

How to prepare your family for a viral pandemic.

**H5N1 Virus: How to Protect Your Family Against the Coming Pandemic**

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## The Coming Pandemic

Its nickname is "bird flu."

But don't be fooled by the poetic name. It's giving international microbiologists nightmares because it appears to be the most deadly influenza ever seen.

This is **not** the flu strain that was circulating in the United States in the year 2004 or is currently circulating in the United States in 2005.

It is **not** the current flu strain that caught the United States without enough vaccine doses for its citizens.

This is **not** the flu that kills about 36,000 people in the United States and sends another 200,000 to the hospital each year.

No, this so-called bird flu is a nation killer with the powerful ability to change its gene structure while using humans as a host mixing bowl. The secretary of Human Health Services, Tommy Thompson, said "**this is a bomb that will impact the world**" (Pear).

**Experts agree that another influenza pandemic is inevitable and possibly imminent.**



*An Asian woman rides her poultry to market.*

An Institute of Medicine report estimated that in a worst-case scenario, "up to 207,000 people could die from H5N1 in the USA along with 733,000 hospitalizations and 42 million people treated as outpatients. By comparison, an average flu season claims 36,000 lives and results in 200,000 hospitalizations" (Knobler).

### What is bird flu?

The technical name of this particular influenza subtype is H5N1. In general, it is also known as Avian influenza. It's an infectious disease of birds caused

## How to Protect Your Family Against the Coming Pandemic of H5N1

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by type A strains of the influenza virus. Birds that survive infection excrete virus for at least 10 days, orally and in feces, helping spread the virus at live poultry markets and by migratory birds.

The brightest and best microbiologists and virologists at the World Health Organization (WHO) are very worried about this thing called "bird flu."

It has already jumped from the bird species to the human species. WHO believes the virus has the potential to acquire the ability to spread easily from human to human, and thus, trigger a global influenza pandemic.

WHO also claims it has the potential of killing 50 million people worldwide, according to Dr. Shigeru Omi, WHO's Regional Director for the Western Pacific. Dr. Omi cites four reasons for his concern:

- the H5N1 virus causing avian influenza among poultry in Asia is circulating more widely than initially believed;
- the cyclical history of previous influenza outbreaks means a pandemic is due;
- virtually nobody would be immune to a new human influenza virus that resulted from outbreaks in poultry; and
- the increased global movement of people and goods means the virus could spread far more quickly and extensively than in the past. (Omi)



*This is the breeding ground for H5N1, a typical Asian poultry market.*

### **That's a pandemic.**

Klaus Stohr, influenza chief of the World Health Organization, spoke at a American Society for Microbiology meeting in Washington, October 2004, and said "We believe that we are closer to the next pandemic than we ever were" (Marchione).

The last global pandemic was the Spanish flu of 1918. An estimated 50 million people died, worldwide. Scientists saved human virus samples from that pandemic and determined that it was a bird flu virus that recombined with a pig virus that had

also infected humans from that era. Once inside humans, the new mutant virus absorbed traits from a prior, less deadly human flu, and completely fooled the human immune system, which had no idea how to fight the mutant enemy. Then it was just a matter of coughs and sneezes to infect millions of people in a short time.

Milder pandemics in 1957 and 1968 each killed around 1 million people. All three involved strains of influenza virus originally derived from birds, the natural reservoir for the virus, with some genes from strains that infect humans.

In March, 2002, a low-pathogenic version of the avian virus, H7N2, was identified at poultry farms in Virginia's Shenandoah valley. Virginia state officials were never able to determine how the virus was introduced to the farms. An estimated 167 farms were quarantined and 18,700 birds were destroyed. But H7N2 was not a threat to human health. However, the results of the next outbreak could easily be something entirely different.

Major outbreaks of avian influenza started in 1959. The table below shows the history of those outbreaks worldwide (National Institute).

