

Update on the Mighty Omicron

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Omicron supposedly lurks among us – but a peek behind the curtain shows the ‘evidence’ surrounding its detection and reinfection rate is simply more dissociation from reality.

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You’re likely drowning in the ocean of information coming out about everything C-word-related including this ‘new variant.’ I know I am.

So I’ll keep this brief. Beer, dinner and sleep await, not necessarily in that order.

In my [Nov. 27 article about Byram Bridle](#) I showed that he and some of his collaborators are developing a nasal vaxx for Covid, and are poised to potentially profit from it. Here’s what I wrote about the already-infamous Omicron:

“I won’t be very surprised if developers and marketers of these new [intranasal] vaxxes [such as Bridle and co.] soon also claim they could help curb the Nu/Omicron variant (B.1.1.529) that’s received a great deal of [attention](#) in the last few days. B.1.1.529 already has been declared of “[huge international concern](#)” because it ostensibly has a “[horrific spike\[-protein-gene-mutation\] profile](#),” [spreads very fast](#) and has the [potential to evade](#) the currently used vaxxes. Predictably there’s been panic such as [long lines](#) at airports in the very rapidly growing list of African countries subject to [travel bans](#) by [other governments](#) – along with a renewed [push](#) for more people to get vaxxed...

“Yet there hasn’t been a single published scientific report, as far as I know, which would allow objective/outside verification of whether there is any real evidence to support these drastic claims and actions. And I remain very sceptical about the hype regarding all variants and the methods used to detect them, including the false narrative about ‘immune escape’; see my [Feb. 3, 2021](#), [Feb. 11](#), [March 16](#), [May 24](#) and [Oct. 24](#) pieces.

*“And as I wrote in that [March 16](#) article (about Geert Vanden Bossche): ‘We ... need to stop production and use of antivirals and antibodies and all other parts of the Covid-industrial complex. Covid has an extremely high survival rate. So **why develop yet another expensive, invasive and experimental solution to a problem that barely exists, if it does at all?**’”*

Since then, there’s been a flood of papers, articles and news releases on Omicron. **Researchers are working feverishly to characterize the latest ‘new variant,’ and create and [test](#) therapies for it.**

You can find their prodigious science-paper output by looking here – <https://www.medrxiv.org/search/b.1.1.529> – here – <https://www.biorxiv.org/search/b.1.1.529> – and here – <https://pubmed.ncbi.nlm.nih.gov/?term=b.1.1.529&sort=date>.

Yet to the best of my knowledge **none** of the scientists who have been studying the novel coronavirus has even attempted to show **directly** whether there is any transmission at all, **never mind any reinfection**. To study transmission or reinfection they’d need, just for starters, to do a genotype of the virus harboured in one person, then genotype the virus in people who have frequent close contact with the first person and see if those genotypes match extremely closely.

And that assumes the virus exists at all. This is how Jon Rappaport succinctly sums up the need to write articles (such as this one) as if it’s clear the virus exists, in his blog

entry [today](#):

"I frequently put on my hazmat suit and enter the crazy world where all 'the experts' claim the virus is real. I make these forays to show that, even within their fantasy bubble, and by their own standards, the pros are fatally contradicting themselves and lying constantly."

Here's a dip into the first Omicron paper that made the news everywhere.

It was posted on [Dec. 1](#) in *medRxiv* – and spawned a thousand scary-sounding headlines such as '[Omicron Covid variant three times more likely to cause reinfection than Delta, S. African study says.](#)'

In fact it's a South African-Canadian version of the '[Modelling Paper Mafiosi](#)' – my name for the English clique that kicked off the new-variant parade back in January of this year.

Here are just five of the many unsupported assumptions and leaps of logic in the Dec. 1, 2021, Omicron paper:

1. Introduction – 1st paragraph – page 5 – "While the proportion of positive PCR tests with S-gene target failure (SGTF) associated with Omicron has subsequently increased in most provinces ..."

There's no mention of the fact that the first variant that came on the scene – B.1.1.7, subsequently dubbed Beta – also apparently is detected via this same SGTF (I cover this in my [Feb. 3, 2021](#), article-video combination titled, 'Is it True that the New Variants are Very Dangerous?').
So how do they know whether it's Beta, Omicron, something else – or nothing at all? It just doesn't add up!

2. Introduction – 3rd paragraph – page 5: "Many of the mutations [that they purportedly found in the Omicron

gene coding for the spike protein (added Dec. 18 – I noticed that I’d dropped a few of these words in parentheses out of the article by mistake before posting it)] are either known or predicted to contribute to escape from neutralizing antibodies.” See the information/articles above that I cited in my Bridle article showing **this is false**. (And unfortunately parroted by many other leaders in the Covid-sceptic ranks, for example [Robert Malone](#), and Mark Trozzi in his blog post today, leaning on the highly dubious claims of the now-[omnipresent](#) **Vanden Bossche**: <https://drtrozzi.org/2021/12/08/the-omicron-variant/>. I’ll soon write an in-depth article about all this.)

3. Methods – Data sources – first paragraph – page 6: “All positive tests conducted in South Africa appear in the combined data set, regardless of the reason for testing or type of test (PCR or antigen detection), and include the large number of positive tests that were retrospectively added to the data set on 23 November 2021 (11). “They’re mixing together different tests and test results. They’re also assuming that all the positive PCR test results were true positives – **they don’t mention the extremely high false-positive rate of the PCR test.**
4. Methods – Data sources – third paragraph – page 7: “If the time between sequential positive tests was at least 90 days, the more recent positive test was considered to indicate a suspected new infection. We present a descriptive analysis of suspected third and fourth infections, although only suspected second infections (which we refer to as ‘reinfections’) were considered in the analyses of temporal trends.”

Wow – where do I start? They don’t supply any clinical evidence that there is any reinfection at all.

Their attitude seems to be, ‘No proof? No problem!’

5. The key Methods subsection, titled ‘Statistical analysis of reinfection trends,’ is littered with clues that this paper was **designed to arrive at pre-determined conclusions.**

Here’s how it starts – page 8 (with some of the clue words bolded by me): ‘First, we **constructed a simple null model** based on the **assumption** that the **reinfection hazard** experienced by previously diagnosed individuals is proportional to the incidence of detected cases and **fit this model** to the pattern of reinfections observed before the emergence of the Beta variant (through 30 September 2020). The null model **assumes** no change in the reinfection hazard coefficient through time. We then compared observed reinfections after September 2020 to **expected** reinfections under the **null model.**”

And it spirals downhill from there into even more disassociation from reality.

You can bet that the other papers published on Omicron amplify and embellish these leaps without offering a shred of solid clinical evidence to support them.

Yet tens of millions of people’s lives have been negatively effected by the rapid-fire restrictions imposed, such as travel bans.

And we’re being told, of course, that more treatments, such as having a [booster shot](#) of a vaxx, will take care of the Mighty Omicron.

It seems unfortunately I was correct in almost all of the predictions in my [April 2020](#) article, ‘The Seven-Step Path from Pandemic to Totalitarianism.

For example, in Step 7 as soon as the first cycle of the new virus and accompanying roll-out of antivirals and vaxxes is

done, another starts. And in response “They rapidly roll out virus and antibody testing again, while companies sell billions more doses of antivirals and booster vaccines.”

I wager that my analysis of Omicron is right too.

I challenge anybody to prove me wrong. Dinner and beer are on me if they do.

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