The pattern of this “killer virus” always showed up from [July through September](#), just in time for back-to-school shots. Therefore, it is reasonable [to associate vaccines with these infections](#). In September of 2022, recycled headlines promoted renewed fear when the [CDC Issued A Health Alert About Enterovirus in Kids](#).

In 2015, no vaccine or medical “cure” existed for this patented EV-D68, mainly because people were reluctant to add another vaccine to the already long list of vaccines on the childhood schedule. But that didn’t stop officials from pushing the flu vaccine. Fast forward to 2020, now that the flu is *no longer an issue for anyone*, a company called [Intravacc has received a contract from the NIH to develop the enterovirus D68 vaccine!](#)

The EV-D68 vaccine uses [sIPV vaccine technology](#). sIPV stands for inactivated polio vaccine, which is marketed to contribute to the [eradication of polio](#). Intravacc is also developing an intranasal, broadly protective [Betacoronavirus vaccine](#). These vaccines are produced in China and authorized by the China FDA

or Chinese National Medical Products Administration (NMPA).

Flu Vaccine Track Record

Influenza vaccine production has grown parallel to increases in the perceived need for the vaccine. – Peter Doshi, [BMJ, Sept. 2018](#)

Unfortunately, the flu vaccine has been not something to write home about. In 2012, it was reported in the medical journal [Clinical Infectious Disease](#) that the inactivated flu shot came with an increased risk for noninfluenza respiratory virus infections.

In 2019, the effectiveness of the flu vaccine was dubbed to be [“the second lowest rate since 2014.”](#) “The experts” claimed that the 2019 flu vaccine had 29% *the effectiveness of the previous year’s vaccine.* Put on your thinking caps and realize that the effectiveness of [the 2018 vaccine was dubbed to be only 29%](#). What is 29% of 29%? 8.41%! That is what you agree to as the best defense against the flu virus! See this [graph for a short history of effectiveness](#).

Even though the flu vaccine’s effectiveness has been negligible, the CDC always recommended “getting it now and early.” Then, they also recommended natural modalities, to boost the immune system: 1) nutritious meals, 2) low sugar intake, 3) 7-8 hours of sleep, 4) stress management, such as meditation, yoga, belly breathing, 5) vitamin supplements, and 6) herbs, such as Echinacea.

Since the dawn of The Covidian Age, all holistic recommendations have gone AWOL. The only option now is to get the Emergency-Use-Authorized (EUA) experimental mRNA inoculations. So if you experience vaccine injuries?

Call your doctor.

The Business of Vaccines

Government officials have long used their influence to convince people to inject unknown viruses and toxins into their bodies in the name of "health & safety." These [substances](#) include mercury, [toxic levels of aluminum](#), [phenol](#), [borax](#), formaldehyde, [aborted fetal tissue cells](#), animal cancer cells, [micro and nano-contamination](#), viruses, [mycoplasma](#), among [other contaminants](#). This is standard policy, despite knowing that:

- vaccines [lower immune system integrity](#), while [childhood diseases are vital](#) to building immunity ([2015 study](#) in the *Journal Atherosclerosis*).
- there are [no studies showing that the flu vaccine \(or any vaccine\) prevents transmission](#) of the flu virus.
- the paralytic symptoms of Guillain-Barré Syndrome are known side effects listed on the flu vaccine [package insert](#).
- [polio-free does not mean paralysis-free](#) as India and other countries are finding when using the oral polio vaccine.
- [vaccine hesitancy is common among parents](#) who see adverse effects first hand.
- [short-lived immune response](#), or [decrease in effectiveness](#) is commonly published in the medical journals.
- [CDC owns more than 50 vaccine patents](#)
- The [biopharmaceutical industry provides 75% of FDA's drug review budget](#).
- More than [two-thirds of Congress cashed a Pharma check](#) in 2020.

From the last three bullet points, is this science or business?

The need for continuous boosters mean the science is not working, but the business is.

Vaccine Adverse Events from Past Flu Vaccines

Eight years ago, children who received the flu vaccine were at three times the risk for hospitalization for flu, this according to the [American Thoracic Society](#). Vaccinated children were [two to five times more likely](#) to be diagnosed with a disease than unvaccinated children. And infant mortality [rates regressed when fewer vaccines were given](#), suggesting a synergistic toxicity with multiple vaccines.

The World Fact Book lists countries by mortality rate (IMR) under the age of 1. Of all developed countries, those that gave the most vaccines have the highest IMR. The U.S. ranks lower than Bosnia, Serbia, and Croatia in infant mortality rate at [number 169 out of 224](#).