<b>Avian Subtype</b>	<b>Country</b>	<b>Year</b>
H5N1	Scotland	1959
H7N3	England	1963
H5N9	Ontario, Canada	1966
H7N7	Victoria, Aus.	1976
H7N7	Germany	1979
H7N7	England	1979
H5N3	United States	1983
H5N8	Ireland	1983
H7N7	Australia	1985
H5N1	England	1991
H7N3	Victoria, AUS	1992
H7N3	Queensland, AUS	1994
H5N2	Mexico	1995
H7N3	Pakistan	1995
H7N4	NSW, AUS	1997
H5N1	Hong Kong	1997
H5N2	Italy	1997
H7N1	Italy	1999
H5N1	Hong Kong	2001-2003
H7N3	Chile	2002
H7N7	Netherlands	2003



The economic loss to farmers and the expense to control the outbreaks were staggering. According to Medical News Today:

The 1983 Pennsylvania (USA) outbreak took two years to control. Some 17 million birds were destroyed at a direct cost of US\$62 million. Indirect costs have been estimated at more than US\$250 million.

The 2003 outbreak in the Netherlands spread to Belgium and Germany. In the Netherlands, more than 30 million birds - a quarter of the country's poultry stock - were destroyed. Some 2.7 million were destroyed in Belgium, and around 400,000 in Germany.

In the Netherlands, 89 humans were infected, of whom one (a veterinarian) died. In that outbreak, measures needed to protect the health of poultry workers, farmers, and persons visiting farms included wearing of protective clothing, masks to cover the mouth and nose, eye protection, vaccination against normal seasonal human influenza, and administration of prophylactic antiviral drugs. ("Bird Flu Statistics")

The virus that struck in Mexico in 1995, H5N2, a highly pathogenic strain, has never been entirely eliminated from the country, despite years of intense efforts, including the administration of more than **2 billion doses** of vaccine, according to the Medical News Today, a United Kingdom publication, online.

In Vietnam alone, Avian flu and the efforts to control it have destroyed about 36 million birds, or about 14% of the country's flocks, according to a Dec. 8 story by the Asia Intelligence Wire.

Clearly the H5N1 virus is gaining momentum. Conditions are ripe for a pandemic.

Should you be worried? **Absolutely.**

Why? Because as of December 2004, according to Science Now, "the United States only has about one million does of a vaccine that will stop H5N1" (Kaiser), but that's hard to believe. Media can get it wrong sometimes. The fact is, no known pharmaceutical company has announced such a vaccine. First of all, the genome of the H5N1 virus was just mapped in late 2004. How could the United States have one million doses of an H5N1 vac-

cine already? According to officials who attended a conference in Bangkok, **there is no vaccine for H5N1.**

Health ministers and senior officials from 10 Southeast Asian countries, along with China, Japan and South Korea attended a regional conference in Bangkok, November 2004. Experts from the World Health Organization (WHO), the Food and Agriculture Organization, the European Union and other agencies also attended. And here's what Thailand's Director-general of the Department of Communicable Disease Control, Thawat Suntrajarn, said in an interview at that conference: "a prototype vaccine is expected by the beginning of 2005, then we'll have to do 2 years of clinical trials in humans. In 3 years, we'll have a safe and efficient bird flu vaccine" (Virus Weekly). That means sometime in 2007, we'll have a vaccine against H5N1.

That leaves us with antivirals.

In a later section of this ebook titled "**The Only Antiviral Available to Fight H5N1**", you will discover what that antiviral is and hear directly from the company about the true quantity of doses available in the United States.

Meanwhile, scientists are working on a new human vaccine using the flu strain that killed people in Vietnam last winter. As noted, it is scheduled to go into prototype trials early in 2005. However, H5N1 is very good at mutating. There are currently **15 known subtypes of influenza.** If the circulating H5N1 strain changes significantly, the new vaccine could be rendered useless, too.

**America's dependence on one flu shot factory, and foreign manufacturers like Chiron, is a major disaster waiting to happen.**

Even if major labs had a vaccine formula this very minute, and started the vaccine manufacturing process immediately, it would take perhaps six to nine months, to produce a batch, according to officials at the World health Organization.

And since America only has one flu shot factory, Aventis Pasteur, just north of Philadelphia, the U.S. will find it impossible for

Aventis to meet explosive demand. **Aventis Pasteur has not yet even met the demand for ordinary flu in the year 2004.**

The factory, guarded by tight security and an iron fence, is straining to produce an additional 2.6 million doses by January 2005. The company expects to produce a total of 55 million flu shots for the 2004-2005 season, according to the company web site ([www.aventispasteur.com](http://www.aventispasteur.com)).

And forget about the company that supplies **50% of America's flu vaccine**, British-based Chiron, the maker of Fluvirin. The British government has suspended its license to manufacturer vaccine of any kind until April 2005. So for now, Chiron's 46 million doses of vaccine that were scheduled to ship to the U.S. will not be shipped and most likely will not be shipped due to spoilage. By the way, when it was available, it sold for up to **10 times** the retail price. Can you imagine what the price will be of an H5N1 vaccine if the pandemic hits the U.S.?

America's dependence on one flu shot factory, and foreign manufacturers like Chiron, is a major disaster waiting to happen. Even if the U.S. had the vaccine formula in hand for combating H5N1, which we don't, how in the world can we produce enough to save millions of infected people if it hits the U.S. in 2005?

U.S. Health and Human Services Secretary Tommy Thompson, prior to his resignation, stated that "the bigger issue is how to increase the number of vaccine makers willing to sell in this country so that future shortages are averted" (AP).

He urged Congress to authorize the government to purchase up to 100 million doses of flu vaccine each year, to guarantee companies enough of a market "that we have a ready source of vaccine year after year" (AP). But Thompson isn't talking about H5N1, he's referring to the current flu crisis.

Most countries will probably respond to a pandemic with abundant resources and expertise, but many countries will be defenseless, thus acting as viral incubators, with individual citizens serving as H5N1 viral factories. Will the United States be one of those countries or will our abundant resources and expertise fail us? The answer comes from the National Institute of Medicine's December 2004 journal:



Even populations wealthy enough to obtain vaccine are unlikely to get enough to prevent significant morbidity and mortality from pandemic influenza, unless more rapid vaccine production methods or novel prophylactic vaccines and be introduced before the next pandemic strikes. (Knobler)

### How could bird flu cause a pandemic?

The World Health Organization's website ([www.who.org](http://www.who.org)) says:

Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations. When a major change in either one or both of their surface proteins occurs spontaneously, **no one will have partial or full immunity against infection** because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic will occur.

In lay language, what WHO is saying is this: H5N1 is a smart virus. It can adapt to its' host quickly. Once H5N1 changes its genetic structure, the vaccine used on it prior to the mutation will no longer be as effective, and may not provide any relief at all. It has the ability to turn itself into a brand new virus.

H5N1 has a dangerous trick built into it. It likes to invite ordinary influenza into its host, say, you, or use the current inactive influenza virus you're carrying around, then attach or reassort itself to that inactive virus so it can jump to another person. How? When you sneeze, cough, or touch someone.

### Smuggling H5N1 into the U.S.

One of the most unlikely methods of starting a pandemic in the United States could come from smuggled wildlife.

On October 18, 2004, a small suitcase being carried in the Brussels airport was examined by custom officials. The suitcase contained two rare small eagles, both infected with H5N1. The birds died. The smuggler was tested and released. He got lucky. He was not infected.

"There are almost certainly others that have not been caught," according to Dr. Peter Daszak, the executive director of the Con-



sortium for Conservation Medicine in New York. **“The global trade in wildlife is potentially a major source of imported disease.”**

There are many gaps in the invisible fence protecting U.S. citizens from smuggled wildlife and infected foreigners. The CDC only has quarantine stations at 11 U.S. airports. And despite the CDC’s expansion of powers during the 2003 SARS epidemic, the **CDC has no authority to detain someone** who might be infected with H5N1.

At least one U.S. port, Seattle, Washington, is now focusing **all of its resources** on detecting H5N1 in humans. No other port authorities responded to inquiries about detecting H5N1, and it appears no plans are being discussed to screen for H5N1 at our ports.

### **The Impact on the U.S.**

Below is an overview of the likely U.S. impact of an influenza pandemic. The estimates were compiled by the National Institute of Allergy and Infectious Diseases (NIAID) from a CDC model.