In 2022, the new mRNA vaccines are still not FDA-approved for kids. According to [a FACT SHEET](#), “The FDA approved COMIRNATY (COVID-19 Vaccine, mRNA)However, “the Pfizer-BioNTech COVID-19 Vaccine is authorized under Emergency Use Authorization (EUA) for individuals 12 years of age and older, when prepared according to their respective instructions for use, can be used interchangeably.” Americans may not be able to get the FDA-approved COMIRNATY.

Meanwhile, no safety data was ever released by the vaccine makers until Pfizer was [forced to release information under a lawsuit](#). As of January 31, 2022, “[Pfizer documents disclosed a number of spontaneous adverse events reports](#).”

Pfizer also documented that the first adverse event associated with the vaccine was 1P36 Deletion Syndrome. This is a congenital genetic disorder that affects fetuses and deletes parts of their chromosomes, causing them to be born with severe intellectual disabilities.

The Consequences of EUA mRNA Vaccines?

While it's too soon to know whether mRNA flu vaccines will work better than traditional flu jabs, Levin is confident that they will be as safe and effective as the COVID-19 vaccines. –[Katie Kerwin McCrimmon, UC Health, Aug 2022](#)

VAERS Reported Deaths from COVID inoculations continue to climb. Could these statistics be the reason [FDA will not approve](#) this technology for use in humans? A running tally of deaths and injuries, in all age groups [can be found here](#), with the understanding that these reports are less than 1% of actual numbers. Deaths in children are also being reported with the EUA inoculations:

1. 5 months old boy, [1 day after Pfizer, exposure via breast milk](#)
2. 17 year old girl, [8 days after Pfizer injection](#)
3. 16 year old girl, [9 days after Pfizer injection](#)
4. 15 year old boy, [1 day after Pfizer injection](#)
5. 17 year old boy, [8 days after Pfizer injection](#)
6. 17 year old boy, [4 days after Pfizer injection](#)
7. 15 year old boy, [23 days after Pfizer injection](#)
8. 16 year old boy, [4 days after Pfizer injection](#)
9. 17 year old girl, [15 days after Pfizer injection](#)
10. 13 year old boy, [1 day after Pfizer injection](#)
11. 16 year old girl, [21 days after Pfizer injection](#)
12. 17 year old girl, [6 days after Pfizer injection](#)
13. 13 year old boy, [17 days after Pfizer injection](#)
14. 16 year old boy, [27 days after Pfizer injection](#)
15. 16 year old boy, [6 days after Pfizer injection](#)
16. 16 year old boy, [4 days after Pfizer injection](#)
17. 13 year old girl, [26 days after Pfizer injection](#)
18. 13 year old girl, [days until death after Pfizer injection not noted](#)
19. 17 year old boy, [94 days after Pfizer injection](#)
20. 16 year old girl, [9 days after Pfizer injection](#)

21. 11 year old girl, [days until death after Pfizer injection not noted](#)
22. 16 year old boy, [23 days after Pfizer injection](#)
23. 16 year old girl, [1 day after Pfizer injection](#)
24. 15 year old boy, [6 days after Pfizer injection](#)
25. 12 year old girl, [22 days after Pfizer injection](#)
26. 13 year old female, [15 days after Pfizer injection](#)
27. 17 year old girl, [33 days after Pfizer injection](#)

Pandemic Control

In the name of “health and safety,” Pandemic Control is coming soon. [China has already tested a DNA biochip assay](#) that detects subtypes of influenza viruses using the PCR test. The WHO has developed [ICD-11, an international system](#) of disease classification, [including a code for under-vaccinated](#).

The detection of viruses and vaccine status will likely be part of a [social credit score system](#). Before this new system of “tracking and tracing” is deployed in a neighborhood near you, many obvious questions still need to be asked and answered:

1. [When is the flu not “the flu?”](#)
(*substitute pandemic for flu*)
2. Why use PCR for viruses, when [PCR is an invalid test for viruses?](#)
3. If the coronavirus has [not been officially isolated](#), why proceed further?
4. If holistic modalities heal the body and reverse disease, why inject anything?

Repeating Patterns

Little is known about the longterm direct effects of the experimental mRNA technology simply because it is *experimental*.