1. 20-47 million illnesses
2. 18-42 million clinic visits
3. Up to 730,000 hospitalizations
4. 89,000 to 207,000 deaths

### **Misconceptions About the Flu**

The term “flu” obviously is taken from the word “influenza.” But not all flu-like illnesses are caused by influenza. You can run a simple swab test at home with a influenza A+B test using a product like **QuickVue**.

Typical flu-like symptoms include fever and respiratory symptoms, such as cough, sore throat, runny or stuffy nose, as well as headache, muscle aches, and often-extreme fatigue. Most victims recover in 1 to 2 weeks. Most victims assume that these symptoms indicate the presence of the influenza virus. However, rarely does a victim get tested to see if the virus is actually driving these symptoms. To be certain you have influenza, get a culture test from your doctor.

**What causes this flu-like illness?** According to Dr. Gregory Petruzzi, BS DC, “flu symptoms are actually caused by a release

of certain substances (cytokines) from the body's immune cells. These substances are interleukin-1 (IL-1) and interleukin-6 (IL-6) and tumor necrosis factor (TNF)" (Petruzzi).

Dr. Petruzzi explains how these substances can increase in your system and cause flu-like symptoms:

Increased consumption of omega 6 fatty acids and decreased consumption of omega 3 fatty acids will increase production IL-1 and TNF. During the holidays, omega 6 consumption goes through the roof. Omega 6 foods include breads, pasta, cereal, packaged food, and some seeds and their respective oils (corn, safflower, sunflower, soybean). Omega 3 foods include green vegetables, flaxseeds, and fish. (Petruzzi)

Dr. Petruzzi also notes that sugar-rich foods can increase cytokine release, as well as excess body fat. You can read his entire article [HERE](#).

Other pathogens circulating in the environment, office, or home can cause flu-like symptoms. In August 2003, a Canada Communicable Disease Report was issued that confirmed the laboratory tests for Influenza between 25 August, 2002, and 10 May, 2003, on 46,177 laboratory tests for influenza; 3,291 tests (7.1%) were positive for influenza and, of those, 1,891 (57.5% of 3,291) were identified as influenza A and 1,400 (42.5% of 3,291) as influenza B. The rest - **the majority of 92.9% cases of flu-like illnesses were related to, or caused by viruses other than Influenza.**

Then there is the claim by Harvard graduate, Dr. Leonard Horowitz, DMD, MA, MPH, that the current flu isn't a bacterial or viral infection at all. Dr. Horowitz says "if it was a bacterial or viral infection, it would have caused a fever in these people. It didn't. It was something that lasted weeks, if not months. They had sinus congestion, sinus drainage, they had a cough, they had fatigue, general malaise, they felt they were not quite right" (Horowitz).

Dr. Horowitz believes the Armed Forces Research Institute of Pathology (AFRIP) developed and patented a kind of pathogenomic fungus related to influenza. He reprinted the AFRIP's report in his book Healing Codes for the Biological Apocalypse, and the book does show that AFRIP did develop a "pathogenic mycoplasma." Horowitz explains that "myco indicates fun-

gal, but yet mycoplasma is not really a fungus, it's not really a bacteria, it's not really a virus. It's sort of like a pseudo all of them. It has no cell wall, it goes deep into the cell nuclei thereby making it very difficult to mount an immune response against" (Horowitz).

Horowitz seems convinced that this particular man-made organism, the mycoplasma, is associated with this upper respiratory flu-like illness without a fever that hundreds of people had. He speculates that this "pathogenic mycoplasma" escaped the AFRIP lab via contaminated vaccines or blood supplies. Or perhaps it was intentionally released as a beta test of a potential biological control weapon.

So if the current flu really isn't an influenza virus or bacteria, and the people who are getting sick with flu-like symptoms but no fever don't really have the flu, then what is the truth? And who knows it? We may never know the answer to those questions. But you and I do not have to depend on the CDC to protect us with vaccines. There are other methods far more safe and secure, as you will learn in this ebook.

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