Humans are doomed to repeat history if they continue to follow old patterns of trust in government officials who practice medicine without a license. People only have to look at the past to see what lies ahead. When it comes to conflicts of interest and harmful vaccines, much has not changed:

- Adjuvants (e.g., aluminum) in vaccines, including the flu vaccine, can induce [autoimmune/inflammatory syndrome](#), which include [encephalitis](#), [chronic fatigue syndrome](#), [macrophagic myofasciitis](#), [subcutaneous pseudolymphoma](#), and siliconosis. (Agmon-Levin, N. et al, *Journal of Autoimmunity* 36, no. 1, February 03, 2011; Guillard, O. et al, *J Trace Elem Med Biol.* 26, no. 4 , October 26, 2012).
- Adjuvants in the flu vaccine have been associated with an increase in antibodies leading to antiphospholipid syndrome (APS), also known as Hughes Syndrome. The alum-antigen in many vaccines is identical to phospholipids, which form the cell membrane in every cell, it can attack any part of the body – the eye, cardiovascular system, brain, nerves, skin, reproductive system – but is becoming known for causing heart attacks and fetal death. ([Blank, M. Lupus. Vol 21, no.7 June 2012.](#))
- The 2010 Cochrane Review – a systems review of primary research in human health care and health policy – found “no evidence that flu vaccines affect complications, such as pneumonia, hospitalization transmission of flu” between people. ([Jefferson, T., et al. Cochrane Database Syst Rev7, July 7, 2010](#)). Further, claims that the flu vaccine cuts elderly deaths in half were negated: “Due to poor quality data of the available evidence any conclusions regarding the effects of influenza vaccines for people aged 65 years or older cannot be drawn.”
- In the aftermath of the 2009/2010 swine flu scare, children in England and throughout the world given the Pandemrix flu vaccine had a 1,400 percent increased risk of developing narcolepsy compared to those not

vaccinated. ([Collignon, P. et al., Bmj 340, no. 3 \(June 09, 2010\)](#))

- A 2011 study in the *Journal Vaccine*, showed inflammatory adverse events ([preeclampsia and preterm birth](#)) among pregnant women taking the trivalent influenza vaccine (Christian, L. M. et al., *Vaccine*. September, 2011).
- A 2011 study in the *Journal of Internal Medicine* revealed flu shots result in inflammatory cardiovascular changes indicative of increased risk for serious heart-related events such as heart attack ([Lanza et al. J. Intern. Med](#))
- According to a 2012 double-blind, randomized, controlled trial (the first of its kind) conducted in healthy children 6 to 15 years of age, getting a flu shot was found to increase the risk of other respiratory viral infections over four-fold. ([Benjamin J. et al., Clin Infect Dis. March 15, 2012](#)).
- An open 2013 letter published in the *Journal of American Physicians and Surgeons* questioned whether flu vaccine mandates for healthcare workers are medically warranted and ethically correct, citing that the flu vaccine: 1) is a “statistical gamble” in targeting actual circulating viruses; 2) shows seventy percent of people are already immune at the time of vaccination, according to FDA studies; and 3) shows no evidence that it affects complications of pneumonia or transmission from person to person (as advertised) ([Leib, Lee H. et al., Journal of American Physicians and Surgeons 18, no. 2. 2013](#)).
- According to a 2005 study published in the *Archives of Internal Medicine*, “There are not enough influenza-related deaths to support the conclusion that vaccination can reduce total winter mortality among the U.S. elderly population by as much as half.” ([Simonsen, L, Archives of Internal Medicine 165, no. 3, February 14, 2005](#)).

- The Fluzone flu vaccine insert for 2015 identifies [23 seniors who died during the trial](#).
- In September 2015, England reported that the flu jab only works in [3 out of 100 or “virtually nothing.”](#)
- In 2019, Canadian [research published](#) in *Clinical Infectious Diseases* showed that those who vaccinated consecutively in 2012, 2013 and 2014 appeared to have a higher risk of being infected with new strains of the flu. The more flu shots, [the greater the risk of flu!](#)

Let The Healing Begin

It is time to return to Nature for self-healing. For self-healing tips to prevention and reversal of the flu, see my article, [Andrographis Instead of the flu shot](#).

There is always a choice. Natural immunity or artificial immunity. You can choose to gather *all* the information at your disposal, even as it disappears off the internet. You can choose to rest and take it easy when faced with the flu. You can choose to boost immunity with natural foods, herbs, and homeopathy. But you must act on your choice, and not sit idle. The best defenses against illness, while protecting healthy cells, have been the age old remedies, common sense, and [your own immune system](#).

Colds and flus allow the body to strengthen itself as it was created to do. The immune system develops through its multi-layer interactions with stimuli in its internal and external environments. Babies first receive [immune protection from their mother's milk](#), as nature intended since the dawn of time.

Why fear the body's innate wisdom to heal itself when evidence clearly shows there is much more to fear from the flu shot?

[Updated from 2015, The Flu Is Not A Season](#)

Rosanne Lindsay is a Naturopath, writer, earth keeper, health freedom advocate and author of the books [The Nature of Healing](#), [Heal the Body](#), [Heal the Planet](#) and [Free Your Voice](#), [Heal Your Thyroid](#), [Reverse Thyroid Disease Naturally](#).

Rosanne Lindsay is [available for consultation](#) through Turtle Island Network. Subscribe to her blog at [natureofhealing.org](#).

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